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Fcim 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(s)(1) of the internet Revenue Code (except black lung banefit trust or private foundation)

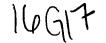
OMB No. 1545-0047 2009

Department of the Treesvry Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Span to Public Inspection

		For th	e 2009 calen	dar year,	or tax year be	ព្រកពេទ្ធ	, 20	109, and endis	ng				
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5	15.					lines 5, 6d, 8c, 9d			#	20, 66			958.
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_	ın.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							275, 039. 27			338.	
DEC	Expenses	16a F	Professional fi	undraising	g feas (Part IX	, column (A), line	11e)	*******	. [
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						r shown above? (. ,			X	Yes	No
						n Act Notice, see		uctions.		TEEADIIR I		Form 990	



	n 990 (2009) Ted Shuttlesworth Evangelistic	52-1213895_	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Briefly describe the organization's mission		
•	Ted Shuttlesworth Evangelistic Association spreads the gospel of	the Lord Jesus	
	Christ through teaching and the ministry of the gifts of the Holy		
	healing and deliverance.		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?	☐ Yes X	No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	vices? Yes X	No
3		AICEZ, LEZ [V	140
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expenses Section 501(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	u allocations to others, the t	otai
	expenses, and revende, it diff, for each program service reported		
4:	a (Code (Code (Expenses \$ 591,268.) including grants of \$ 81,561.)	Revenue \$ 10.	958.)
			
		· · 	
			_
4	b (Code	Revenue \$)
			
		_	
4	c (Code) (Expenses \$) (Revenue \$)
	·		
			
4	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
	a Total program continuous by 100 program co	<u> </u>	

Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Is the organization required to complete Schedule B. Schedule of Contributors? 2 X 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 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I Х 10 'Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X X as applicable 11 • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X 12AWas the organization included in consolidated, independent audited financial statement for the tax No Yes year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. 12 A Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Χ

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

X

20

 Did the organization report more than \$5,000 of grants and other assistance to governments and United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the and former officers, directors, trustees, key employees, and highest compensated employees? If Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more 	United States on Part e organization's current 'Yes,' complete than \$100,000 es 24b through 24d and lion? 24	2 3	X	X
 IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the and former officers, directors, trustees, key employees, and highest compensated employees? If Schedule J 	e organization's current 'Yes,' complete than \$100,000 es 24b through 24d and lion? 24	3	X	
and former officers, directors, trustees, key employees, and highest compensated employees? If Schedule ${\cal J}$	'Yes,' complete than \$100,000 es 24b through 24d and lion? 24 24 24	1a		
24 a Did the organization have a tax-exempt hand issue with an outstanding principal amount of more	es 24b through 24d and 24d ion? 24d			v
as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer line complete Schedule K. If 'No,'go to line 25	ng the year to defease	1b		_X_
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period except	ng the year to defease			
\boldsymbol{c} Did the organization maintain an escrow account other than a refunding escrow at any time durin any tax-exempt bonds?	<u> </u> -	1c		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the y	/ear [?] 24	1d		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit t disqualified person during the year? If 'Yes,' complete Schedule L, Part I	transaction with a	ā		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified pers that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2 Schedule L, Part I	son in a prior year, and Z? If 'Yes,' complete	5b		<u>X</u>
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensate disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete So	ted employee, or chedule L, Part II	5		<u>X</u>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key emplo contributor, or a grant selection comittee member, or to a person related to such an individual? In Schedule L, Part III	byee, substantial f 'Yes,' complete	,		Χ_
Was the organization a party to a business transation with one of the following parties (see Scheinstructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Pai	·	Ва		Х
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' comp Schedule L, Part IV</i>		ВЬ		Х
c An entity of which a current or former officer, director, trustee, or key employee of the organization was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part I'		Вс		Х
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Sch	nedule M 2	9		Χ
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or que contributions? If 'Yes,' complete Schedule M	ualified conservation	,		<u>X</u> _
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Sc	chedule N, Part I 3	4		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Y Schedule N, Part II	es,' complete	2	_	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	Regulations sections 3	3		<u>X</u>
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, line 1	Parts II, III, IV, and V,	1		<u>X</u>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' $Part\ V$, line 2	complete Schedule R,	<u> </u>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chargoganization? If 'Yes,' complete Schedule R, Part V, line 2	table related	5		<u> </u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	organization and that is	,		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lin Note. All Form 990 filers are required to complete Schedule O	nes 11 and 19?	3		<u>X</u>

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	T	Yes	No				
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable							
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 2	ĺ						
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 13							
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		X				
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3ь						
4a 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)?	4a		Х				
b If 'Yes,' enter the name of the foreign country ▶	ļ	l					
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		_X_				
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?							
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		Х				
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?							
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х				
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d							
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h						
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9 Sponsoring organizations maintaining donor advised funds.	-						
a Did the organization make any taxable distributions under section 4966?	9a						
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b						
10 Section 501(c)(7) organizations. Enter	30						
a Initiation fees and capital contributions included on Part VIII, line 12							
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11 Section 501(c)(12) organizations. Enter	1						
a Gross income from other members or shareholders	ļ						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		į					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b							
The state of the s							

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Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management								
		Yes	No					
1 a Enter the number of voting members of the governing body 1 a 6								
b Enter the number of voting members that are independent 2								
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule 0	2	х						
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X					
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X					
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х					
6 Does the organization have members or stockholders?	6		X					
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X					
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by								
the following a The governing body?	8a	Х						
b Each committee with authority to act on behalf of the governing body?	8b	X						
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х					
Section B. Policies (This Section B requests information about policies not required by the Internal								
Revenue Code)								
		Yes	No					
10 a Does the organization have local chapters, branches, or affiliates?	10a		Χ					
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		l 					
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X					
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O	L	,	X					
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13								
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c							
13 Does the organization have a written whistleblower policy?	13		<u>X</u>					
14 Does the organization have a written document retention and destruction policy?	14		_X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	İ							
a The organization's CEO, Executive Director, or top management official	15 a		X					
b Other officers of key employees of the organization .	15b		X					
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)								
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X					
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16ь							
Section C. Disclosures								
17 List the states with which a copy of this Form 990 is required to be filed None								
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request	/aılabl	e for p	oublic					
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and final statements available to the public See Schedule O								
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Bonnie Shuttlesworth 1006 Main Street Farmington WV 26571 (304) 825-7000								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee											
(A)	(B)	1		(0				(D)	(E)	(F)	
Name and Title	Average nours			_		hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
Ted Shuttlesworth											
President	0							38,500.	0.	0.	
Rev Douglas Crandall											
V/P - Director	0							0.	0.	0.	
Ted Shuttlesworth Jr	Į										
Sec/Treas	0	<u> </u>		-4				0.	0.	0.	
Peter Marshall			ŀ					_	_		
Director	0		<u> </u>				_	0.	0.	0.	
Paul Tebano	_							_		_	
Director	0		_				<u> </u>	0.	0.	0.	
Bonny Shuttlesworth								70 000		•	
Controller	0	<u> </u>	ļ					79,000.	0.	0.	
	}										

Part VII Section A. Officers, Directors, Trus	lees, K	(ey	En	plo	ye	es,	and	d Highest Con	pensated Emp	oloyee	s (cont.)
(A)	(B)							(E)		(F)	
Name and Title	Average hours per week		Institution	Officer	_	Mighest compensated	_	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con f org ar	stimated unt of other opensation from the ganization of related anizations
										<u> </u>	
	-	_					_		-	 	
			_			_	_			ļ	
					<u> </u>						
		-									
		-				├				 	
		├-	_	<u> </u>	<u> </u>	<u> </u>				ļ	- <u>-</u>
		-		_	_	<u> </u>				-	
	 	_	ļ		_	_					
1 b Total							•	117,500.	0.	Ι	0
2 Total number of individuals (including but not limite from the organization ► 0	ed to the	se i	ısted	d ab	ove)) wh	o re	ceived more than	\$100,000 in repor	table co	mpensatio
											Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	ndıvıdu	al	_	•	_	·				3	х
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual	portable than \$15	e co 50,00	mpe	nsa If 'Y	tion 'es'	and con	l oth oplet	er compensation le Schedule J for	from such	4	X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	compens	satio	n fr	om a	any	unr	elate	ed organization fo	r services		
Section B. Independent Contractors							_			5	X
 Complete this table for your five highest compensa- compensation from the organization 	ted inde	pen	deni	cor	ntra	ctors	s tha	at received more t	han \$100,000 of		
(A) Name and business addres	ss							(B Description () of Services	Compe	C) ensation
Smith Media Group, LLC 2620 North Dixie High	way Lı	ma,	ОН	45	801			TV Broadcasti	ng	2	39,059
			_			_					
2 Total number of independent contractors (including	but not	lımı	ited	to th	 1056	e list	led a	above) who receiv	ed more than		
\$100,000 in compensation from the organization											

Par	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S.	1 a Federated campaigns 1a				
F K	b Membership dues 1b				
용질	c Fundraising events.				
A.S.					
불불	·				
NS.	e Government grants (contributions)				ĺ
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 830, 553.				
E S	g Noncash contribns included in fins 1a-1f. \$				ĺ
용취	h Total. Add lines 1a-1f	830,553.			}
H.	Business Code				
Ē	2a				
띭	b				·
핑	c				
<u> </u>	d				
1 SE			·		
Ž.	e				
PROGRAM SERVICE REVENUE	f All other program service revenue			ļ	
- =	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and]
	other similar amounts)	7,701.	7,701.		
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties]	
	(i) Real (ii) Personal				
	6a Gross Rents		ļ		Ì
	b Less rental expenses				
	c Rental income or (loss)			-	
	d Net rental income or (loss)	1			
	(i) Securities (ii) Other	 -			
	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis		•		
	and sales expenses	:		i	
	c Gain or (loss)				
	d Net gain or (loss)				
UE	8a Gross income from fundraising events (not including \$				
Ž.	of contributions reported on line 1c).			Ì	Ì
OTHER REVEN	See Part IV, line 18 . a				
뜊	b Less direct expenses b			İ	
10	c Net income or (loss) from fundraising events				j
	9a Gross income from gaming activities See Part IV, line 19				
		-]
	b Less direct expenses b			İ	
	c Net income or (loss) from gaming activities				<u> </u>
	10a Gross sales of inventory, less returns and allowances a 18,946.				
	b Less cost of goods sold b 7,988.				
	c Net income or (loss) from sales of inventory	10,958.	10,958.	i i	
	Miscellaneous Revenue Business Code	10,556.	10,556.		
					
					
	b		 	 	
	C				
	d All other revenue				<u> </u>
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	849,212.	18,659.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	81,561.	81,561.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	117,500.	38,500.	79,000.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	133,779.	30,238.	103,541.	
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)				
9	Other employee benefits.	7,200.		7,200.	
10	Payroll taxes	16,859.	2,313.	14,546.	
11	Fees for services (non-employees)				
	Management				
ı	Legal				
(Accounting	2,500.		2,500.	
(d Lobbying				
	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
•	g Other				
12	Advertising and promotion	5,270.	5,270.		
13	Office expenses	17,547.	8,774.	8,773.	·
14	Information technology				
15	Royalties	11000			
16	Occupancy	14,889.		14,889.	
17	Travel	45,669.	45,669.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	47,561.	47,561.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,022.	23,525.	3,497.	
23		7,324.		7,324.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).	·		,	
	a TV Programing	255,269.	255,269.		
	Postage and Shipping	42,948.	21,474.	21,474.	
	Printing and Publications	42,450.	21,225.	21,225.	
	d Telephone	19,131.	9,566.	9,565.	
	Bank Charges	4,384.		4,384.	
	f All other expenses	4,606.	323.	4,283.	
_25	Total functional expenses. Add lines 1 through 24f	893,469.	591,268.	302,201.	0.
26	Joint costs. Check here ►				
BAA		·			Form 990 (2009)

	- <u></u>				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		-	20,636.	1	106.
	2	Savings and temporary cash investments			200,000.	2	200,051.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, truste II of Sc	ees, key employees, hedule L		5	
	6	Receivables from other disqualified persons (as defin	ed unde	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Com	plete Pa	art II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net			7	·	
Ē	8	Inventories for sale or use	ľ		8		
Ś	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other basis	10a	252,485.		\	
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation	10b	151,266.	115,231.	10c	101,219.
	11	Investments – publicly-traded securities.			11_		
	12	Investments - other securities See Part IV, line 11			12		
	13	Investments - program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
	16	Total assets Add lines 1 through 15 (must equal line	34)		335,867.	16	301,376.
	17	Accounts payable and accrued expenses		26,448.	17	36,194.	
	18	Grants payable		18			
	19	Deferred revenue			19	_	
L	20	Tax-exempt bond liabilities			- 	20_	
A B	21	Escrow or custodial account liability Complete Part	hedule D		21		
L	22	Payables to current and former officers, directors, trubighest compensated employees, and disqualified pe	istees, l rsons (key employees, Complete Part II	<u>.</u>		
Ţ	l	of Schedule L				22	
S	23	Secured mortgages and notes payable to unrelated t	hird par	ties		23	
	24	Unsecured notes and loans payable to unrelated third	d parties	S		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25.			26,448.	26	36,194.
N E T		Organizations that follow SFAS 117, check here ▶	X an	d complete lines			
		27 through 29 and lines 33 and 34.		•		1 1	
S S		Unrestricted net assets		j	309,419.	27	265,182.
Ē T S	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets			29		
R		Organizations that do not follow SFAS 117, check he	ere 🟲	and complete			
トンスロ	1	lines 30 through 34.				 	
Ŋ	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip	oment f	und		31	
Ļ	32	Retained earnings, endowment, accumulated income	, or oth	er funds		32	
Č	33	Total net assets or fund balances			309,419.	33	265,182.
ร	34	Total liabilities and net assets/fund balances			335,867.	34	301,376.

 s | 34 | Total liabilities and net assets/fund balances
 | 335,867.|34 | 301,376.

 BAA
 Form 990 (2009)

	Nt XI I mancial otatements and reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 $$			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a]	_ X
	b Were the organization's financial statements audited by an independent accountant?	2b		X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a	<u> </u>	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2009

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Ted Shuttlesworth Evangelistic

Employer identification number

Association, Inc 52-1213895 Part I 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) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described Xin section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** | Type II c | Type III - Functionally integrated 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? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) 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 (see instructions)) (iv) Is the rganization in col (i) listed in your (v) Did you notify the organization in col (i) of (vi) is the organization in col (i) organized in the (ii) EIN (vii) Amount of Support your support? governing document? US? Yes No Yes Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2009 Ted Shuttlesworth Evangelistic 52-1213895

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support	ed the box on line	3, 7, 01 8 01 1 al				
Cale begi	ndar year (or fiscal year nning 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 ')	678,876.	739,809.	1,081,548.	828,370.	830,553.	4,159,156.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
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.						0.
4	Total. Add lines 1-through 3	678,876.	739,809.	1,081,548.	828,370.	830,553.	4,159,156.
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)						904,497.
6	Public support. Subtract line 5 from line 4		<u>-</u>				3,254,659.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	678,876.	739,809.	1,081,548.	828,370.	830,553.	4,159,156.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	412.	1,501.	7,193.	3,372.	7,701.	20,179.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	1,970.					1,970.
11	Total support. Add lines 7 through 10						4,181,305.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
	Bubble support percentage for 20		·	no 11 column 20			77.04
	Public support percentage for 20 Public support percentage from	•	• ,	ie II, column (t)		14	77.8 % 74.2 %
	33-1/3 support test - 2009. If th	e organization did	not check the bo	ox on line 13, and	the line 14 is 33-	I	hack this hav
ŧ	and stop here. The organization 33-1/3 support test – 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	, and line 15 is 33	3-1/3% or more, o	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	ind-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how the
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions
BAA					Sch	nedule A (Form 9	90 or 990-FZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Ted Shuttlesworth Evangelistic 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)

Sec	tion A. Public Support						
	idar 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')						
	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						
4	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 Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c	: Add lines 7a and 7b				L		
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	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 .						- .
12	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	is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 501(c)(3	3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20			ne 13, column (f)).	15	%
16	Public support percentage from	2008 Schedule A,	Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage f	or 2009 (line 10c,	column (f) divide	ed by line 13, colu	ımn (f))	17	%
18	Investment income percentage f					18	%
	a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	oox and stop here	. The organization	n qualifies as a pi	ublicly supported o	irganization	► []
t	33-1/3 support tests - 2008. If to is not more than 33-1/3%, check	he organization di	d not check a bo: p here. The organ	x on line 14 or 19 lization gualifies a	la, and line 16 is mass a publicly suppo	nore than 33-1/3%, orted organization	and line 18
20	Private foundation. If the organi					-	▶

Schedule	A (Form 990	or 990-E	Z) 20 <u>0</u> 9	Ted	Shutt	leswor	:th	Evange:	listic	c	52-1213895	Page 4
Part IV	Supplem	ental Ir	nformat	ion. C	Complet	e this p	art t	to provide	the e	xplanations rec	52-1213895 Juired by Part II, mation. See ins	line 10;
	alt II, II	116 174	01 170,	anu i	art III,	11116 12.	- 1	ovide ally	Other	additional inioi	mation. See ins	tructions.
							-					
							-					
		. – – –										
		. – – –							- -			
					- -							
		. – – –										
		-	· -		- -			 -				
	. – – – – -		. - - - -					- -				
		-	·					- -				-
					- -							

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,

OMB No 1545-0047

	tment of the Treasury at Revenue Service	► Att	Part IV, lines 6, 7, 8, 9, 10 ach to Form 990. ► See se	, 11, or 12. parate instructions			Open to	o Public tion
	of the organization		<u> </u>			Employer Ide	entification n	
Tec	d Shuttleswo	rth Evangelistic						
Ass	sociation, I	nc				52-121	3895	
Pai	rt I Organizat	ions Maintaining Dono	r Advised Funds or Otl	her Similar Funds	or Acc	ounts Co	mplete i	f
	the organi	zation answered 'Yes' t	to Form 990, Part IV, Iir	ne 6.				
			(a) Donor advise	d funds	(b) F	unds and c	ther accou	unts
7	Total number at e	end of year						
2	Aggregate contrit	outions to (during year)						
3	Aggregate grants	from (during year)						
4	Aggregate value	at end of year						
5		ion inform all donors and do janization's property, subject			or advised		Yes	No
6	used only for cha	tion inform all grantees, dono iritable purposes and not for ng impermissible private ben	the benefit of the donor or d	iting that grant funds i onor advisor or for an	may be y other		Yes	No
Pai		tion Easements Compl		answered 'Yes' to	Form 99	90 Part I	V line 7	<u></u>
		nservation easements held b			1 01111 0	20, 1 a.c.	* , 11.10 /	<u>. </u>
·		of land for public use (e.g.,	·	Preservation of a	n historic	ally importa	ant land ar	ea
	—	natural habitat	, contaction, or product,	Preservation of c				-
)	of open space						
2		a through 2d if the organizat	ion held a qualified conserva	tion contribution in the	e form of	a conserva	tion easen	nent on the
	last day of the ta	x year			,,			
						Held at th	e End of t	he Year
		conservation easements			2a			
	•	stricted by conservation ease			2b			
		ervation easements on a cert		ed in (a)	2c			
		ervation easements included			2d			
3		ervation easements modified,	, transferred, released, exting	guished, or terminated	by the or	ganization	during the	tax
_	year ►							
4		s where property subject to c						
5	Does the organized and enforcement	tation have a written policy re t of the conservation easeme	egarding the periodic monitor ent it holds?	ring, inspection, handl	ing of viol	lations,	Yes	No
6	Staff and volunte during the year	eer hours devoted to monitori	ing, inspecting, and enforcing	g conservation easeme	ents _		_	_
7	Amount of experduring the year	nses incurred in monitoring, i •	inspecting, and enforcing cor	servation easements	\$_			-
8	Does each conse 170(h)(4)(B)(ı) a	ervation easement reported ond 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the	requirements of section	on		Yes	☐ No
9		libe how the organization report able, the text of the footnote sements						
Pa	rt III Organiza Complete	tions Maintaining Colle of the organization ans	ections of Art, Historica swered 'Yes' to Form 99	al Treasures, or O 0, Part IV, line 8.	ther Sin	nilar Ass	ets	
1	treasures, or oth	on elected, as permitted unde er similar assets held for pub otnote to its financial statem	olic exhibition, education, or i	research in furtherance	t and bala e of public	ince sheet v c service, p	works of a	rt, historica Part XIV,
	b If the organization treasures, or oth amounts relating	on elected, as permitted unde er similar assets held for pub i to these items	er SFAS 116, to report in its blic exhibition, education, or	revenue statement and research in furtherance	d balance e of public	sheet work c service, p	ks of art, h provide the	istorical following
	(i) Revenues in	cluded in Form 990, Part VIII	L line 1			►Ś		

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Tartin Organizations maintai	9 00110	00113	01 ATG 111300	rica, ricasares, or	Care Similar Ass	CLS (COITER	1000/
3 Using the organization's acquisition items (check all that apply):	on accession	and oth	er records, chec	k any of the following t	hat are a significant us	e of its collec	ction
a Public exhibition			d Loan o	r exchange programs			
b Scholarly research			e Other				
c Preservation for future generation	ations		_				
4 Provide a description of the organ Part XIV	nızatıon's coll	lections	and explain how	they further the organ	ization's exempt purpos	se in	
5 During the year, did the organizal assets to be sold to raise funds r.	tion solicit or ather than to	receive be mair	donations of art	, historical treasures, o f the organization's col	r other similar lection?	Yes	No
Part IV Escrow and Custodial 9, or reported an amount	Arrangen unt on Fori	n ents (m 990,	Complete if or Part X, line :	rganization answer 21	ed 'Yes' to Form 99	90, Part Ⅳ 	', line
1 a Is the organization an agent, trus included on Form 990, Part X?	itee, custodia	n, or oth	ner intermediary	for contributions or oth	er assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV a	and com	plete the followi	ng table			
					<u> </u>	Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV						
Part V Endowment Funds Co	mplete if o	rganiza	ation answere	ed 'Yes' to Form 99	0, Part IV, line 10.		
	(a) Current	year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance							
b Contributions							
c Net Investment earnings, gains, and losses							
d Grants or scholarships	_ 				-	1	
e Other expenditures for facilities and programs							
f Administrative expenses					N ₁		-
g End of year balance							
2 Provide the estimated percentag	e of the year	end bala	ance held as				
a Board designated or quasi-endov	vment -		*				
b Permanent endowment ►							
c Term endowment	<u> </u>						
3a Are there endowment funds not organization by	in the posses	sion of t	he organization	that are held and admi	nistered for the	Yes	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations					·	3a(ii)	
b If 'Yes' to 3a(n), are the related of	organizations	listed as	s required on Sc	hedule R?		3b	$\overline{}$
4 Describe in Part XIV the intender	_		•			<u> </u>	
Part VI Investments-Land, B					line 10		
Description of investment		(a) Cos	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	Value
1a Land		Γ .					
b Buildings .							
c Leasehold improvements		<u> </u>	·				
d Equipment				211,943.	125,924.	Ω	6,019.
e Other				40,542.	25,342.		5,200.
Total. Add lines 1a through 1e (Column	n (d) must e	qual For	n 990 Part X o		23,342.		$\frac{3,200.}{1,219.}$
BAA	iii (u) iiiusi ei	4441 1 011	JJO, I GILA, C	oranin (D), mie TO(C))		lule D (Form	
PAR					Scried	uie D (FOIM)	22U) ZUUS

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 Ted Shuttlesworth Evangelistic 52-	·121	3895	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	Ļ		
2	Total expenses (Form 990, Part IX, column (A), line 25)	L		
3	Excess or (deficit) for the year Subtract line 2 from line 1 .	L		
4	Net unrealized gains (losses) on investments	- 1		
5	Donated services and use of facilities	L		
6	Investment expenses	. L		
7	Prior period adjustments	L		
8	Other (Describe in Part XIV)	L		
9	Total adjustments (net) Add lines 4 through 8.			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	ĺ		
ŧ	Donated services and use of facilities 2b	ļ		
	Recoveries of prior year grants	ł		
	i Other (Describe in Part XIV)			
	e Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	a Investments expenses not included on Form 990, Part VIII, line 7b.	İ		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		rn N/A	
_	Total expenses and losses per audited financial statements	1	III M/A	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-+		
	1 1	İ		
	a Donated services and use of facilities			
	b Prior year adjustments 2b	1		
	c Other losses 2c			
	d Other (Describe in Part XIV)	_		
	e Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	- [
	a Investments expenses not included on Form 990, Part VIII, line 7b	!		
	b Other (Describe in Part XIV) . 4b	.		
	c Add lines 4a and 4b	4c		
5		5		
Pa	rt XIV Supplemental Information			
line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this par rmation	lines t to pi	1b and 2b, Pa rovide any ad	art V, Iditional
			- 	
		 -		

^	Schedule D (Form 990) 2009 Ted .Shuttlesworth Evangelistic Part XIV Supplemental Information (continued)	52-1213895	Page 5
	Part XIV Supplemental Information (continued)		
	•		
			 -

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2009 % |X (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number ☐ Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 52-1213895 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (b) EIN Ted Shuttlesworth Evangelistic Enter total number of other organizations 1 1 1 1 1 1 1 1 1 1 1 1 1111111 1 1 (a) Name and address of organization or government 1 1 1 1 Name of the organization Part Part II

TEEA3901L 02/10/10

Schedule I (Form 990) 2009 Ted Shuttlesworth Evangelistic

Part III | Grants and Other Assistance to Individuals in the United States. Complete If the organization answered 'Yes' to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

USE L'AILLY AND SCHEDURE 1-1 (L'UIII) 330) II AUDINO	nin 990) n addino	nai space is needed	ď		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
Benevolence	2	2,019.			
Bible College Tuition	1	2,800.			
Food & Medial Miamı Missions	1	3,000.			
Missions	10	68,642.			•
Orphange	1	4,000			•
Widows Fund	1	1,100.			•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	olete this part to p	rovide the informati	ion required in Par	t I, line 2, and any oth	er additional information.
Part I, Ling 2 - Grantmaker's Description of How Grants	on of How Grants	are Used	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
The_missions_support_is_monitored	red monthly by	monthly by our administrative offices through.	ative_offices_1	:hrough	
phone,_mail_and_email_updates_a	and on-site wh	and on-site where needed. Funds are released to viable	unds_are_releas	sed_to_viable	
organizations_that_have_been_in_relationship_with_our_organization_through	n_relationship	with our organ	nization throug	th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
denominational_and/or_ministerial_fellowship	ial fellowship	ties.	 	 	
	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		
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					! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
		 	 	[] ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

BAA

Schedule I (Form 990) 2009

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization Ted Shuttlesworth Evangelistic Association, Inc	Employer identification number 52-1213895							
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Director								
Tod Chuttlegrowth - Donnie Chuttlegrowth Bushand and wife								
Ted Shuttlesworth - Teddy Shuttlesworth Father and son								
Form 990, Part VI, Line 11 - Form 990 Review Process								
No review was or will be conducted.								
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available								
Ted Shuttlesworth Evanglelistic Association ministers the go	spel in several							
different areas. Crusades are conducted throughout the United	d States and Canada in							
churches, auditoriums and tents. In 2009 twenty-six crusades	and conferences were							
held in churhes and auditoiums.								
The Gospel is preached on two cable networks and two satelite	networks that cover							
the Unied States, also Canada, Russia, Phillipines and Jamaci	a are covered on							
seperate networks.								
The Association is established to fund other minitries and mi	ssionaries here and							
around the world including the building of an orphanage in Ug	anda. Food and medical							
supplies were given in the "Little Haiti" area of Miami.								
In 2009 the Ministry sent out 58,000 teaching letters and 117	5 free books.							

Schedule O (Form 990) 2009 Name of the organization Ted Shuttlesworth Evangelistic Association, Inc	Page 2
Name of the organization Ted Shuttlesworth Evangelistic	Employer identification number
Association, Inc	52-1213895

09 S	chedu	ıle /	A, Pa	art i'	V - :	Supp	oler	ne	ntal l	nfori	matio	on		Page
ent 5000			Ted	l Shu	ıttles Asso	worth ciation	Evai	ngel c	istic					52-1213
0/10							 -					-		06 1
Part II, Line 10 - Other	rincome													
Nature and Source	!		2009			2008			2007		200	06		2005
Other Income													-	1,970. 1,970.
	Total	<u>\$</u>		0.	\$		0.	<u>\$</u>		0. \$		0.	\$	1,970.

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue			File a separa	ate application fo	or each return.					
If you are	filing for an	Automatic 3-Month	Extension, compl	ete only Part I ar	nd check this box		,], ·		► X	
If you are	filing for an	Additional (Not Auto	omatic) 3-Month E	xtension, compl	ete only Part II (on	page 2 of the	s form)		_	
		nless you have alrea					iled Form 8	3868		
Part I	Automatic	3-Month Extensi	on of Time. O	nly submit ori	ginal (no copies	s needed).				
		file Form 990-T and		•			•		►	
All other corp income tax re		ludıng 1120-C filers)	partnerships, RE	MICS, and trusts	must use Form 70	004 to request	an extens	ion of time to 1	file	
returns noted the additiona Form 990-T	l below (6 mo l (not automa Instead, you	Generally, you can el onths for a corporation of tic) 3-month extension must submit the fully wefile and click on e	on required to file on or (2) you file v completed and s	Form 990-T). Ho Forms 990-BL, 6 signed page 2 (Pa	wever, you cannot 069. or 8870. grout	file Form 886 returns, or a	8 electronia L composité	cally if (1) you e or consolidate	want ed	
	Name of Exemp	t Organization					Employer ide	entification number		
Type or print		tlesworth Ev	angelistic				52-121	3005		
Association, Inc File by the due date for Size of the due date for Siz								3033		
filing your 1006 Main Street										
instructions	Structions City, town or post office, state, and ZIP code. For a foreign address, see instructions									
	Farmingt	on, WV 26571								
X Form 990 Form 990 Form 990	0 0-BL 0-EZ 0-PF	e filed (file a separate	Form 990-T (co Form 990-T (se Form 990-T (tru Form 1041-A	rporation) ction 401(a) or 40 ist other than abo		Form 472 Form 522 Form 606 Form 887	27 59			
If the orgIf this is check this	for a Group For box	4) 825-7000 es not have an office teturn, enter the orga If it is for part of t	or place of busin anization's four di	git Group Exemp	tion Number (GEN)	If			► □	
	rsion will cove	er tic 3-month (6 montl	es for a corporation	on required to file	Form 990 Th exter	ocion of timo				
until _ The ex ► X	8/15tension is for calendar year tax year beg	_, 20 <u>10</u> , to file the organization's re ar 20 <u>09</u> or	the exempt organ	•	the organization in	amed above.	hange ın a	ccounting perio	od	
2 - 1/ 1		(. F	DF 000 7 4700				- - - - - - - - - - 			
		for Form 990-BL, 99 ts See instructions	0-PF, 990-1, 4/20 	, or 6069, enter t	he tentative tax, le	ss any	3a \$		0.	
		for Form 990-PF or solution year overpayme			and estimated tax	payments	3ь\$		0.	
deposit		act line 3b from line upon or, if required,					3c \$		0.	
Caution. If y payment inst		to make an electron.	c fund withdrawal	with this Form 8	868, see Form 845	3-EO and For	m 8879-EC	for		
BAA For Pri	ivacy Act and	Paperwork Reducti	on Act Notice, se	e instructions.			Form	8868 (Rev 4	-2009)	

Form 8868	(Rev 4-2009)		Pa	ge 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check t		ĬXĪ
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	nsion on a previou	ısly filed Form 8868	_
	re filing for an Automatic 3-Month Extension, complete only Part I (on page			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies needed).	
	Name of Exempt Organization		Employer identification number	
Type or print	Ted Shuttlesworth Evangelistic Association, Inc	·	52-1213895	
•	Number, street, and room or suite number. If a P O box, see instructions		For IRS use only	
File by the extended due date for filing the return. See	Neisler Accounting Service Inc. 5760 Princess Anne Road			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	Virginia Beach, VA 23462-3225			
Check type X Form 99 Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 1041-A Form 4720 Form 5227	Form 6069 Form 8870	
STOP! Do i	not complete Part II if you were not already granted an automatic 3-month ex	tension on a previ	iously filed Form 8868.	
Telepho	ks are in care of Bonnie Shuttlesworth one No (304) 825-7000 FAX No Fax	check this box	-	
	s for a Group Return, enter the organization's four digit Group Exemption Nun		. If this is for the	ne
whole grou	p, check this box If it is for part of the group, check this box	and attach a list wi	ith the names and EINs of all	
members tl	ne extension is for			
5 For c6 If this7 State	lest an additional 3-month extension of time until 11/15 , 20 1 alendar year 2009 , or other tax year beginning , 20 tax year is for less than 12 months, check reason. Initial return in detail why you need the extension Schedule B & O informule a complete and accurate return.	, and ending Final return	Change in accounting period	
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta fundable credits. See instructions	ative tax, less any	8a \$	
paym	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cents made. Include any prior year overpayment allowed as a credit and any a Form 8868.	redits and estimate mount paid previou	ed tax usly 8b\$	
c Balar with F	ice Due. Subtract line 8b from line 8a. Include your payment with this form, of	r, if required, depos System). See instr	sıt s 8c\$	
	Signature and Verification			
Under penaltie correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statements implete, and that I am authorized to prepare this form	, and to the best of my kr	nowledge and belief, it is true,	
Signature -	Title •		Date -	