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Form **990-EZ**

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)

Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

2010

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

For the 2010 calendar year, or tax year beginning and ending R Check if applicable D Employer identification number C Name of organization Address change 20-3265444 THE TIMOTHY NETWORK, INC. Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 615-653-6999 PO BOX 332555 Terminated City or town, state or country, and ZIP + 4 F Group Exemption MURFREESBORO, TN 37133 Number > Application pending X Cash Accrual H Check ► ____if the organization is not Accounting Method Other (specify) Website: ► WWW.TIMOTHYNETWORK.ORG required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) \sim 501(c) () **◄**(insert no) 4947(a)(1) or [527 (Form 990, 990-EZ, or 990-PF) Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, 84,833. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 84,833 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6с c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract, line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 84,833. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 S 10 Grants and similar amounts paid (list in Schedule O) 10 JUN 29 2011 HS-(11 11 Benefits paid to or for members SCANNED JUL 1 3 62,450. 12 Salaries, other compensation, and employee benefits 12 536. Professional fees and other payments to independent contractors 13 13 964. 14 Occupancy, rent, utilities, and maintenance 14 179. 15 15 Printing, publications, postage, and shipping 9,381. SEE SCHEDULE O 16 Other expenses (describe in Schedule O) 16 73,510. 17 17 Total expenses. Add lines 10 through 16 11,323. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) (Form **990-EZ** (2010) 15,027. Net assets or fund balances at end of year Combine lines 18 through 20 21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

032171

	art II Balance Sheets. (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to any question					X
		(A) Beginning of year	-	(B) E	nd of year
22			1,948	_		11,528.
23		, <u> </u>	1 756	23		2 400
24		' ⊢	1,756 3,704			$\frac{3,499}{15,027}$.
25		<u> </u>	0			0.
26 27		-	3,704			15,027.
27 D:	art III Statement of Program Service Accomplishme			• 21	FY	penses
4.4	Check if the organization used Schedule O to respond to any question		, , , ,	X	(Required	for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE (and 501(c)(4) ons and section
	scribe what was achieved in carrying out the organization's exempt pu		cise manner, describ	oe	4947(a)(1) trusts, optional
	services provided, the number of persons benefited, and other releva				for others)
28	TEACHING MINISTRY TO EQUIP INDIVIDU	JALS TO BECOM	E AUTHENTIC	C		
	DISCIPLES OF JESUS CHRIST.					
]	
	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	28a	53,835.
29						
						
	(Our A. A.				29a	
30	(Grants \$) If this amount includes foreign	grants, cneck nere		<u> </u>	298	
30						
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here	>		31a	
	Total program service expenses (add lines 28a through 31a)			▶	32	53,835.
P	art [V] List of Officers, Directors, Trustees, and Key I	Employees. List each one	even if not compensated (s	see the	instructions fo	or Part IV)
	Check if the organization used Schedule O to respond to any question	n in this Part IV				
		(b) Title and average hours	/=\ Campanastian			
		· ·			ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	to e	ontributions employee efit plans & eferred	account and
M T	· ·	per week devoted to position		to e bene d	employee efit plans &	, , , ,
	ICHAEL L STROUD, 193 RED JACKET	per week devoted to position MINISTER	(If not paid, enter -0)	to e bene d	employee ofit plans & eferred pensation	account and other allowances
TF	ICHAEL L STROUD, 193 RED JACKET RACE, MURFREESBORO, TN 37127	per week devoted to position MINISTER 40.00	(If not paid, enter	to e bene d	employee efit plans & eferred	account and other allowances
TF JC	CHAEL L STROUD, 193 RED JACKET RACE, MURFREESBORO, TN 37127 OHN KING, 1712 TURFLAND COURT,	per week devoted to position MINISTER 40.00 PRESIDENT	(If not paid, enter -0)	to e bene d	employee fit plans & eferred pensation	account and other allowances
JC MU	ICHAEL L STROUD, 193 RED JACKET RACE, MURFREESBORO, TN 37127 DHN KING, 1712 TURFLAND COURT, JRFREESBORO, TN 37127	per week devoted to position MINISTER 40.00 PRESIDENT 1.00	(If not paid, enter -0)	to e bene d	employee ofit plans & eferred pensation	account and other allowances
JC MU RC	CCHAEL L STROUD, 193 RED JACKET RACE, MURFREESBORO, TN 37127 DHN KING, 1712 TURFLAND COURT, JRFREESBORO, TN 37127 DD KEY, 2911 SERENA CT,	per week devoted to position MINISTER 40.00 PRESIDENT 1.00 DIRECTOR	(If not paid, enter -0) 62,450.	to e bene d	employee fift plans & eferred pensation 0 •	account and other allowances 0 .
TR JC MU RC MU BC	CHAEL L STROUD, 193 RED JACKET RACE, MURFREESBORO, TN 37127 OHN KING, 1712 TURFLAND COURT, JRFREESBORO, TN 37127 OD KEY, 2911 SERENA CT, JRFREESBORO, TN 37129 OBBY BLAYLOCK	per week devoted to position MINISTER 40.00 PRESIDENT 1.00	(If not paid, enter -0)	to e bene d	employee fit plans & eferred pensation	account and other allowances
TR JC MU RC MU BC	CHAEL L STROUD, 193 RED JACKET RACE, MURFREESBORO, TN 37127 OHN KING, 1712 TURFLAND COURT, JRFREESBORO, TN 37127 OD KEY, 2911 SERENA CT, JRFREESBORO, TN 37129	per week devoted to position MINISTER 40.00 PRESIDENT 1.00 DIRECTOR 1.00	(If not paid, enter -0) 62,450.	to e bene d	employee fift plans & eferred pensation 0 •	account and other allowances 0 .
TR JC MU RC MU BC 52 DE	CHAEL L STROUD, 193 RED JACKET RACE, MURFREESBORO, TN 37127 OHN KING, 1712 TURFLAND COURT, JRFREESBORO, TN 37127 OD KEY, 2911 SERENA CT, JRFREESBORO, TN 37129 OBBY BLAYLOCK 210 DANBURY CT., ROCKVALE, TN 37153 EAN DUNNING, 1670 O GREEN COVE,	per week devoted to position MINISTER 40.00 PRESIDENT 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR	(If not paid, enter -0) 62,450. 0.	to e bene d	employee shift plans & eferred pensation O . O .	account and other allowances 0. 0.
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	Check if the organization used Schedule O to respond to any question in this Part V		V :	X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in	00		x
	Schedule 0	33		
4	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	34		X
_	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
5	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, explain in Schedule O why the organization did not report the income on Form 990-T			1
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	25-		Х
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	N/	
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	147	<u> </u>
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	00		х
	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions.	36		<u> </u>
	Enter amount of pointed experiences, another interest, as described in the interest.	· '		J
	Did the organization file Form 1120-POL for this year?	37b		X
8 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	l _		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	4		
39	Section 501(c)(7) organizations Enter			1
а	Initiation fees and capital contributions included on line 9 39a N/A	4		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4		
IO a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			1
	section 4911 ► , section 4912 ► , section 4955 ► O .	Ì		1
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b	ļ	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization D.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
11	List the states with which a copy of this return is filed TN			
12 a	The organization's books are in care of ► THE ORGANIZATION Telephone no ► 615-65	<u>3-6</u>	999)
	Located at ▶ PO BOX 332555, MURFREESBORO, TN ZIP+4 ▶	371 <u>3</u>	3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			
13	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	N/A		
	and only the uniquity of the exempt interest received or decrease carried and tax year.		_	
			Yes	No
1/1 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1.00	1
• • • •	Form 990-EZ	44a	Ī	X
		1770	 	†**
0	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44b		X
	of Form 990-EZ		-	$\frac{\lambda}{X}$
C	Did the organization receive any payments for indoor tanning services during the year?	440	 	+^
			•	1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	440	ĺ	1

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ 16 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI	Form 990-	EZ (2010)	THE	TIMOTHY	NETWORK	, INC.				20-3265	444		Pag
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Print/Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name DEMPSEY VANTREASE & FOLLIS PLLC Firm's address > 630 S. CHURCH ST., STE 300 MURFREESBORO, TN 37130 May the IRS discuss this return with the preparer shown above? See instructions X Yes X Yes													
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Print/Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check X if print self- employed RRIS PARKHURST, CPA KRIS PARKHURST, CP05/10/11 Firm's name DEMPSEY VANTREASE & FOLLIS PLLC Firm's address > 630 S. CHURCH ST., STE 300 MURFREESBORO, TN 37130 Asy the IRS discuss this return with the preparer shown above? See instructions X Yes X Yes X Yes X Yes Form 990-EZ (615)									 				
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Print/Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's nam									†				
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Print/Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's nam	d Total	I number of o	other indepen	dent contractor	s each receiving or	er \$100 non			•				
charitable trusts must attach a completed Schedule A Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer			-		-		ations and 4947/a	1)(1) nonexe	 emot	·			
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Check If PTIN		itable trusts r	must attach a	completed Sch	iedule A		•	. ,	•	▶ [_
Sign Here Signature of officer Date D		Under pena correct, and	aities of perjury, a completer Dec	I declare that I have laration of prepare	ve examined this retur er (other than officen is	n, including according according	ompanying schedules	and statement eparer has any	nts, and to the best of my knowledge	knowledge and b	elief, it is	true,	
Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check X if PTIN self- employed Self- employed Firm's name DEMPSEY VANTREASE & FOLLIS PLLC Firm's address 630 S. CHURCH ST., STE 300 MURFREESBORO, TN 37130 Asy the IRS discuss this return with the preparer shown above? See instructions Type or print name and title Date Check X if PTIN self- employed Self- employed Firm's EIN Phone no (615)893-660 MURFREESBORO, TN 37130 Asy the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (615)	Piar.	16	John Ken	nett Va						June	24.	20	T
Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check X if self- employed Self- employed Firm's name ▶ DEMPSEY VANTREASE & FOLLIS PLLC Firm's address ▶ 630 S. CHURCH ST., STE 300 MURFREESBORO, TN 37130 Analy the IRS discuss this return with the preparer shown above? See instructions Print/Type preparer's name Preparer's signature Date Check X if PTIN Self- employed Firm's EIN ▶ Phone no (615)893-660 MURFREESBORO, TN 37130 Analy the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (60-64-11)		Signatu	ure of officer	, ,	ر	- 				Date	•	•	
Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check X if self- employed Self- employed Firm's name ▶ DEMPSEY VANTREASE & FOLLIS PLLC Firm's address ▶ 630 S. CHURCH ST., STE 300 MURFREESBORO, TN 37130 Asy the IRS discuss this return with the preparer shown above? See instructions Asy the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (1 3	ohn K	ennett	\ King_								
Paid Preparer KRIS PARKHURST, CPA KRIS PARKHURST, CP05/10/11 Jse Only Firm's name ▶ DEMPSEY VANTREASE & FOLLIS PLLC Firm's address ▶ 630 S. CHURCH ST., STE 300 MURFREESBORO, TN 37130 Asy the IRS discuss this return with the preparer shown above? See instructions Torm 990-EZ (1,7,7			<u> </u>	 		<u> </u>		T 4 (===:			
Preparer KRIS PARKHURST, CPA KRIS PARKHURST, CP05/10/11 Jse Only Firm's name ▶ DEMPSEY VANTREASE & FOLLIS PLLC Firm's EIN ▶ Firm's address ▶ 630 S. CHURCH ST., STE 300 Phone no (615)893-660 MURFREESBORO, TN 37130 Asy the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (630-64)		Print/1	Type prepare	r's name	Prepare	r's signature		Date		- I			
Firm's name DEMPSEY VANTREASE & FOLLIS PLLC Firm's EIN Firm's address 630 S. CHURCH ST., STE 300 Phone no (615) 893-660		_	a 535	· · · · · · · · · · · · · · · · · · ·		N = F ===	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DE /12	· ·	yea			
Firm's address ► 630 S. CHURCH ST., STE 300 MURFREESBORO, TN 37130 May the IRS discuss this return with the preparer shown above? See instructions Torm 990-EZ (•												
MURFREESBORO, TN 37130 May the IRS discuss this return with the preparer shown above? See instructions Party 48-04-11 MURFREESBORO, TN 37130 X Yes Form 990-EZ (use On	·						<u> </u>			000		_
May the IRS discuss this return with the preparer shown above? See instructions Porm 990-EZ (l Firm's				•			Phone no	(012)	0 Y 3	-06	0
82 ¹ 74 8-04-11 Form 990- EZ (4)O discrete									v 1		_
13-04-11 Form 990-t∠ (32174	is discuss th	is return with	tne preparer st	nown above? See ii	structions							<u>_</u>
4	ß-04-11						1				Form 9	yyu-EZ	(20
10510 759241 12219 2010.03050 THE TIMOTHY NETWORK, INC. 12219		0 7500	0/1 101	210	201	ו מארי	_	MOMITY.	MEMMADY	TNC	10	210	

SCHEDULE'A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

			OTHY NETWORK						20	<u> -3265</u>	444	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	tructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check o	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	•				
2 🛄	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🛄			tal service organization o									
4 📖	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter th	e hospital	's nam	ıe,
	city, and stat						-					
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental unit	described	nı t		
_		(b)(1)(A)(iv). (Comple	•									
6		-	ent or governmental uni									
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general pu	ıblıc desc	ribed i	n
	-	b)(1)(A)(vi). (Comple	•									
8 🖳	-		section 170(b)(1)(A)(vi).						_			
9 X			eives: (1) more than 33									
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquirea b	y the orga	nization at	ter June 3	iU, 197	5.
40		509(a)(2). (Complete	•	_4 6	a anfatu C	`aa aaatia	- E00/a)//	11				
10			perated exclusively to te perated exclusively for the						out the n	urnoeee c	of one	or
11			ations described in section									J1
		• • • •	organization and compl				.,. Occ 3c (3,,000	,,(0). Once	iii iio oox	tilat	
	a Type		¬ ≛		e III - Func		tegrated		d 🔲	Type III • 0	Other	
e []			at the organization is not				-	r more disc				ın
			han one or more publicly									
f			tten determination from t						. , , ,		` ` ` `	
		rganization, check th			-							
9	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	ons?			
	(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (II) and (I	ıı) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)		<u> </u>
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) abov	e?					11g(iii)	<u> </u>	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
			(III) 7	T				1 (), 1	. 1			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		u notify the ion in col.	(vi) is organization	the n in col	(vii) An		if
orga	anization		(described on lines 1-9		sted in your document?		r support?	(i) organiz		sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(See manuchuma))	165	140	163	140	163	140			
			-	1 -			1	 				
					_							
		ļ		1								
· -												
Total		<u> </u>		1			<u> </u>	<u> </u>				
LHA For F	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 99	∂0-EZ)	2010

032021 12-21-10

Form 990 or 990-EZ.

Part II	(Form 990 or 990 EZ) 2010 Support Schedule for (<u> Pragnizations</u>	Described in	Sections 170	h)/1)/A)/iv) an	d 170/b)/1)/A)/w	Page
al C II	(Complete only if you checked	_					
•	fails to qualify under the tests				ir railed to quain,		organization
ection A	A. Public Support		<u>·</u>			<u>-</u>	
	ar (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	grants, contributions, and						
membe	ership fees received. (Do not					[
ınclude	e any "unusual grants.")						
2 Tax rev	venues levied for the organ-					1	
ızatıon	's benefit and either paid to						
or exp	ended on its behalf						
3 The va	lue of services or facilities						
furnish	ned by a governmental unit to						
_	ganization without charge					 	
	Add lines 1 through 3						
•	ortion of total contributions						
-	h person (other than a						
-	nmental unit or publicly						
	rted organization) included 1 that exceeds 2% of the						
	nt shown on line 11.						
colum							
	Support. Subtract line 5 from line 4					 	
	B. Total Support					<u> </u>	
	ar (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	nts from line 4						
Gross	income from interest,						
divider	nds, payments received on						
securit	ties loans, rents, royalties						
and inc	come from similar sources						
Net inc	come from unrelated business						
activiti	es, whether or not the						
busine	ess is regularly carried on						
Other I	income. Do not include gain	J]	
	from the sale of capital						
	(Explain in Part IV.)						
	support. Add lines 7 through 10					<u> </u>	
	receipts from related activities,	•	•			12	
	ive years. If the Form 990 is for	_	first, second, thir	d, fourth, or fifth ta	x year as a section	on 501(c)(3)	
	zation, check this box and stop C- Computation of Publi		rcontago				P L_
						144	
	support percentage for 2010 (li	,	•	column (I))		15	
	support percentage from 2009			line 12 and line 1	1 10 22 1/204 or n	L-1	and
	% support test - 2010. If the or				+ 15 33 1/370 OF N	iore, check this box	. ailu ▶ 「
	ere. The organization qualifies a % support test - 2009.If the or		=		line 15 is 33 1/204	or more check this	► L
	op here. The organization quality	=			IIII 13 13 33 1/370	or more, oneck this	.
	facts-and-circumstances test	•			13, 16a or 16b s	and line 14 is 10% o	r more
	the organization meets the "fact	_					
			,	· · · · · · · · · · · · · · · · · · ·			

Schedule A (Form 990 or 990-EZ) 2010

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010 THE TIMOTHY NETWORK, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1		(a) 2000	(6) 2001	(0) 2000	(0) 2009	(0) 2010	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	41,106.	63,413.	58,064.	66,855.	84,833.	314,271.
•	,,	41,100.	03,413.	30,004.	00/033.	01/0331	311/2/11
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the		725.				725.
_	organization's tax-exempt purpose						125.
3	Gross receipts from activities that	1					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to	İ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	41,106.	64,138.	58,064.	66,855.	84,833.	314,996.
7a	Amounts included on lines 1, 2, and	ļ					
	3 received from disqualified persons					1,720.	1,720.
b	Amounts included on lines 2 and 3 received	1					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	21,618.	31,600.	18,000.	41,000.		140,558.
c	: Add lines 7a and 7b	21,618.	31,600.	18,000.	41,000.	30,060.	
8	Public support (Subtract line 7c from line 6)						172,718.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	41,106.	64,138.	58,064.	66,855.	84,833.	314,996.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						_
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on	1					
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	41,106.	64,138.	58,064.	66,855.	84.833.	314,996.
	First five years. If the Form 990 is for	L	·				
•	check this box and stop here	the organization s	mst, second, time	, locatin, or min ta	cycai as a scotto	1 30 1 (c)(o) organiz	▶ □
Sec	ction C. Computation of Publ	ic Support Per	centage			 	
15	Public support percentage for 2010 (I			olumn (fl)		15	54.83 %
16	Public support percentage from 2009		•	,,,,,,		16	58.88 %
	ction D. Computation of Inves						
17	Investment income percentage for 20			a 13 column (fl)		17	.00 %
18	investment income percentage for 20	•	•	5 10, COIGITII1 (1))		18	*************************************
	33 1/3% support tests - 2010. If the			n line 14 and line			
198		-					/ is not ► X
р.	more than 33 1/3%, check this box at	-	-	• •			
	33 1/3% support tests - 2009. If the	_					and
00	line 18 is not more than 33 1/3%, che		-			_	
	Private foundation. If the organization	n dia not check a b	oox on line 14, 19a	, or 190, check this			P
0320	23 12-21-10			_	Sch	eaule A (Form 99	0 or 990-E Z) 2010

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

THE TIMOTHY NETWORK, INC.	20-3	20-3265444				
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES	S, AND M	AINTENANCE:				
DESCRIPTION OF EXPENSES:		AMOUNT:				
DEPRECIATION	_	964.				
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:						
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:				
COMPUTER EXPENSES		88.				
TAXES		50.				
TRAVEL/MEALS		2,226.				
OFFICE SUPPLIES		309.				
TRAINING		662.				
FUNDRAISING	· · · · · · · · · · · · · · · · · · ·	4,364.				
LIBRARY		465.				
INTEREST EXPENSE		75.				
MISCELLANEOUS		421.				
REPAIRS		80.				
RETREAT EXPENSE	··	641.				
TOTAL TO FORM 990-EZ, LINE 16		9,381.				
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:						
DESCRIPTION BEG. OF	YEAR	END OF YEAR				
ORGANIZATIONAL FEES	507.	507.				
OTHER DEPRECIABLE ASSETS	1,249.	2,992.				
TOTAL TO FORM 990-EZ, LINE 24	1,756.	3,499.				

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION IS A

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

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE TIMOTHY NETWORK, INC.

Employer identification number 20-3265444

TEACHING MINISTRY WHEREBY INDIVIDUALS ARE TAUGHT TO PRACTICE AUTHENTIC
DISCIPLESHIP AND FULFILL THE "GREAT COMMISSION".
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

Identifying number

TH	E TIMOTHY NETWORK,	INC.	FC	RM 99	$0-E_2$	PAGE	_1	20-3265444
Pa	rt Election To Expense Certain Prope	erty Under Section 1	79 Note: If you have any	listed prop	perty, co	omplete Par	t V before	
1 1	Maximum amount (see instructions)						1	500,000.
2	Total cost of section 179 property place	ed in service (see	Instructions)				2	
3	Threshold cost of section 179 property	y before reduction	in limitation				3	2,000,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	o or less, enter -0-				. 4	<u> </u>
5 c	Dollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, ente	r-0- If marned filing separately,	see instruction	ns		5	
6	(a) Description of p	roperty	(b) Cost (b)	siness use on	ity)	(c) Elect	ed cost	
								_
7 1	isted property. Enter the amount from	n line 29			7			
8 1	Total elected cost of section 179 properties	erty. Add amount	s in column (c), lines 6 a	nd 7			_ 8	
9 1	Tentative deduction. Enter the <mark>smalle</mark> i	r of line 5 or line 8					9	
10 (Carryover of disallowed deduction from	n line 13 of your 2	009 Form 4562				10	
11 E	Business income limitation. Enter the s	smaller of busines	s income (not less than	zero) or line	e 5		11	<u> </u>
12 5	Section 179 expense deduction. Add l	ines 9 and 10, bu	t do not enter more thar	line 11 _			12	
	Carryover of disallowed deduction to 2			D	13	 		
	: Do not use Part II or Part III below fo	or listed property.	Instead, use Part V					
Pa	rt II Special Depreciation Allowa	ance and Other D	epreciation (Do not Inc	lude listed	proper	ty.)		
14 5	Special depreciation allowance for qua	alified property (ot	her than listed property)	placed in :	service	during	ľ	
t	he tax year						14	
15 F	Property subject to section 168(f)(1) ele	ection					15	
	Other depreciation (including ACRS)						16	
Pa	rt III MACRS Depreciation (Do no	ot include listed p	roperty.) (See instruction	ns.)				
			Section A					
17	MACRS deductions for assets placed	ın service in tax y	ears beginning before 2)10			17	430.
18 j	you are electing to group any assets placed in ser	vice during the tax year	into one or more general asset	ccounts, che	ck here	<u> </u>		
	Section B - Assets	Placed in Service	e During 2010 Tax Yea	r Using th	e Gene	ral Deprec	iation Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Re	covery nod	(e) Convention	n (f) Method	(g) Depreciation deduction
19a	3-year property							
ь	5-year property		2,563	. 5 Y	RS.	HY	200DI	B 513.
С	7-year property		144	. 7 Y	RS.	HY	200DI	B 21.
d	10-year property							
е	15-year property							
f	20-year property							
9	25-year property	<u> </u>		25	yrs.		S/L	
	Devil del 11	/		27.5	yrs.	MM	S/L	
h	Residential rental property	/		27.5	yrs.	MM	S/L	
		/		39	yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets I	Placed in Service	During 2010 Tax Year	Using the	Altern	ative Depre	ciation Sy	ystem
20a	Class life						S/L	
b	12-year			12	yrs		S/L	
С	40-year	/		40	yrs.	MM	S/L	
Pa	rt IV Summary (See instructions.)							
21 L	isted property. Enter amount from line	e 28					21	
22 1	Total. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20 in column	(g), and fin	e 21.			
	Enter here and on the appropriate lines					<u> </u>	22	964.
	For assets shown above and placed in							
	portion of the basis attributable to sect	-			23			
01625			senarate instructions					Form 4562 (2010)

Part V Listed Property (include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or include automobiles of the property include automobiles of the property include automobiles of the property file of Section A, aft of Section G, aft of Sec	_	rm 4562 (2016)			THY N									3265		
Note: For any vehicle for which you are using the standard mileage rate or deducting lesse expense, complete ently 24a, 24b, columns (a) through (c) of Section A. Depreciation and Other Information (Caution: See the instructions for brints for passagner automobiles) 24a Do you have evidente to support the business/devented use claimed (**) (a) (b) (c) (c) (d) (d) (d) (p) (d) (d) (p) (p	P	art V Listed Propert amusement.)	ly (Include au	tomobiles	s, certain c	ther vehic	cles, ce	rtain con	puters	s, and prop	perty u	sed for e	ntertainn	nent, rec	reation,	or
24a Dy you have endence to support the business invasiment use claimed? (a) (b) (c) (c) (d) (d)		Note: For any v							r dedu	cting lease	exper	se, com	olete onl	y 24a, 24	4b, colui	nns (a)
(a) (b) (c) (c) (c) (c) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		Section A -	Depreciatio	n and Ot	her Inforn	nation (Ca	aution:	See the	nstruc	tions for li	mits fo	passeng	ger autor	nobiles)		
Type of largerty (list vehicles (str) beat in services beat investigation beat of processing beat of proce	248	Do you have evidence to s	upport the bus	iness/inves	stment use	claimed?		Yes	No	24b If "Y	es," is	the evide	nce writ	ten?	Yes	☐ No
Type of property (list velnicies with 3) petrol services of the property placed in service during the tax year and used more than 50% an qualified business use: Society		(a)			.	(d)						(g)	} ((h)		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (ft), lines 25 through 27. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles 20 Section B - Information on Use of Vehicles 20 Section B - Information on Use of Vehicles 20 Section B - Information on Use of Vehicles 20 Section B - Information on Use of Vehicles 20 Section B - Information on Use of Vehicles 20 Section B - Information on Use of Vehicles 20 Section B - Information on Use of Vehicles on Use by Their Employees 20 Section B - Information on Use of Vehicles of Use by Their Employees 21 Section B - Information on Use of Vehicles of Use by Their Employees 22 Section B - Information of Use by Their Employees 23 Section B - Information of Use by Their Emplo			placed in	ınvestn	nent	Cost or	l /h	usiness/inve	stment						section	n 179
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26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (i), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (iii), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (iii), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (iii), lines 26. Enter here and on line 21, page 1 20 Out an intervelled this section for vehicles used preson. 30 Total business/investment miles driven during the year. Add lines 30 through 32 31 Total ordine driven during the year. Add lines 30 through 32 32 Was the vehicle available for personal use during the year. Add lines 30 through 32 38 Uses the vehicle used primarily by a more than 5% owner or related persons. 39 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 30 Do you mantain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 40 Do you mantain a written policy statement that prohibits personal use of vehic	25	•	•			ty piaced	ın serv	ice durin	y trie t	ax year an	u	25				
Set St.	26							· -				25	<u> </u>		<u> </u>	
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Section B - Information on Use of Vehicle Set Se	21	Property used 50% or is	ss in a quair	ied busine							0.0				· · · · · · · · · · · · · · · · · · ·	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole propinetor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 22 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 32 Total miles driven during the year. Add lines 30 through 32 33 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? 4 Was the vehicle available for personal use? Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 35 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 40 Do you provide more than five vehicles to your employees as personal use? 41 Do you meet the requirements concerning qualified automobile demonstration use? 42 Amortization of costs that begins during your 2010 tax year. 43 Amortization of costs that begins during your 2010 tax year. 44 Amortization of costs that begins before your 2010 tax year.										 			+			
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