

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493008001000

Form **990**

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)

2008

OMB No 1545-0047

Open to Public
Inspection

Department of the Treasury

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

	revenue.			·		<u> </u>		Inspection
			ndar yea	r, or tax year beginning 09-01- C Name of organization	-2008 and ending 08-31-200	09	D Employer	identification number
_	eck if ap fress cha		Please Ise IRS	CHRISTIAN APPALACHIAN PROJEC	CT INC		61-0661	137
_	me chan	i li	abel or orint or	Doing Business As			E Telephone	
_	ial retur	t	ype. See Specific				(606) 78	9-9791
_	minatioi	I	nstruc- ions.	Number and street (or P O box if 6550 S Ky Route 321	mail is not delivered to street addr	ess) Room/suite	G Gross rece	eipts \$ 149,933,246
_	ended r	eturn pending		City or town, state or country, an Hagerhill, KY 41222	d ZIP + 4	•		
			E Nam	ne and address of Principal Of	ficer	14-5-		
				BECKHAM	iicei	H(a) Is this	s a group retu tes?	rn for
				S 321 SOUTH HILL,KY 41222				
[Ta:	x-exem	pt status		(3) ◄ (insert no)	1) or	, ,	affiliates incl	, ,
		e: ► www.d			<u>′</u>		o, attach a i p Exemption	ist See instructions) Number ►
			.		L .	1		
• Тур	e of org	anization J	Corporati	on trust association other	<u> </u>	L Year of For	mation 1964	M State of legal domicile KY
Pa	rt I	Summ	ary					
				e organization's mission or mo	st significant activities			
ų.		The Chris	tian Appa	alachıan Project is an interder	nominational, non-profit Chris	tıan organızatı	on committed	to serving people in
≌	I			ı by providing physical, spiritu		_		
≅								
sovemance	2	Check thi	s box 🖵	ıf the organızatıon dıscontınue	d its operations or disposed	of more than 2	5% of its ass	ets
	3	Number o	f voting n	nembers of the governing body	(Part VI, line 1a)		3	13
Activities &	4	Number o	fındepen	dent voting members of the go	overning body (Part VI, line 1	b)	. 4	11
ë	5	Total num	nber of em	nployees (Part V , line 2a) .			5	277
.	6	Total num	nber of vo	lunteers (estimate if necessa	ry)		6	1,734
3	7a	Total gros	ss unrelat	ted business revenue from Pa	rt VIII, line 12, column (C)		7:	a 0
	ь	Net unrel	ated busi	ness taxable income from For	m 990-T, line 34		71	b 0
						Prio	r Year	Current Year
	8	Contribu	itions and	grants (Part VIII, line 1h)		144,960,922	137,256,204	
員	9	Program	service i	revenue (Part VIII, line 2g)			750,122	1,375,996
Revenue	10	Investm	ent incon	ne (Part VIII, column (A), line	s 3, 4, and 7d)		532,337	57,918
歪	11	O ther re	venue (P	art VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		672,993	
	12	Total rev	venue—ad	dd lines 8 through 11 (must ea	qual Part VIII, column (A), lır		<u> </u>	
		12)					146,916,374	
	13			r amounts paid (Part IX, colui		:	119,847,469	111,979,591
	14			r for members (Part IX, colum				0
82	15	Salaries 10)	, other co	mpensation, employee benefit	ts (Part IX, column (A), lines	5-	9,038,833	9,537,893
Expenses	16a	•	onal fund	raising fees (Part IX, column ((A), line 11e)		124,543	
¥	ь	(Total fund	draising ext	penses, Part IX, column (D), line 25	7,909,995			
Ш	17	•		Part IX, column (A), lines 11a	·		18,814,036	17,970,274
	18			add lines 13–17 (must equal			147,824,881	
	19			enses Subtract line 18 from			-908,507	
<u>පී</u>						Beginni	ng of Year	End of Year
e in a	20	Total as	sets (Par	t X, line 16)			23,109,344	
Net Assets or Fund Balances	21			art X, line 26)			6,313,103	
2 E	22			d balances Subtract line 21 fi	rom line 20		16,796,241	
	t II	Signa	ture Blo	ock			•	
		Under pen	alties of pe	rjury, I declare that I have examined				
		and belief,	it is true, o	correct, and complete Declaration of	preparer (other than officer) is bas	ed on all informati I	on of which pre	parer has any knowledge
Plea Sign		******	re of office	P		2010- Date	01-06	
Here		r Signatu	ne or ornce	il .		Date		
-			MINK CONT r print nam					
	Ī	 			Date	Charle of	Dronara-/- PT	IN (Soo Con Inst)
		Preparer's signature	Dean [Porton Ford PSC	Date	Check if self-	Preparer's PT	IN (See Gen Inst)
Paid		empoly Firm's name (or yours believed), f self-employed),						
_	arer's						EIN Þ	
Use (ן אווזכ	address, a		106 W VINE STREET SUITE 600				
				LEXINGTON, KY 40507			Phone no 🕨	(859) 255-2341
				•				

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission The Christian Appalachian Project is an interdenominational, non-profit Christian organization committed to serving people in need in Appalachia by providing physical, spiritual and emotional support through a wide variety of programs and services
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 17,971,670 including grants of \$ 12,510,384) (Revenue \$ 509,607) FAMILY SERVICES DEPARTMENTS INCLUDE New Housing, Outreach Services - Mount Vernon, Parents Are Teachers, family Life Abuse Center - Big Sandy, Family Life Abuse Center - Mt Vernon, Rainbow Respite Care, Picnic Pavilions, Prescription Services - Mount Vernon, Outreach Services - Hagerhill, Family Life Counseling - Mt Vernon, New Housing/Home Repair - Hagerhill, Rejoice Respite Care Center, CAPRICE, Elderly Services - Hagerhill, Prescription Services - Hagerhill, Family Life Counseling - Hagerhill SERVICES WITH A TOTAL VALUE OF \$839,511 WERE DONATED TO THIS PROGRAM THIS VALUE HAS BEEN EXCLUDED FROM TOTAL EXPENSES AND PUBLIC SUPPORT
4 b	(Code) (Expenses \$ 1,453,337 including grants of \$ 835,660) (Revenue \$ 30,438) EDUCATION SERVICES departments include Camp Andrew Jackson, Camp Shawnee, Community Grants, Annville Center FDC, Family Life Center FDC, Eagle Center FDC, Martin County FDC, SERVICES WITH A TOTAL VALUE OF \$101,120 WERE DONATED TO THIS PROGRAM THIS value has been excluded from total expenses and public support
4 c	(Code) (Expenses \$ 67,914,490 including grants of \$ 65,267,451) (Revenue \$ 385,603) community services departments include Renfro Valley Volunteer House, Jackson Volunteer House, Volunteer House Management, McCreary County Volunteer House, Elderly Services, Magoffin County Volunteer House, Workfest, GIK Distribution - Corbin, GIK Distribution - Hagerhill, Louisa Volunteer House, Martin Volunteer House
	(Code) (Expenses \$ 39,278,887 including grants of \$ 33,366,096) (Revenue \$ 450,348)
4d	Other program services (Describe in Schedule O)
TU	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 126,618,384 Must equal Part IX, Line 25, column (B).

art IV	Checklist of	Required	Schedules
	CHCCKHISCOL	IXC quii Cu	Sciicadics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	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		
6	Did the organization maintain any donor advised funds or any 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, Part I.	6		No
7	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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		No
9	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 Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νo
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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			
	1a 208			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		NI a
	return?	3a		Νο
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		Νο
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
•	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7с		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
-	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Νo
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
	Carbon F04 (a)(42) annual france F :			
	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	against amounts due or received from them)			
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			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

							Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	cırcums	stances,			
1a	Enter the number of voting members of the governing body	1a			13			
b	Enter the number of voting members that are independent	1b			11			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				•	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co					3		Νο
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	ince t	the prior	Form 9	990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's as:	sets?		5		Νο
6	Does the organization have members or stockholders?					6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				rs of the	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rotherp	persons	?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertake	en durin	g the			
а	the governing body?					8a	Yes	
b	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o					9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			-		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
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?	16b		

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, LA, NV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply won website. I another's website. I upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

GREG A MINK

4192 North Wilderness Road Mt Vernon, KY 40456

(606) 256-2175

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. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Institutional Trustee Inclindual Trustee or Director		Forme Forme Inclination Inclination				(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			tion that a			II			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			1							
			1							
			-	\vdash	\vdash					
			+							
							Ļ	_	1	
1b Total			•		•		<u> </u>	395,962	2 0	58,803
2 Total number of individuals (including	those in 1	a) who i		vod	mor	a thai	n ¢ 1	00 000 in reportabl		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►1

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
southeast mail services 2528 palumbo drive lexington, KY 40509	mail processing	1,999,511
merkle inc 43880 commerce drive hollywood, MD 20636	printing and mailing	751,958
RMI DIRECT MARKETING INC 42 OLD RIDGEBURY ROAD DANBURY, CT 06810	MAILING LIST BROKERAGE	582,380
operation compassion 114 stuart road ne ste 370 cleveland, TN 37312	handling fees	363,010
RR DONNELLEY INC PO BOX 730440 DALLAS, TX 75373	MAILING SERVICE	295,081
2 Total number of independent contractors (including those in 1) who receive from the organization	. ,	8

Part VIII

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated car	npaigns 1a			Revenue		512, 513, or 514
\$ \$	ь		ues					
ᄪ			1b					
g,ĕ	С	Fundraising ev	vents 1c	8,663				
無無	d							
چ ⊒آي	e			1,512,147				
<u>ੂੰ</u> ਨੂੰ	f	All other contributions, gifts, grants, and		135,735,394		i		
돌		sımılar amounts ı	not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash cont	rıbutıons ıncluded ın					
S ၕ		lines 1a-1f \$			127.256.204			
	h	Total (Add lin	es 1a-1f)		137,256,204			
സ				Business Code				
Ĭ	2a	outside agency		900,099	1,343,823	1,343,823		
es Es	ь	property rental		531,120	17,220	17,220		
9. H	С	subscription incor	ne	511,120	13,917	13,917		
ž	d	counseling fees		621,990	1,036	1,036		
Σ.	e							
Tan	f	All other prog	ram service revenue					
Program Service Revenue	g	Total. Add line ► \$ 1,375,996	es 2a-2f					
	3		come (including divi	dends, ınterest				
			amounts)	· · · · · · · · · · · · · · · · · · ·	335,390			335,390
	4	Income from inve	estment of tax-exempt b	ond proceeds				
				•				
	5	Royalties .		(u) B				
	6a	Gross Rents	(ı) Real	(11) Personal				
	ь	Less rental						
		expenses						
	С	Rental income or (loss)						
	d	Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	10,364,984	68,132				
		assets other than inventory						
	ь	Less cost or other basis and	10,693,467	17,121				
		sales expenses	220 102	51.011				
	С	Gain or (loss)	-328,483	51,011	277 472			277 472
	d	Net gain or (lo	· · · · ·	. ▶	-277,472			-277,472
Other Revenue	8a	events (not in for contribution contribut	2,887 ns reported on line IV, line 18 le G if total exceeds a	8,663				
the	b c		xpensesb (loss) from fundrais		2,887	2,887		
0	9a	Gross income	from gaming	<u> </u>	,			
		activities See Complete Sche exceeds \$15,00						
	ь	Less directe	xpensesb					
	С		(loss) from gaming a					
	10a	Gross sales o	f inventory, less lowances	•				
	ь	Less cost of	a goods sold b					
	С		· (loss) from sales of					
		Miscellaneou	is Revenue	Business Code				
	11a	list rental		533,110	529,653			529,653
	ь							
	с							
	۔ ا	All other revo	nue					
	d e		es 11a-11d					
				\$ 529,653				
	12	8c,	.Add lines 1h, 2g, 3		139,222,658	1,378,883	0	587,571

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	111,866,165	111,866,165		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	113,426	113,426		
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	442,447	273,390	107,845	61,212
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,772,440	4,187,290		945,064
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	231,132	144,282	55,977	30,873
9	Other employee benefits	1,445,127	883,016	374,385	187,726
10	Payroll taxes	646,747	405,326	157,053	84,368
11	Fees for services (non-employees)				
а	Management				
b	Legal	130,238	199	130,039	
c	Accounting	109,179	23,319	69,178	16,682
d	Lobbying	76,182			76,182
e	Professional fundraising See Part IV, line 17	135,671			135,671
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,227,881	903,007	206,254	118,620
17	Travel	232,196	98,121	56,117	77,958
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	723,657	546,815	103,989	72,853
23	Insurance				
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)				
а	PRINTING AND PUBLICATIO	6,115,428	2,560,435	145,860	3,409,133
ь	POSTAGE	3,905,070	1,613,605	97,639	2,193,826
c	SUPPLIES	1,939,576	417,451	1,414,840	107,285
d	miscellaneous	1,177,208	652,727	272,019	252,462
e	delivery & freight	832,098	832,098		<u> </u>
f	All other expenses	1,501,561	1,097,712	263,769	140,080
25	Total functional expenses. Add lines 1 through 24f	139,623,429	126,618,384	5,095,050	7,909,995
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			844,569		840,250
	2	Savings and temporary cash investments			1,376,795	2	2,793,833
	3	Pledges and grants receivable, net			1,791,327	3	1,703,356
	4	Accounts receivable, net			375,011	4	233,498
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of			6		
	7	Notes and loans receivable, net			24,029	7	20,800
	8	Inventories for sale or use			220,106	8	480,237
92	9	Prepaid expenses and deferred charges			79,571	9	76,448
Assets	10a	Land, buildings, and equipment cost basis	10a	17,327,659			
-	b	Less accumulated depreciation Complete Part VI of	100	,02.,,000			
		Schedule D	10b	10,145,911	8,074,403	10c	7,181,748
	11	Investments—publicly traded securities			10,254,365	11	8,397,414
	12	Investments—other securities See Part IV, line 11 $Complete Passive Schedule D$	art VII of			12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 $			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		69,168	15	49,479	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			23,109,344	16	21,777,063
	17	Accounts payable and accrued expenses .	2,148,782	17	1,732,321		
	18	Grants payable			18		
	19	Deferred revenue				19	30,000
	20	Tax-exempt bond liabilities				20	
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			252,240	23	272,382
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			3,912,081	25	3,731,782
	26	Total liabilities. Add lines 17 through 25			6,313,103	26	5,766,485
-s		Organizations that follow SFAS 117, check here ▶ ↓ and comp through 29, and lines 33 and 34.	lete lines :	27			
anc	27	Unrestricted net assets			14,637,643	27	13,673,036
Balance	28	Temporarily restricted net assets			760,211	28	927,546
⊒	29	Permanently restricted net assets		1,398,387	29	1,409,996	
r Fund		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.	e				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
ΑŠ	32	Retained earnings, endowment, accumulated income, or other fu			32		
Net	33	Total net assets or fund balances		16,796,241	33	16,010,578	
Z	34	Total liabilities and net assets/fund balances			23,109,344	34	21,777,063
Pa	rt XI	Financial Statements and Reporting					

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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	Yes	
3a	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493008001000

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (Please check only **one** organization)

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

Open to Public Inspection

Name of the organization CHRISTIAN APPALACHIAN PROJECT INC Employer identification number

61-0661137

		hospital's	name, city, and	l state									
5	Γ	An organiz	atıon operated	for the benefit of a college o	r universit	y owned o	roperated	by a gove	ernmenta	l unıt de	scribe	d in	
		Section 17	0(b)(1)(A)(iv)	. (Complete Part II)									
6	Γ	A federal, s	state, or local o	government or governmental	unit desc	rıbed ın S e	ection 170	(b)(1)(A)	(v).				
7	굣	An organiz	ation that norm	nally receives a substantial p	art of its	support fr	om a gove	rnmental u	unit or fro	m the ge	neral	public	:
		described	n Section 170(b)(1)(A)(vi) (Complete Par	rt II)								
8	Γ	A commun	ıty trust descri	bed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)						
9	Γ	An organiz	ation that norm	nally receives (1) more than	331/3%	of its supp	ort from c	ontribution	ıs, memb	ership fe	es, a	nd gro	SS
		receipts fro	om activities re	elated to its exempt function	s—subject	t to certan	n exceptio	ns, and (2) no more	than 3	3 1/3%	of	
		ıts support	from gross inv	estment income and unrelat	ed busine:	ss taxable	ıncome (less sectio	on 511 ta	x) from	busın	esses	
		acquired b	y the organizat	ion after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)				
LO	Г	Anorganiz	atıon organızed	d and operated exclusively to	test for p	oublic safe	ty See S e	ection 509	(a)(4). (S	ee instr	uctioi	ıs)	
1		An organiz	atıon organized	d and operated exclusively fo	r the bene	efit of, to p	erform the	functions	of, or to	carry ou	it the	purpos	ses of
				oorted organizations describe						Sect ior	າ 509(a)(3).	.Check
				e type of supporting organiza									
	_	a T	• •			- Functio	•	•	d		-	I - Otl	
е	ı	•	-	ertify that the organization is nagers and other than one or			-					•	
		section 50		nagers and other than one or	more pub	nciy supp	orteu orga	IIIZations	uescribec	ı III Sect	1011 50) 5 (a)(1)01
f			. , . ,	ed a written determination fro	om the IRS	S that it is	a Type I,	Type II o	r Type II	I suppor	ting o	rganız	zation,
		check this											\sqcap
g		_		has the organization accepte	d any gift	or contrib	ution from	any of the	9				
		following p		or indirectly controls, either	alone or to	ogether wi	th persons	s describe	d in (ii)			Yes	No
			•	ning body of the the supporte		-	т. ротоот		~ ··· (···)	1	1g(i)	103	110
			· -	person described in (i) above	_					<u> </u>	_ Lg(ii)		
		• •	•	tity of a person described in		hove?				_	.g(iii)		_
h				rmation about the organization			supports			<u> </u>	-9()	<u> </u>	
			. 1011011111g 111101	mation about the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gumzamon	о прроте						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv)	Is the	(v) Did v	ou notify	(vi)	Is the	10	ii) An	nount o
		orted	(,	(described on lines 1-9	, , ,	zation in		nızatıon		zation in	٠, ١	supp	
	Organ	ıızatıon		above or IRC section	col (i)	listed in	1 -	i) of your	1	organıze	d		
				(See Instructions))	1 '	overning	sup	port?	in the	e US?			
						ment?	1	T		T	_		
				+	Yes	No	Yes	No	Yes	No	_		
											_		
										-			
										1			
										1			
			ı		1								
											_		

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	<u>n line 5, 7, or</u>	8 of Part I.)				
P	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	92,249,278	112,768,606	139,740,939	144,960,922	1	37,057,891	626,777,636
2	Tax revenues levied for the organization's							
_	benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
_	organization without charge	92,249,278	112 760 606	120 740 020	144.000.000	1	27.057.001	(26 777 626
4	Total. Add line 1-3	92,249,278	112,768,606	139,740,939	144,960,922	1	37,057,891	626,777,636
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							626,777,636
	4							
	otal Support						T	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Total
7	Amounts from line 4	92,249,278	655,510	139,740,939	144,960,922	1.	37,057,891	626,777,636
8	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from similar	677,481	655,510	549,474	532,337		335,390	2,750,192
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss	149,021	364,422	620,606	691,796		529,653	2,355,498
	from the sale of capital assets (Explain in Part IV)	149,021	304,422	020,000	091,790		329,033	2,333,490
11	Total Support (Add lines 7 through 10)							631,883,326
12	Gross receipts from related activities, etc	(See instruction				12		4,073,515
							2)	4,073,315
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		rst, secona, tnire	i, fourth, or fifth	tax year as a 5	U I (c)(,3) 	▶ ┌
	organization, check this box and stop here						'	- 1
С	omputation of Public Support Perc	entage						_
14	Public Support Percentage for 2008 (line 6		led by line 11 co	lumn (f))		14		99.190 %
15	Public Support Percentage for 2007 Sched	ule Δ Part IV-Δ	line 26f			15		99.130 %
								99.130 %
тоа	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as				1/3% or more,	спеск	tnis box	▶ ▽
b	33 1/3% Test - 2007. If the organization di		_		15 is 33 1/3% o	r more	. check thi	•
_	box and stop here. The organization qualified						,	▶□
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	and line	e 14 is 10	
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst			•		-		► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac the organization meets the "facts and circu							·w ▶□
18	Private Foundation. If the organization did							F-1
-0	instructions	not check the Di	on time 15, 10	, a, 100, 17 a or .	I, D, CHECK HIIS	DOX a	366	▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or 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						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

					Inspection
	_	d "Yes," to Form 990, Part IV, Line 3,		art VI, line 46 (Political Ca	mpaign Activities)
		ns complete Parts I-A and B Do not com			
	, , ,	ection 501(c)(3)) organizations complete l	Parts I-A and C below	v Do not complete Part I-B	
	ection 527 organizations co	ed "Yes," to Form 990, Part IV, Line 4,	or Form 990F7 Pa	rt VI line 47 (Lobbying Δ	ctivities)
		ns that have filed Form 5768 (election und		,	•
	, ,, ,	ns that have NOT filed Form 5768 (election	` ''	•	•
f th	e organization answere	d "Yes," to Form 990, Part IV, Line 5	(Proxy Tax)		
	1 /1 /: 1 /:	organizations complete Part III			
	me of the organization RISTIAN APPALACHIAN PROJECT	- INC		Employer iden	itification number
J				61-0661137	
Par		ted by all organizations exemps. (See the instructions for Schedul		501(c) and section	527
1	Provide a description of	the organization's direct and indirect po	litical campaign acti	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	V olunteer hours				
	 				
Par	for Schedule C	ted by all organizations exemptor details.)	ot under section	501(c)(3). (See the l	instructions
1	Enter the amount of any	excise tax incurred by the organization	under section 4955		\$
2	Enter the amount of any	excise tax incurred by organization mar	agers under section	4955	\$
3	If the organization incur	red in a section 4955 tax, did it file Forn	n 4720 for this year	7	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Pai	t IV			
Par		ted by all organizations exempt ctions for Schedule C for details.)	ot under section	1 501(c), except sect	ion 501(c)(3).
1	Enter the amount direct	ly expended by the filing organization for	section 527 exemp	t function activities	\$
2	Enter the amount of the 527 exempt funtion acti	filing organization's internal funds contri	buted to other orgar	nizations for section	\$
3		ect exempt function expenditures Add Ii	nes 1 and 2 and ento	er here and on Form	Ψ
_	1120-POL, line 17b				\$
4	Did the filing organization	n file Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the an political contributions re	ses and Employer Identification Numbe nount paid and indicate if the amount was eceived and promptly and directly delive itical action committee (PAC) If additio	s paid from the filing red to a separate po	organization's own interna litical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ		organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul		68
A B	Check _ if the filing organization	belongs to an affiliated group checked box A and "limited control" provisions apply	•	
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	76,182	
c	Total lobbying expenditures (add line	es 1a and 1b)	76,182	
d	Other exempt purpose expenditures		139,455,818	
e	Total exempt purpose expenditures	(add lines 1c and 1d)	139,532,000	
f	Lobbying nontaxable amount Enter t columns— If the amount on line 1e, column (a)	he amount from the following table in both	1,000,000	
	or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
i	Subtract line 1f from line 1c Enter -	O- if line f is more than line c	0	
j	If there is an amount other than zero	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a	Lobbying non-taxable amount		1,000,000	1,000,000	1,000,000	3,000,000		
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000		
_с	Total lobbying expenditures		66,243	82,032	76,182	224,457		
_d	Grassroots non-taxable amount		250,000	250,000	250,000	750,000		
e 	Grassroots ceiling amount (150% of line d, column (e))					1,125,000		
f	Grassroots lobbying expenditures							

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization CHRISTIAN APPALACHIAN PROJECT INC 61-0661137 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

- \$

(ii) Assets included in Form 990, Part X

- \$

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

► \$

• Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Par	TITL Organizations Maintaining Col	<u>llections of Art,</u>	Hist	tori	cal Treasu	ires, or Othei	r Similar Asse	ets (co	ontinued _,
3	Using the organization's accession and other items (check all that apply)	records, check any	of the	e foll	owing that ar	e a sıgnıfıcant us	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or exc	hange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	llections and explair	n how	they	further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to			•				Yes	┌ No
Pai	t IV Trust, Escrow and Custodial A					ınızatıon answe	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an am								
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?			for c	ontributions (or other assets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and complet	te the following table	<u> </u>						
							A mou	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	, ,	21?				Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV				1 1157 11 1				
Рa	rt V Endowment Funds. Complete if	(a)Current Year		were Prior		Form 990, Part vo Years Back (d)		NEOUr V	ears Back
1a	Beginning of year balance	2,158,598	(5)	11101	(6)11	vo reals back (a)	Timee rears back (e	zyr our re	cars back
ь	Contributions	3,614,874							
c	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities	3,435,930							
_	and programs								
f ~	Administrative expenses	2,337,542							
g ¬	End of year balance								
2	Provide the estimated percentage of the year	send balance neld as 39 680 %	5						
а	board designated of quasi-endownient	39 000 70							
Ь	Permanent endowment ► 60 320 %								
c 3a	Term endowment			L_4_			ub		
5 a	Are there endowment funds not in the posses organization by	Sion of the organizat	LIOII L	iiat a	re neid and a	iammisterea for i	ine	Yes	No
	(i) unrelated organizations						3a(i)		Νο
	(ii) related organizations						3a(ii)		No
	If "Yes" to 3a(II), are the related organization						3b		
4	Describe in Part XIV the intended uses of the					10			
Pa	t VI Investments—Land, Buildings	, and Equipmen	ι τ. 56			·			
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land					1,770,005			1,770,00
	Buildings					10,247,974	6,052,177		4,195,79
	Leasehold improvements					533,046	355,528		177,51
	Equipment					2,039,207	1,631,752		407,45
	Other					2,737,427	2,106,454		630,973
									, ,

7,181,748

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
		Cost of end-of-	year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13) Part IX	ne 15		
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		
Part X Other Liabilities. See Form 990, Part X	K, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ANNUITY OBLIGATIONS	3,731,782		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3,731,782		

Total revenue (Form 990, Part VIII, column (A), line 12)

139,222,658

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	139,623,429
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-400,77
4	Net unrealized gains (losses) on investments	4	22,17
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-407,067
9	Total adjustments (net) Add lines 4 - 8	9	-384,892
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-785,66
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	140,185,46
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 940,630		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	962,80
3	Subtract line 2e from line 1	3	139,222,658
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	139,222,658
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	140,971,126
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
c d	Other (Describe in Part XIV)		
u e	Add lines 2a through 2d	2e	1,347,69
3	Subtract line 2e from line 1	3	139,623,429
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		139,023,42
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	(
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	139,623,429
	+ YIV Supplemental Information		100,020,72.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Christian Appalachian Project is an organization committed to serving the people of Appalachia in meeting their physical, spiritual, and emotional needs through its many programs offered in that service region CAP is dependent on donations and gifts to provide the resources required to maintain and operate these programs. The endowment of CAP includes both temporarily and permanently restricted endowment funds. As specified by the donors, the permanently restricted endowments are balances held by CAP in investment instruments and the income from these investments is used to support the programs as restricted by the donors' wishes. The balances in the temporarily restricted endowment are balances of restricted donations earmarked by the donor for specific programs or capital use, but that are not permanent in nature. Also included in the temporarily restricted balances are pledged gifts and bequests which have been recognized as revenue but have not yet been received by CAP and are thus not available for use
Part XI, Line 8 - Other Adjustments		actuarial loss on annuity obligations
Part XIII, Line 2d - Other Adjustments		actuarial loss on annuity obligations

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493008001000

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization	Emple
CHRISTIAN APPALACHIAN PROJECT INC	
	1 - 4 -

over identification number

61-0661137

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part
--

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations Phone solicitations
- In-person solicitations

- e 🗸 Solicitation of non-government grants
- Solicitation of government grants
- ✓ Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribi	erhave dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
	DIRECT MAIL FUNDRAISING		Νο	18,427,906	300,000	18,127,906
PIC	TELEMARKETING		No	1,696,263	135,671	1,560,592
Total			•			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

A L, A R, CA, CT, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI, AK, AZ, FL, OR

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
ben	6	Rent/Facility costs						
Direct D	7	Other direct expenses						
	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

Software ID: **Software Version:**

EIN: 61-0661137

Name: CHRISTIAN APPALACHIAN PROJECT INC

orm 990 Schedule G - Licensed States						
	Licensed States					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493008001000

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Employer identification number

CHRISTIAN APPALACHIAN P	ROJECT INC					61-0661137	
Part I General Inform	mation on Gran	nts and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the gran	ts or assistance?					√ Yes
Form 990, Part I Part IV and Scho	IV, line 21 for an edule I-1 if addit	y recipient that rece	ived more than \$5,0	00. Check this box i	es. Complete if the of no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Various gifts in kind through operation sharing				111,057,929	Comparable sales		CAP runs an Operation Sharing program which receives and redistributes gifts-in- kind An overwhelming number of the recipients are other 501(c)(3) and government organizations The report of distributions is over 1,200 pages long and is available upon request Most of the items distributed include food, clothing, and household goods
Mountain Christian Academy PO Box 1120 Martin, KY 41649	31-1072335	501(c)(3)	84,500				Daily operational use
Owsley Co Outreach680 Morris Fork Rd Booneville, KY 41314	41-2227491	501(c)(3)	5,624				capacity building to enable the organization to expand and seek its own funding
DIOCESE OF LEXINGTON 1310 WEST MAIN STREET LEXINGTON, KY 40508	61-1132894	501(c)(3)	16,650				Salary for an assistant at the diocese
martin co fiscal courtPO Box 309 inez, KY 41224	61-0852887			690,000	Comparable sales		The land will be adapted and opened to the community for outdoor recreation
Enter total number of sec organizationsEnter total number of other							•

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
HOWELL SCHOLARSHIP	11	19,000			
ROSE EDUCATIONAL GRANT	1	2,000			
educational grants	3	1,000			
Food and food commodities	1162		91,426	comparable sales	distributions of food and food commodities through a food pantry

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 For scholarships, CAP requests the grades of students at the end of the semester For other types of grants, CAP requests invoice backup or has the ability to ask for financial statemens of the grant recipient. For at least one of these grants, CAP also has a long-standing agreement with the organization and knowledge of the grant's use

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493008001000

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization CHRISTIAN APPALACHIAN PROJECT INC ${\bf Employer\ identification\ number}$

61-0661137

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		, ,			
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executive	e Direct	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		·			
	✓ Compensation committee		Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
William M Mills (i)					20,822	159,570	
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493008001000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization CHRISTIAN APPALACHIAN PROJECT INC **Employer identification number**

61-0661137

Pa	rt I	Types of Property							
			(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	ning	
1	A rt—Wo	rks of art			J				
2	Art—His	torical treasures .							
3	A rt—Fra	ctional interests							
4	Books a	nd publications							
		and household							
	goods								
6	Cars an	d other vehicles	Х	2	27,645	comparable sales			
		nd planes							
8	Intellec	tual property							
9	Securiti	es—Publicly traded .							
		es—Closely held stock .							
11		es—Partnership, LLC, interests							
12	Securiti	es—Miscellaneous							
13	contrib	d conservation ution (historic res)							
14	Q ualıfıe	d conservation ution (other)							
15		ate—Residential .							
16	Realest	ate—Commercial							
17	Realest	ate—Other							
18	Collecti	bles							
19	Food inv	entory	Х	4	91,427	comparable sales			
20	Drugs a	nd medical supplies .							
21	Taxıder	my							
		alartıfacts							
		c specimens							
24	Archeol	ogical artifacts							
		Operation Sharing receipts, See Sch O for							
25	Other (d	lescribe <u>details</u>)	Х	50		comparable sales			
26	Other (d	lescribe <u>food cooler</u>)	X	1	29,945	comparable sales			
		lescribe)							
	•	lescribe)							
29	which t	r of Forms 8283 received he organization complete <i>ledgement</i>		anization during the tax yea 33, <i>Part IV, Donee</i> •	er for contributions for	29			
30a	During hold for		ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
			of the initial	contribution, and which is	not required to be used for ϵ	exempt purposes		ĺ	
		entire holding period?					30a		No
b		", describe the arrangeme				·	Jua		
31					eview of any non-standard	contributions?	31	Yes	
32a	Does th	ne organization hire or us	e third parti	ies or related organizations	to solicit, process, or sell r	non-cash			
	contrib	utions?					32a		Νο
		", describe in Part II rganization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	ı) ıs			
	checke	d, describe in Part II							
									_

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

32b, and 33. Also col	nplete this part for any addition	
Identifier	ReturnReference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	"Number of contributors" is the estimated number of organizations or individuals that donated non-cash items to CA during the year

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization CHRISTIAN APPALACHIAN PROJECT INC **Employer identification number**

61-0661137

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Economic development services Programs include Economic Development Department, Wolf Creek Mountain Property, Whitley House, Garrard County White House, Garrard County Training Center, Bluegrass Comprehensive Care Rental, RCDI Grant, Idle Facilities Expenses \$ 39278887 including grants of \$ 33366096 Revenue \$ 450348

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		PRIOR TO FILING FORM 990, THE FINANCE COMMITTEE RECEIVES A COPY TO REVIEW THE COMMITTEE IS GIVEN SEVERAL DAYS TO REVIEW THE FORM AND ASK QUESTIONS ONCE IT HAS BEEN REVIEWED, THE COMMITTEE FORWARDS IT TO THE CONTROLLER TO PROCEED WITH FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board members fill out a form annually to disclose any conflicts

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION SET BY PERSONNEL COMMITTEE OF BOARD AFTER SALARY SURVEY AND DELIBERATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation					
Part XI, line 2c	Auditor Selection Process	The process for selecting auditors has not changed from prior years					

ldentifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	OTHER INCOME LIST RENTAL SPECIAL EVENTS

Identifier	Return Reference	Explanation						
Schedule M, line 25	Other non-cash contributions	Cap operates an operation sharing program which collects gifts-in-kind and redistributes the items to those in need. Those items include food, clothing, household goods and more. This year, CAP received contributions from more than 50 organizations and individuals. The entire list of contributions is available upon request.						

ldentifier	Return Reference	Explanation
Part III, line 4	Additional Program Service Activity information	Christian appalachian project (cap) programs are summarized and reported in the following human service program functional expense categories family services economic development community services education services Cap also funds and operates receipt and distribution programs for gifts-in-kind (cap operation sharing program) that distributes goods-in-kind items to the human service programs that make up the above described functional expense categories

DLN: 93493008001000

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** CHRISTIAN APPALACHIAN PROJECT INC 61-0661137 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity APPALACHIAN STUDENT FUND 4192 NORTH WILDERNESS ROAD SCHOLARSHIP FUND ΚY 501(C)(3) 509(a)(2) N/A MT VERNON, KY40456 61-1175230

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

Pel	τν	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?		T
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ity		1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No
d	Loans	or loan guarantees to or for other organization(s)			1d	No
e	Loans	or loan guarantees by other organization(s)			1e	No
f	Sale o	f assets to other organization(s)			1f	No
g	Purch	ase of assets from other organization(s)		<u>:</u>	1g	No
h	Excha	nge of assets		<u>:</u>	1h	No
i 1	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anızatıon(s)	<u>:</u>	1k	No
1 1	Perforr	nance of services or membership or fundraising solicitations by other orga	anization(s)		11	No
m	Sharın	g of facilities, equipment, mailing lists, or other assets		<u>:</u>	1m	No
n	Sharır	ng of paid employees		<u>:</u>	1n	No
o	Reımb	ursement paid to other organization for expenses		<u> </u>	10	No
р	Reımb	ursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		<u> </u>	1q	No
r	O ther	transfer of cash or property from other organization(s)		Ĺ	1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsl	nips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
<u> </u>						
(3)						
(4)						
(+)						
(5)						
(6)					· · · · · ·	

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization:	s?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

EIN: 61-0661137

Name: CHRISTIAN APPALACHIAN PROJECT INC

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
William M Mills , past PRESIDENT	40 00	Х		Х				138,748	0	20,822	
jerome b o'daniel , BOARD DIRECTOR	2 00	Х						0	0	0	
robert m duncan , board dırector	2 00	Х						0	0	0	
kevın doyle , BOARD dırector	2 00	Х						0	0	0	
bob m hutchinson , BOARD VICE CHAIR	2 00	Х						0	0	0	
robert j ramsay , BO A RD director	2 00	Х						0	0	0	
henry a Raiche , BOARD CHAIR	2 00	Х						0	0	0	
jerry howell , BOARD director	2 00	Х						0	0	0	
DR ANGELA MAGGARD , BOARD Director	2 00	×						0	0	0	
SHANNA ELLIOTT , BOARD Director	2 00	Х						0	0	0	
DR TOM CAREW , BOARD Director	2 00	Х						0	0	0	
Dwayne King , BOARD Director	2 00	Х						0	0	0	
RANDY BECKHAM , PRESIDENT	40 00	Х		Х				21,224	0	5,148	
KEVIN WEST , BOARD DIRECTOR	2 00	Х						0	0	0	
james b dingus , BOARD DIRECTOR	2 00	Х						0	0	0	
joseph m hood , BOARD DIRECTOR	2 00	Х						0	0	0	
Carol sue Sword , EXECUTIVE Vice president	40 00			x				89,516	0	14,596	
phillip d ashcraft , director	2 00			Х				0	0	0	
ງ robert owens , dırector	2 00			Х				0	0	0	
GREG A MINK , CORPORATE CONTROLLER/Tre	40 00			х				80,488	0	9,632	
GLORIA JORDAN , Corporate HR DIRECTOR/Se	40 00			×				65,986	0	8,605	