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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 \$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

OMB No 1545-1150

Open to Public Inspection

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Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 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 Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 39,351. 22 554,366. 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Say, 351. 20 29 Say, 351. 22 554,366. 554,366. 554,366.	≘`	۸								18	<u> 15,015.</u>
Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 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 Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 39,351. 22 554,366. 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Say, 351. 20 29 Say, 351. 22 554,366. 554,366. 554,366.		N S	19 Net asset	ls or fun	nd balances at beginning of year (from line 2	27, column (A)) (mus	t agr	ee with end-of-y			
Net assets or fund balances at end of year Combine lines 18 through 20 21 554, 366.		E E							⊢	_	539,351.
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 (B) End of year (Cash, savings, and investments (Ca		. s					• •	•	—		
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (A) Beginning of year (B) End of year 539, 351. 22 554, 366. 539, 351. 25 539, 351. 27 554, 366.	ام	<u> </u>					• • •	<u> </u>			<u>554,366.</u>
22 Cash, savings, and investments 539, 351. 22 554, 366. 23 Land and buildings 0. 23 0. 24 Other assets (describe ►) 0. 24 0. 25 Total assets 539, 351. 25 554, 366. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 539, 351. 27 554, 366.	5	Pa	rt II Bala	ince 5		B) are \$1,250,000 or	more				
23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Land and buildings 0. 23 0. 0. 24 0. 539,351. 25 554,366. 0. 26 0. 539,351. 27 554,366.	\neg	22	Coch coupe	c and u						$\overline{}$	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 539, 351. 27 554, 366.		22		•	iivestinents	• •		539,			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 539, 351. 27 554, 366.		2.5			ho. >						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 539, 351. 27 554, 366.	9	24		(uescrit		_'		E 2 0			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 539, 351. 27 554, 366.		23		s (desc	rihe ►			539,			
	رے	,				with line 21)	• •	530		+	
								339,	. JJI.	14/	Form 990-EZ (2009)

Form 990-EZ (2009) MARC LANE MINIS	TRIES INCORPORATED)		-020	0582 Page 2					
Part III Statement of Program Ser		(See the instruction	ons.)	(Reni	Expenses					
What is the organization's primary exempt purpose? RE	at is the organization's primary exempt purpose? RELIGIOUS escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, escribe the services provided, the number of persons benefited, or other relevant information for each									
describe the services provided, the number of	persons benefited, or other re	levant information for e	ach	4947(ured for section)(3) and (4) izations and section a)(1) trusts; optional					
program title	MD TRUMENO MUR NORD O	D COD MUDOUCU WO	DD AND DEED	for ot	ners)					
28 PREACHING, SINGING, AND DIS	PREACHING, SINGING, AND DISTRIBUTING THE WORD OF GOD THROUGH WORD AND DEED									
(Grants \$ 0.) If th	s amount includes foreign gra	ants check here		28 a	38,125.					
29 DONATING TO ORGANIZATIONS				20 a	30,123.					
	2 11111 2111112 11111	HOVE OF GOD								
(Grants \$ 0.) If th		ants, check here		29 a	5,911.					
30	<u> </u>									
(Grants \$) If th	is amount includes foreign gra	ants, check here	<u> </u>	30 a						
31 Other program services (attach schedule	•		_							
	is amount includes foreign gra	ants, check here	<u> </u>	31 a						
32 Total program service expenses (add lin		•		32	44,036.					
Part IV List of Officers, Directors										
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plai deferred compensa	ns and	(e) Expense account and other allowances					
JP JOHNSON					<u> </u>					
10 SOUTHALL DRIVE	PRESIDENT			ļ						
HUNTSVILLE AL 35801	2.00	0.		0.						
MAX MORRIS										
2503 HARRIS CIRCLE	SEC-TREAS									
CLEVELAND TN 37311	40.00	13,000.	7,0	00.						
J HOSEA SMITH										
322 WINDSONG WAY	V PRES									
WOODSTOCK GA 30188	2.00	0.		0.						
JIM BILBO			i							
PO BOX 191	V PRES			ļ						
CLEVELAND TN 37364	2.00	0.		0.						
MARC MORRIS										
PO BOX 2276	DIRECTOR									
CLEVELAND TN 37320	5.00	0.		0.						
HELEN JOHNSON										
10 SOUTHHALL DR	DIRECTOR									
	2.00	0.		0.						
MICHAEL LANE MORRIS										
312 HUXLEY ROAD	DIRECTOR									
KNOXVILLE TN 37922	2.00	0.		0.						
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Form **990-EZ** (2009)

Other Information (Note the statement requirements in the instrs for Part V. Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 Х Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 X 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, 35 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? 35 a b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N . 36 0 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? 37b 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 outstanding at the end of the period covered by this return? Х 38 a b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b **海** 39 Section 501(c)(7) organizations Entera Initiation fees and capital contributions included on line 9 39 a b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 .; section 4912 ► 0 . ; 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 40 b 1 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 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 40 e 41 List the states with which a copy of this return is filed 42 a The organization's books are in care of MAX MORRIS Telephone no -(423) 479-1648 Located at ► 2503 HARRIS CIRCLE Yes No 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 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 a 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: ▶ 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 No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 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

orm	990-F7 (2009)	MARC	T. A NE	MINICUBIES	INCORPORATED
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51-0200582 Page **4**

	-EZ (2009) MARC LANE MINISTRIE			51-020		Page 4
Part VI		s and section 4947	(a)(1) nonexempt	charitable trusts or	lly. All section	1 1
	501(c)(3) organizations and sec 46-49b and complete the tables	ction 494/(a)(1) no	nexempt charitabl	e trusts must answe	er questions	
	. 46-49b and complete the table) . 			
46 Did	the organization engage in direct or indirect	t political campaign ac	ivities on behalf of or i	n opposition to candidate	s Yes	No
for p	the organization engage in direct or indirect oublic office? If 'Yes,' complete Schedule C	, Part I		,	46	X
	the organization engage in lobbying activiti	·		•	47	X
48 Is th	ne organization a school as described in se	ction 170(b)(1)(A)(ii)? I	f 'Yes,' complete Sched	dule E	48	X
	the organization make any transfers to an	•	related organization?	•	49 a	X
b If 'Ye	es,' was the related organization a section	527 organization?		•	49b	
50 Com	plete this table for the organization's five h	nighest compensated er	nployees (other than of	ficers, directors, trustees	and key	
emp	ployees) who each received more than \$100					
	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 and deferred compensation	(e) Expense account and other allowance	
NONE						
		-				
					_	
			L		 	
t Tota	al number of other employees paid over \$10	. >				
51 Com	nplete this table for the organization's five h	ughost componented in	donandant contractors	who cook recovered more	#100 000	
com	pensation from the organization. If there is	none, enter 'None.'	dependent contractors	who each received more	tnan \$100,000 of	r
	(a) Name and address of analysis and address of a sale sale sale sale sale sale sale sa		 	a		
NONE	(a) Name and address of each independent cont	ractor paid more than \$100,000	·····	(b) Type of service	(c) Compensation	on
NONE _	·					
		·				
				-		
		- -				
d Tota	al number of other independent contractors	each receiving over \$1	00,000	······································		
	·	,	•	· · · · · · · · · · · · · · · · · · ·		
	Under penalties of perfury, I declare that I have exan true, correct and complete Declaration of preparer	nined this return, including acc	ompanying schedules and stat	ements, and to the best of my kn	owledge and belief, it	ıs
	live, correct and complete becaration of preparer	Journal officer 15-based on	all miormation of which prepa	rer has any knowledge		
Sign	191/1/W////////	<u> </u>		1.1724/10		
Here	Superture of officer			Date		
	MAX MORRIS					
	Type or print name and title	-		 		
	Prenarer's	1 / / /	Date	Check if Pr	eparer's Identifying Nu ee instructions)	umber
Paid Pre-	Preparer's signature ▶	1 CM	052110	self- employed ►	ee instructions)	
parer's	Firm's name (or ROACH & REED, C	PA'S, P.C.				
Use	yours if self- employed), PO BOX 327			EIN ►		
Only	address, and CLEVELAND		TN 37364-	0327 Phone no ►		
	RS discuss this return with the preparer sho	own above? See instruc	tions		► Yes	No
BAA	· 				Form 990-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2009

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

Open to Public

Department of the Treasury Internal Revenue Service

Total

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

Employer identification number Name of the organization MARC LANE MINISTRIES INCORPORATED 51-0200582 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 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) 5 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 7 in section 170(b)(1)(A)(vi). (Complete Part II.) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Х 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 c | Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col (i) of (II) EIN (vi) Is the (vii) Amount of Support nization in col organization in col (i) listed in your (i) organized in the US? (see instructions)) governing document? your support? Ye<u>s</u> No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you checke	-	5, 7, or 8 of Part	1)	(2)(1)()1)(1) (1)	, .()(. //	•••
Sec	tion A. Public Support				•			
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	-						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	ed ag is t						
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
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	; ;	·		,		,	
12	Gross receipts from related activ	ities, etc (see ins	tructions)				12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, oi	r fifth tax year as	a section 50	1(c)(3)	▶ □
	tion C. Computation of Pu				· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 20		•	e 11, column (f)			14	%
	Public support percentage from 2	·	•	•			15	%
	a 33-1/3 support test — 2009. If the and stop here. The organization a 33-1/3 support test — 2008. If the and stop here. The organization	qualifies as a pub e organization did	not check a box of	ganization on line 13. or 16a.				▶ 📙
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est - 2009 If the o	rganization did no	ot check a box on ' test, check this t	oox and stop here	. Explain in l	Part IV I	how
ł	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	est – 2008. If the omeets the 'facts-a	organization did n nd-circumstances	ot check a box on ' test, check this b	line 13, 16a, 16b	o, or 17a, and e. Explain in	d line 15 Part IV I	10%
18	Private foundation. If the organi		_			_		ictions -
BAA								0 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 MARC LANE MINISTRIES INCORPORATED 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)

_	11. A B 11. A						
	tion A. Public Support				(n 2255		
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	31,549.	36,724.	29,241.	50,632.	59,765.	207,911.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1					
	Tax revenues levied for the organization'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 .						
	Total. Add lines 1 through 5	31,549.	36,724.	29,241.	50,632.	59,765.	207,911.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	169.	0.	0.	483.	2,799.	3,451.
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	105.	0.		403.	2,773.	3,431.
•	: Add lines 7a and 7b	169.	0.	0.	483.	2,799.	3,451.
8	Public support (Subtract line	新兴 然《新述》				相比的是不是	
	7c from line 6)						204,460.
Sec	tion B. Total Support						
Cala	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	mual year (or niscally) beginning in)					·	
	Amounts from line 6			29,241.	50,632.	59.765.	207.911.
9	• • • • • • •	31,549.	36,724.	29,241.	50,632.	59,765.	207, 911.
9 10 <i>a</i>	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	31,549. 15,241.	36,724. 17,979.	27,967.	24,370.	22,330.	207,911.
9 10 <i>i</i>	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	31,549.	36,724.				
9 10 a	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	31,549. 15,241.	36,724. 17,979.	27,967.	24,370.	22,330.	107,887.
9 10: 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12)	31,549. 15,241.	36,724. 17,979. 17,979.	27,967. 27,967.	24,370. 24,370.	22,330.	107,887.
9 10: 11 12	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources a Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990	31,549. 15,241. 15,241.	36,724. 17,979. 17,979.	27,967. 27,967.	24,370. 24,370.	22,330.	107,887.
9 103 11 11 12	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	31,549. 15,241. 15,241. s for the organiza stop here	36,724. 17,979. 17,979. tion's first, second	27,967. 27,967.	24,370. 24,370.	22,330.	107,887.
9 102 11 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	15,241. 15,241. 15,241. s for the organiza stop here	36,724. 17,979. 17,979. tion's first, second	27, 967. 27, 967.	24,370. 24,370.	22,330. 22,330.	107,887. 107,887. 315,798. ►□
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Part IV	Sup	pleme	ental	Info	rmat	ion.	Com	plete	e this	s par	rt to p	provid	e the	expla r add	nation	s requ	uired matioi	by Pa	rt II, I	ine 10	;
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Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
EQUIPMENT RENT	6,000.
TEMP SERVICES	6,000.
OFFICE	1,802.
MEETING COSTS	420.
MEDIA COSTS	6,673.
DUPLICATION SERVICES	1,207.
TRAVEL	450.
DONATIONS TO QUALIFIED ORGANIZATIONS	5,911.
EMPLOYEE BENEFITS	15,964.
TELEPHONE SERVICES	1,439.
PERFORMANCE COSTS	230.
TAX	
Total	46,116.

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treastry

► File a separate application for each return.

internal Revenue :	Service	The a separate application for each retain			
If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box			► X
If you are	filing for an Additional (Not Auto	omatic) 3-Month Extension, complete only Part II (or	n page 2 of this f	orm).	
Do not compl	lete Part II unless you have alrea	dy been granted an automatic 3-month extension on	a previously file	d Form 886	58
Part I A	Automatic 3-Month Extens	ion of Time. Only submit original (no copi	ies needed).		
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension – check	this box and cor	mplete Part	I only ►
All other corporations of the corporation of the co		, partnerships, REMICS, and trusts must use Form 7	7004 to request a	n extensior	n of time to file
the additional Form 990-T I	(not automatic) 3-month extensi	ectronically file Form 8868 if you want a 3-month au in required to file Form 990-T) However, you cannot on or (2) you file Forms 990-BL, 6069, or 8870, grou or completed and signed page 2 (Part II) of Form 8860 -file for Charities & Nonprofits	ib returns, or a c	omposite o	r consolidated
	Name of Exempt Organization			Employer Ide	entification number
Type or print				1	
•	MARCLANE MINISTRIES			51-020	0582
File by the due date for	Number, street, and room or suite number	If a P.O box, see instructions			
filing your return See	PO BOX 2276				
instructions	City, town or post office, state, and ZIP co	de For a foreign address, see instructions			
	CLEVELAND			TN	37320-2276
Check type o	f return to be filed (file a separa	te application for each return):			
Form 990)	Form 990-T (corporation)	Form 472	20	
Form 990)-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27	
X Form 990)-EZ	Form 990-T (trust other than above)	Form 606	59	
Form 990)-PF	Form 1041-A	Form 887	70	
If the orgaIf this is fcheck this	for a Group Return, enter the org s box ▶ ☐ If it is for part of	FAX No. Fax No	l) If		
	sion will cover	·			
		hs for a corporation required to file Form 990-T) exte			
	Auq 16 , 20 10 _ , to file tension is for the organization's r	e the exempt organization return for the organization eturn for:	named above.		
► X	calendar year 20 09 or				
▶ 📋	tax year beginning	, 20, and ending, 20			
2 If this t	ax year is for less than 12 month	s, check reason: Initial return Final	return (Change in a	accounting period
3a If this a nonrefu	application is for Form 990-BL, 99 undable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	0
b If this a made	application is for Form 990-PF or Include any prior year overpaym	990-T, enter any refundable credits and estimated to ent allowed as a credit	ax payments	3ь\$	0
deposit	t with FTD coupon or, if required,	3a. Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment S	System).	3c \$	0
	ou are going to make an electror	nic fund withdrawal with this Form 8868, see Form 84		n 8879-EO	
BAA For Pr	ivacy Act and Paperwork Reduc	tion Act Notice, see Instructions.		For	m 8868 (Rev 4-200