

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning 1/1, 2009, and ending 1/31, 2009

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

THE LORD REDEEMERS CHURCH
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
610 AB E ABBINGDON RD
See 5680 PEACHTREE PKWY, NW
City or town, state or country, and ZIP + 4
NO KROSS, GA 30071

D Employer identification number

58-2278176

E Telephone number ENGLAND

07799251803

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. SEE INE STMT

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	<u>\$ 21,439</u>
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<u>RC OMIT</u>
b	Less: direct expenses other than fundraising expenses	6b	<u>\$ 21,439</u>
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>* RE OMIT</u>
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	<u>RC OMIT</u>
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>\$ 21,439</u>
		Expenses	
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ <u>OVERSEAS IN EUROPE</u>)	16	<u>\$ 21,439</u>
17	Total expenses. Add lines 10 through 16	17	<u>\$ 21,439</u>
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>0</u>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>\$ 3406</u>
20	Other changes in net assets or fund balances (attach explanation) <u>SEE INE STMT.</u>	20	<u>< \$ 556</u>
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>RC OMIT \$ 2,850</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	
23	Land and buildings	23	
24	Other assets (describe ▶ <u>SEE INE STMT</u>)	24	<u>\$ 2,850</u>
25	Total assets	25	<u>\$ 2,850</u>
26	Total liabilities (describe ▶ _____)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	<u>\$ 2,850</u>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

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APR 09 2010

IRS OGDEN, UTAH

RECORDED MAY 07 2010

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>None</i>				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<i>None</i>		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ 0

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ *Rev Carol* 13/16/10
 Signature of officer Date
 ▶ *REV CAROL, PRES*
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<input checked="" type="checkbox"/>	
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 explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a N/A</u>		
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 outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	<u>N/A</u>
b	Gross receipts, included on line 9, for public use of club facilities	39b	<u>N/A</u>
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: <u>N/A</u> section 4911 ▶ _____ ; section 4912 ▶ _____ ; 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
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 ▶ <u>N/A</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>		
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.	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>ST OF GA Non-PROFIT INC</u>		
42a	The organization's books are in care of ▶ <u>REV CAROL</u> Telephone no. ▶ <u>ENGLAND</u> Located at ▶ <u>TRAVELING ACROSS EUROPE, CALL 24/7 ZIP + 4</u> ▶ <u>02799 251803</u>		
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)?	42b	<input checked="" type="checkbox"/>
	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.?	42c	<input checked="" type="checkbox"/>
	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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43 N/A</u> <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See Instructions for Schedule SE (Form 1040).

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040)

Social security number of person
with self-employment income ▶

REV CAROL
526-17-2930

Who Must File Schedule SE

You must file Schedule SE if:

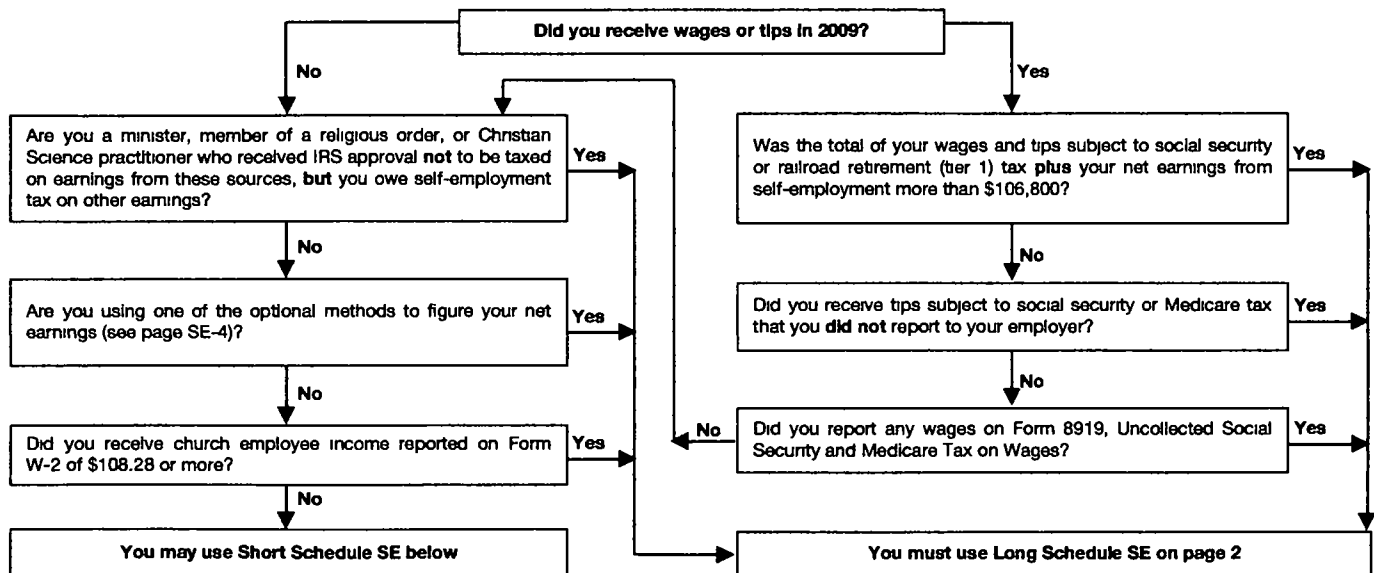
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt—Form 4361" on Form 1040, line 56.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, above.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report		<i>Form 4361</i>
3	Combine lines 1a, 1b, and 2		
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax ▶		
5	Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56.		
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27		

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income ▶

REV CAROL

526-17-2930

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is **not** church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see page SE-4)	1a		
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2		
3 Combine lines 1a, 1b, and 2	3		
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue ▶	4c		
5a Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income.	5a		
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b		
6 Net earnings from self-employment. Add lines 4c and 5b	6		
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2009	7	106,800	00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11	8a		
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b		
c Wages subject to social security tax (from Form 8919, line 10)	8c		
d Add lines 8a, 8b, and 8c	8d		
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9		
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10		
11 Multiply line 6 by 2.9% (.029)	11		
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56.	12		
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27.	13		

Part II Optional Methods To Figure Net Earnings (see page SE-4)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$6,540, or (b) your net farm profits ² were less than \$4,721.			
14 Maximum income for optional methods	14	4,360	00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,360. Also include this amount on line 4b above	15		
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$4,721 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.			
16 Subtract line 15 from line 14	16		
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17		

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

THE LORD REIGNS CHURCH 2009 INCOME STATEMENT

REV. CAROL IS OVERSEAS-SHE LEFT NEPAL 8/23/09 & WENT TO SOUTH AFRICA, ZIMBABWE, GERMANY, POLAND AND ROMANIA

EXPENSES:	SUB-TOTAL	TOTAL
TRAVELING		
S/AFRICA-GERM-ROM TKTS W/STOPS	\$ 2,184	
NEPAL IMMIGRATION	\$ 943	
ZIMBABWE IMMIGRATION	\$ 30	
		\$ 3,157
MINISTRY		
MAILING (BIBLE STUDY/MNTL, US.DNTNS)	\$ 772	
COPIES, SUPLS, BIBLES, MLNG & MISC.	\$ 392	
MISC: DINNERS & GIFTS	\$ 437	
ANNUAL DUES (STATE & CCLI)	\$ 49	
TOTAL MINISTRY EXPENSES		\$ 1,650
REV. CAROL OVERSEAS EXPENSES		
LODGING- INCLUDING UTILITIES	\$ 3,437	
GROCERIES	\$ 2,392	
PHONE CARD	\$ 1,352	
MISC.- PERSONAL (CAR, FURN, & ETC.)	\$ 9,451	
TOTAL OVERSEAS EXPENSES		\$16,632
TOTAL 2008 EXPENSES		\$21,439
		=====
INCOME:		
DONATIONS-	\$20,000	
DONATIONS-	\$ 485	
DONATIONS-	\$ 200	
DONATIONS-	\$ 254	
FURNITURE	\$ 500	
TOTAL 2008 INCOME		\$21,439
		=====
LOSSES:		
STOLEN\$-ARUN(CELL#09803075902)	\$600 (AM)	
C/PHONE LEFT @ ZIM HOTEL	\$280 (AM)	[\$ 880 (AM)]
ADJUSTED 2009 TOTAL INCOME AMERICAN CURRENCY		\$20,559 (AM)

ASSETS/LIABILITIES STATEMENT

ASSETS: IN U.S.=DESK, 3 CHAIRS, COMPUTER, PRINTERS(3), TYPE WRITER, TYPING STAND, END TABLE, YAMAHA PSS-280	
KEYBOARDS, \$100 CRAFTS.	\$ 1,250
IN EU=ECS DESKTOP, CANON BUBBLE JET BJC85 PRINTER/SCANNER, SONY DVD PLAYER, SONY DVD M/CAMERA*	\$ 1,600
TOTAL ASSETS AMERICAN CURRENCY	\$ 2,850
	=====

* BEFORE LEAVING NEPAL BOUGHT SONY DVD PLAYER & SONY DVD M/CAMERA@\$500(AM), GAVE OLD ONES AWAY. ASSETS DECREASED \$556, ITEMS WERE LESS EXPENSIVE IN NEPAL. GOT BUSY WITH TRAVELING & DIDN'T BUY MARANTZ PMD660; NEXT YEAR.

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

THE LORD REIGNS CHURCH, INC.

a Domestic Non-Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on **10/30/2008** and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on October 30, 2008



A handwritten signature in cursive script that reads "Karen C Handel".

Karen C Handel
Secretary of State

**THE LORD REIGNS CHURCH
PSALM 93
ARTICLES OF INCORPORATION
BY-LAWS**

**ARTICLE XI
AMENDMENT**

**WRITTEN NOTICE GIVEN TO MEMBERS ON 3/1/08 PER BYLAWS ARTICLE 4.1
AMENDMENT APPROVED ON 3/8/08
EFFECTIVE 3/8/08**

The affairs of this Corporation shall be conducted by the President, with the advice but not necessarily the consent, of the Board of Directors and such officers, committees, agents and employees as the President may from time to time appoint. The number of Directors shall be designated in the Bylaws. The officer of the Corporation shall be the President, with no other officer on the Board of Directors. Other officers described in the Bylaws shall be appointed by the President as needed. The elected members of the Board of Directors shall be elected at the expiration of their respective terms at the annual meeting of the congregation by the members of the church, in good standing, which meeting shall be held within the first quarter of each calendar year, and the directors shall serve for a term of three years. Elected officers and Directors shall be eligible to succeed themselves.

Rev Carl
10/15/08

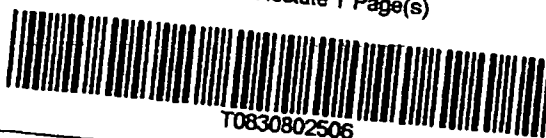
[Handwritten Signature]



15 OCT 2008

2008 OCT 30 PM 1:03
SECRETARY OF STATE
CORPORATIONS DIVISION

State of Georgia
Amend/Restate 1 Page(s)



LOST ORIGINAL, FILED 1/20/10, ORIGINAL RETURN
 REV CAROL HAD NAME CHANGE 2001 FROM CAROLYN R.
 (SOCIAL SECT & EVERYTHING ELSE CHANGED TO NEW NAME IN 2001) CAN YOU SEND COPY OR DO I
 "REAPPLY?"
 SEND COPY TO →

Form **4361**
 (Rev. November 2007)
 Department of the Treasury
 Internal Revenue Service

**Application for Exemption From Self-Employment Tax
 for Use by Ministers, Members of Religious Orders
 and Christian Science Practitioners**

OMB No 1545-0074
**File Original
 and Two Copies**

File original and two copies and attach supporting documents. This exemption is granted only if the IRS returns a copy to you marked "approved."

Please type or print	1 Name of taxpayer applying for exemption (as shown on Form 1040) <u>REV CAROL</u>	Social security number <u>526 17 2930</u>
	Number and street (including apt no.) <u>BEVERLY SHELLMUT, 16244 COUNTY RD 59</u>	Telephone number (optional) <u>ENGL</u> <u>1 077 99251803</u>
	City or town, state, and ZIP code <u>WOODLAND, AL 36280</u>	
2 Check one box: <input type="checkbox"/> Christian Science practitioner <input type="checkbox"/> Member of religious order not under a vow of poverty	<input checked="" type="checkbox"/> Ordained minister, priest, rabbi <input type="checkbox"/> Commissioned or licensed minister (see line 6)	3 Date ordained, licensed, etc. (Attach supporting document. See instructions.) THEN: <u>1/10/91</u> NOW: <u>12/3/19</u>
4 Legal name of ordaining, licensing, or commissioning body or religious order <u>INTL MINISTERIAL FELLOWSHIP</u>	Number, street, and room or suite no. <u>ABEACON</u> <u>MRSORENSEN</u>	Employer identification number <u>7110191123119</u>
City or town, state, and ZIP code <u>MINNEAPOLIS, MN</u>	<u>5680 PEACHTREE PKWY, NW, NORCROSS, GA</u>	
5 Enter the first 2 years, after the date shown on line 3, that you had net self-employment earnings of \$400 or more, any of which came from services as a minister, priest, rabbi, etc.; member of a religious order; or Christian Science practitioner		THEN: <u>91-93</u> NOW: <u>30071 96-98</u>
6 If you apply for the exemption as a licensed or commissioned minister, and your denomination also ordains ministers, please indicate how your ecclesiastical powers differ from those of an ordained minister of your denomination. Attach a copy of your denomination's bylaws relating to the powers of ordained, commissioned, and licensed ministers		

7 I certify that I am conscientiously opposed to, or because of my religious principles I am opposed to, the acceptance (for services I perform as a minister, member of a religious order not under a vow of poverty, or a Christian Science practitioner) of any public insurance that makes payments in the event of death, disability, old age, or retirement; or that makes payments toward the cost of, or provides services for, medical care. (Public insurance includes insurance systems established by the Social Security Act.)

I certify that as a duly ordained, commissioned, or licensed minister of a church or a member of a religious order not under a vow of poverty, I have informed the ordaining, commissioning, or licensing body of my church or order that I am conscientiously opposed to, or because of religious principles, I am opposed to the acceptance (for services I perform as a minister or as a member of a religious order) of any public insurance that makes payments in the event of death, disability, old age, or retirement; or that makes payments toward the cost of, or provides services for, medical care, including the benefits of any insurance system established by the Social Security Act.

I certify that I have never filed Form 2031 to revoke a previous exemption from social security coverage on earnings as a minister, member of a religious order not under a vow of poverty, or a Christian Science practitioner.

I request to be exempted from paying self-employment tax on my earnings from services as a minister, member of a religious order not under a vow of poverty, or a Christian Science practitioner, under section 1402(e) of the Internal Revenue Code. I understand that the exemption, if granted, will apply only to these earnings. Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true and correct.

Signature ▶ Rev Carol Date ▶ 3/16/10

Caution: Form 4361 is not proof of the right to an exemption from federal income tax withholding or social security tax, the right to a parsonage allowance exclusion (section 107 of the Internal Revenue Code), assignment by your religious superiors to a particular job, or the exemption or church status of the ordaining, licensing, or commissioning body, or religious order.

For Internal Revenue Service Use

- Approved for exemption from self-employment tax on ministerial earnings
- Disapproved for exemption from self-employment tax on ministerial earnings

By _____ (Director's signature) _____ (Date)

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

- Purpose of form.** File Form 4361 to apply for an exemption from self-employment tax if you are:
- An ordained, commissioned, or licensed minister of a church;
 - A member of a religious order who has not taken a vow of poverty;
 - A Christian Science practitioner; or

• A commissioned or licensed minister of a church or church denomination that ordains ministers, if you have authority to perform substantially all religious duties of your church or denomination.

This application must be based on your religious or conscientious opposition to the acceptance (for services performed as a minister, member of a religious order not under a vow of poverty, or Christian Science practitioner) of any public insurance that makes payments for death, disability, old age,

or retirement; or that makes payments for the cost of, or provides services for, medical care, including any insurance benefits established by the Social Security Act.

If you are a duly ordained, commissioned, or licensed minister of a church or a member of a religious order not under a vow of poverty, prior to filing this form you must inform the ordaining, commissioning, or licensing body of your church or order that you are opposed to the acceptance of public insurance benefits based on ministerial service on religious or conscientious grounds.

Certificate of Ordination

We the undersigned, hereby certify that upon the request and recommendation of

_____ MOUNT PARAN CHURCH OF GOD

at _____ ATLANTA, GEORGIA

_____ which had full and sufficient opportunity for judging their Christian experience and ministry gifts, and after satisfactory examination by us in regard to their call to the ministry and Bible doctrine,

_____ CAROL GAYLIEN

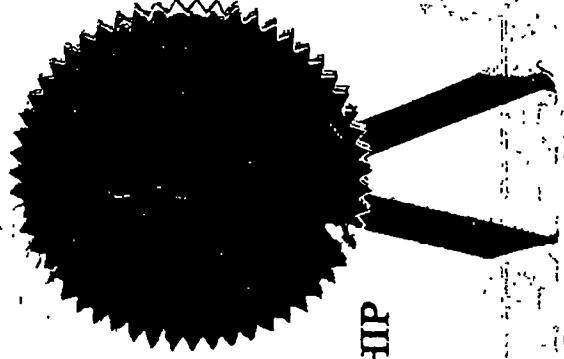
_____ was solemnly approved to be publicly set apart and ordained to the work of

THE GOSPEL MINISTRY

PRESIDENT *Billy Tolson, Ph.D.*

VICE PRESIDENT *Rev. John S. Jolly*

DATE January 10, 1991



INTERNATIONAL MINISTERIAL FELLOWSHIP
MINNEAPOLIS, MINNESOTA

Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER: 9704996
EFFECTIVE DATE: 12/31/1996
COUNTY : CLAYTON
REFERENCE : 0147
PRINT DATE : 02/12/1997
FORM NUMBER : 311

REV. CAROL GAYLIEN
6875 FIELDER CT.
REX GA 30273

CERTIFICATE OF INCORPORATION

I, the Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that

THE LORD REIGNS CHURCH, INC.
A DOMESTIC NONPROFIT CORPORATION

has been duly incorporated under the laws of the State of Georgia on the effective date stated above by the filing of articles of incorporation in the office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE