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Form 990-EZ

#### **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2008 (except black lung benefit trust or private foundation)

9/30/09

Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

For the 2008 calendar year, or tax year beginning 10/01/08

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

, and ending

Check if applicable Please Name of organization Employer identification number use IRS Address change label or 54-1415064 THE JEREMIAH PROJECT INC Name change print or Initial return Number and street (or P O box, if mail is not delivered to street address) Telephone number type. Room/suite See PO BOX 5163 757-342-5757 Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-WILLIAMSBURG VA 23188-5163 Application pending tions. Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF) if the organization is not Organization type (check only one)— |X| 501(c) ( 3 ) **◄** (insert no ) 4947(a)(1) or 527 Check | | if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 351,083 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 73,866 2 Program service revenue including government fees and contracts 2 266,246 Membership dues and assessments 3 71 Investment income 4 Gross amount from sale of assets other than inventory 10,900 5a 5a Less cost or other basis and sales expenses 5b 1,498 SEE Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.) STMT 1 9,402 SEE STMT 2 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) 6b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7a Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe 8 Total revenue. Add lines\_1, 2, 3, 4, 5c, 6c, 7c, and 8 349,585 q 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 73,345 12 Salaries, other compensation, and employee benefits 12 2,755 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 11,438 <u>5,484</u> 15 Printing, publications, postage, and shipping 15 Other expenses (describe SEE STATEMENT 269,671 16 16 362,693 17 Total expenses. Add lines 10 through 16 17 Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -13,108 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 43,738 20 20 Other changes in net assets or fund balances (attach explanation) 30,630 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 31,288 22 21,107 22 Cash, savings, and investments 13,659 9,523 23 Land and buildings 23 24 Other assets (describe 24 44,947 30,630 25 25 Total assets SEE STATEMENT 4 1,209 26 Total liabilities (describe 26 43,738 30,630 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form 990-EZ (2008)

	H PROJECT INC		-1415064			Page 2
Part III Statement of Program	Service Accomplishment	s (See the instruc	tions for Part I	11.)	Ex	penses
What is the organization's primary exempt purp	ose?				(Required	for 501(c)(3)
SEE STATEMENT 5					and (4) o	rganizations
Describe what was achieved in carrying out the	organization's exempt purposes	In a clear and concise	manner,		and 4947	(a)(1) trusts,
describe the services provided, the number of						or others )
28 WEEKENDS IN AUGUST AND OCTOBER	WHERE SECONDARY SCHOOL					
STUDENTS PERFORM HOME REPAIRS						
THE RICHMOND AREA	ON REDIFERENCE MODELS IN					
		ahaali haaa		$\neg$	00-	6 270
	is amount includes foreign grants	s, check here	<u> </u>	┷	28a	6,278
29 FAN THE PLAME SPIRITUAL GROWTH	RETREAT WEEKEND					
				_		
(Grants \$ ) If th	<u>is amount includes foreign grants</u>	, check here			29a	47,880
30 A 9 WEEK PROGRAM IN THE SUMMER	, WHERE SECONDARY SCHOOL					
STUDENTS PERFORM HOME REPAIRS	AND MAINTENANCE TO HOUSE:	5				
IN THE WINCHESTER, VA AREA AND	THE ROMMEY, WV AREA.					
(Grants \$ ) If th	is amount includes foreign grants	, check here	•	ПΙ	30a	239,262
31 Other program services (attach schedule)	SEE STATEMENT	6				<del> </del>
, ,	is amount includes foreign grants	check here	•	$\sqcap$	31a	5,997
32 Total program service expenses (add line		, one on here			32	299,417
	ustees, and Key Employees. Lis	t anch and aven if not a	omponented (Se	a éba i		
List of Officers, Directors, Tri	istees, and Key Employees. Lis	(b) Title and average	(c) Compensation	(d)	Contributions to	(e) Expense
(a) Name and a	address	hours per week	(If not paid,	employ	ee benefit plans &	account and
		devoted to position	enter -0)	deferre	ed compensation	other allowances
WILEY PECK	FAIRFAX STATION	PRESIDENT		1		
8145 RONDELAY LANE	VA 22039	50	0		0	0
SUSAN HAUSER	VIRGINIA BEACH	VICE-PRESID				
3936 MEETING HOUSE ROAD	VA 23455	50	0		o	0
JASON COOPRIDER	WILLIAMSBURG	TREASURER				
3020 MOSSY CREEK DR	VA 23185	50	o		o	0
EARNIE DYKE	WILLIAMSBURG	SECRETARY				
111 DUER DR	VA 23188	50	o		o	0
ZELLY ZIM	FAIRFAX	DIRECTOR		<del>                                     </del>		<u></u>
9014 LITTLETON ST	VA 22032	50	o		o	0
RANDY STECK	WILLIAMSBURG	DIRECTOR		<del> </del>		
		50				•
2401 ANDRE ESTEVE STEVEN HIGBIE	VA 23185		0	<del>\</del>	0	. 0
	MIDLOTHIAN	DIRECTOR				_
13703 WEST BAY DRIVE	VA 23112	50	0	<del> </del>	0	0
STEVE DELVECCHIO	FAIRFAX	DIRECTOR				
5204 CONCORDIA STREET	VA 22032	50	0	-	0	0
PAUL SHAVER	STAUNTON	DIRECTOR		]		
102 ROBIN HOOD ROAD	VA 24401	50	. 0	1	0	0
MAC MCKENNEY	ARLINGTON	DIRECTOR				
6012 N 19TH STREET	VA 22205	50	0		0	0
					1	
		i				
			1		}	
						<u> </u>
· · · · · · · · · · · · · · · · · · ·	<del></del>			<del>                                     </del>		
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				<u> </u>		
<u></u>	<del></del>			<u> </u>		
DAA					For	m 990-EZ (2008)

and enter the amount of tax-exempt interest received or accrued during the tax year

"Yes," Form 990 must be completed instead of Form 990-EZ

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Form 990-EZ (2008)

44

Yes

No

X

43

45

Form 990-EZ

Form 99	0-EZ (2008) THE JEREMIAH PROJECT INC	54	-1415064			Page 4
Part \	VI Section 501(c)(3) organizations only. All section 50 and complete the tables for lines 50 and 51.	1(c)(3) organiz	ations must ar	swer question	s 46–49	
46 Did	d the organization engage in direct or indirect political campaign activities o	n behalf of or in opi	position to		Ye	s No
са	indidates for public office? If "Yes," complete Schedule C, Part I				46	x
47 Did	d the organization engage in lobbying activities? If "Yes," complete Schedul	le C, Part II			47	X
48 Is	the organization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E		48	X
49a Di	d the organization make any transfers to an exempt non-charitable related of	organization?			49a	Х
b If "	"Yes," was the related organization(s) a section 527 organization?				49b	
<b>50</b> Co	omplete this table for the five highest compensated employees (other than o	officers, directors, tr	ustees and key en	nployees) who		
ea	ich received more than \$100,000 of compensation from the organization. If	there is none, enter	"None"			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	it and
NONE				,		
	······································					
					-	
					<del></del>	
Total nur	mber of other employees paid over \$100,000					
<b>51</b> Co	omplete this table for the five highest compensated independent contractors	who each received	more than \$100,0	000 of		
co	mpensation from the organization. If there is none, enter "None."					
<del></del> -				<del></del>		
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensatio	<u>m</u>
NONE						
			<del></del>			<del></del>
				<del></del>		
			_			
				-		
Total nur	mber of other independent contractors each receiving over \$100,000	<b>&gt;</b>		<b>.</b>		
	Under penalties of perjury, I declare that I have examined this return, including					
0:	and belief, it is true, correct, and complete Declaration of preparer (other than	officer) is based on all	1 1 1		wledge	
Sign	Carrest W Dyle /p		1 41251	10		
Here	Signature of officer		Date			
	EARNEST W. DYKE Jr Trea	surer		<del> </del>		
	A A	Date	Check if	Preparer's Ident	tifung Numbo	/Soo instr.)
Daid	Preparer's AUUU Nowy	j	self-	<u> </u>	. •	(366 1131 )
Paid	signature ANDREA SALAMY	4/12	/10 employed ▶	<del></del>		
Prepar				EIN ▶ 5	4-120	<u>5579</u>
Use O		TE 2		Phone	000	F F O O
	address, and ZIP + 4 WILLIAMSBURG, VA 231	. ช 5		no ▶ 757	<u>-229-</u>	
May the	IRS discuss this return with the preparer shown above? See instructions				X Yes	No
				Fo	orm <b>990-E</b>	<b>:Z</b> (2008)

Part I

#### SCHEDULE A

(Form 990 or 990-EZ)

## Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Employer identification number

54-1415064

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

THE JEREMIAH PROJECT INC

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c | Type III-Functionally Integrated b Type II d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported (iv) is the organization (v) Did you notify (ii) EIN (vi) is the (vii) Amount of (iii) Type of organization organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (I) of your (i) organized in the (see instructions)) support? US? Yes Yes No Yes No No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

15	Public support perce	ntage from	2007 Schedule	A, Part I\	/-A, line 26f						15		%
162	33 1/3 % support tes	t2008 If	the organization	did not	check the hi	ov on I	ne 13 and l	ine 14 ie 33	1/3 % or more	chack this h	^~	•	

33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

7a	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or
	box and stop here. The organization qualifies as a publicly supported organization
U	33 1/3 % support test—2007. If the diganization did not check a box on line 13 of 10a, and line 13 is 33 1/3 % of more, check this

b	10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the
1 / a	10%-lacts-and-circumstances test—2006. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or

)	10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support				·- ·	<del></del>	
Ca	lendar 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")		249,084	70,039	82,627	73,866	475,616
2	Gross receipts from admissions, 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		249,084	70,039	82,627	73,866	475,616
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 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						
-	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		249,084	70,039	82,627	73,866	475,616
	tion B. Total Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		249,084	70,039	82,627	73,866	475,616
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			833	192	71	1,096
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			833	192	71	1,096
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,		249,084	70,872	82,819	73,937	
	and 12)						476,712
14	First five years. If the Form 990 is for the organization, check this box and stop here		, second, third, foui	rth, or fifth tax yea	r as a section 501(	(c)(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2008 (line 8	, column (f) divided	d by line 13, column	n (f))		15	99.7701 %
16	Public support percentage from 2007 Sche					16	99.7397 %
<u>Sec</u>	tion D. Computation of Investme	<u>nt Income Per</u>	centage				
17	Investment income percentage for 2008 (li	ne 10c, column (f)	divided by line 13,	column (f))		17	0.2299 %
18	Investment income percentage from 2007					18	0.2603 %
19a	33 1/3 % support tests—2008. If the orga 17 is not more than 33 1/3 %, check this b						<b>▶</b> 🗓
b	33 1/3 % support tests—2007. If the orga						
	line 18 is not more than 33 1/3 %, check the						▶ [
20	Private foundation. If the organization did						▶ ∟

Page 4

Schedule A (Form 990 or 990-EZ) 2008 THE JEREMIAH PROJECT INC 54-1415064

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) Form 4562

Department of the Treasury Internal Revenue Service

## Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.
Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return Identifying number THE JEREMIAH PROJECT INC 54-1415064 Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filling separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 2,300 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 3,269 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction vear placed in period service only-see instructions) 3-year property 19a 1,800 5.0 HY 200DB 360 5-year property 500 7.0 200DB HY 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L Nonresidential real MM S/L 39 yrs property MM S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Part IV Summary (See instructions.)

Listed property Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr

23 For assets shown above and placed in service during the current year.

enter the portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

1,238

7,238

S/L

S/L

S/L

21

22

12 yrs

40 yrs

MM

23

20a

Class life

40-year

b 12-year

	^
ane	7

	HE JE		PROJECT II	NC			54-1	4150	64							Page 2
	rt V	Listed Pro	perty (Include	automobi	les, cer	tain c	ther v	ehicles	s, cellul	ar tele	phones	, cer	tain c	ompute	ers, an	
		property u	sed for enterta vehicle for which	inment, re	creation	n, or a	amuse	ement.)	) aductina l	0200 04	nenco co	malat	a anh	•		
		24a, 24b, col	umns (a) through (d	) of Section	A, all of S	ection	B, and	Section (	C if appli	cable		mplet	e only			
		epreciation and	d Other Informatio	n (Caution:	See the ir	struct	1"		<del></del>		<u>_</u>					<del></del>
24a	Do you ha	eve evidence to su	pport the business/inv	vestment use o	laimed?	$\perp$	Yes	No			is the evic	dence	written'	?	Yes	No.
Type	(a) of property	(b) Date placed in	(c) Business/	(d) Cost or		Rasi	(e) s for depr	eciation	(f) Recovery		(g) ethod/		(h) Deprecia	tion	(I	ı) cted
(list	vehicles	service	use	bas			iness/inv	estment	репод		vention		deducti		section	n 179
25	first) Special	depreciation all	percentage owance for qualifie	d listed propi	erty nlace	d in se	use only	'	tav	<u> </u>						ost
20	•	•	in 50% in a qualifie		• •			ing the	lax		25					
26			n 50% in a qualifie			1011 401	.01107								L	
9		0 PICKU														
			6 100.00%		6,500	1	6	,500	5.0	200	DBHY			374		
9	6 TRU	CK			-						-					
		12/15/0	6 100.00%		4,500		4	,500	5.0	20	DBHY			864		
27	Property	used 50% or le	ess in a qualified bu	isiness use		,										
			%							S/L						
		<u> </u>	%			<u> </u>				S/L			-			
28			(h), lines 25 through	-			21, pag	je 1			28		<u>_</u>	,238		
29	Add am	ounts in column	(ı), line 26 Enter h											29	<u> </u>	
^	nloto thia	acation for value	oloo ugad bu a gale		tion B—In					r rolator	1					
			cles used by a sole aployees, first answer									n for th	ose veh	ıcles.		
<del>.</del> 30		······	ent miles driven	· · · · · · · · · · · · · · · · · · ·	(a)			o)	(c	i	(d)			(e)		f)
•			include commuting	1	Vehicl	e 1	·	icle 2	Vehic		Vehicle	e 4		nicle 5	l .	cle 6
	miles)	, (		,		-						,				
31		mmuting miles	driven during the ye	ear								-				
32	Total oth	ner personal (no	ncommuting) mile:	s driven									·			
33	Total mi	les driven durin	g the year Add													
	lines 30	through 32														
34	Was the	vehicle availat	le for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use dur	ng off-duty hou	rs?													
35		vehicle used p	• •													
			related person?	_										1		
36	is anoth	er vehicle availa	able for personal us	-	<u> </u>		<u> </u>		لـــــــــــــــــــــــــــــــــــــ					<u> </u>		
A	45		Section C—Qu							-	-	-				
		•	termine if you mee related persons (se	•	•	neung	Section	B for ve	nicies us	ea by er	npioyees	wno a	re			
iiot i	noie man	576 OWNERS OF	related persons (se	e mstruction	3)										Yes	No
37	Do you i	maintain a writte	en policy statement	that prohibit	ts all perso	onal us	se of vet	ncles. in	cludina c	ommutii	na. by you	ır emp	lovees'	7	100	,,,,
38			en policy statement						_							
	-		vehicles used by c	•	•			-	•	J, _,	,					
39	Do you	reat all use of v	rehicles by employe	es as perso	nal use?											
40	Do you	provide more th	an five vehicles to	your employ	ees, obtai	n infor	mation f	rom you	r employe	es abo	ut					
	the use	of the vehicles,	and retain the info	rmation rece	ived?											
41	-		ements concerning					-		-						
			37, 38, 39, 40, or 4	1 is "Yes," d	o not com	plete	Section	B for the	covered	vehicle	3					
Pa	irt VI	Amortizat	on			T			· 1		т-	(0)	<del></del>			
		(0)		(b)				(c)		(d)	1 0	(e) mortiza	tion		<b>(f)</b>	_
		(a) Description of co	osts	Date amo begii				rtizable nount		Cod	e	period ercent	or		ortization ( this year	tor
42	A ======	ation of acids the	ot bosine dones :	<u> </u>									-80			
42	Αιποπίζε	anon of costs th	at begins during yo	our 2008 tax	year (see	mstrud	uons)		<u> </u>		<del></del>					
43	Amortiza	ation of costs th	at began before yo	ur 2008 tax 1	vear					_			43			
44			column (f) See the			to rep	ort						44			

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4:03 PM		Gain / Loss	7,200			Gain / Loss		2,202			
								ا چ			
	<u>ال</u> ا -	Depreciation		Other		Depreciation	5,002	5,002			
	Invento	<b>a</b>	່ ທ່ທ"     <mark>0</mark>	entory -		ما	500	200 \$ 			
	Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities	Cost & Expense		- Sale of Assets Other than Inventory - Other		Cost & Expense		6,			
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Federal Statements	Sale of A	Sale Price		e of Asse		Sale Price	3,7	3,			
l Staf	ne 5c - ecuriti			5c - Sal				w.			
edera	Part I, Li	Date Sold	9/24/09	tl, Line 5c		Date Sold	9/21/09				
Ľ	90-EZ, I	Date cquired	VARIOUS	EZ, Par		Date cquired	4/01/06				
	Form 9	Date Acquired	VAR	Statement 2 - Form 990-EZ, Part		Date Acquired	4/0				
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ct Inc	Stater	Description Whom Sold		atemer	Description	Whom Sold					
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eremia 09		g	0.5			   <del>.</del>	CKUP				
28725 The Jeremiah Project Inc 54-1415064 FYE: 9/30/2009		How	SALE OF F150 DONATION TOTAL			How Received	F150 PICKUP PURCHASE	TOTAL			
28725 54-14 FYE: (			SALE DC				97 F1 PU				

54-1415064

FYE: 9/30/2009

# **Federal Statements**

# Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
TRAVEL	. 82
TRAVEL	614
TRAVEL	3,069
AUTO	180
AUTO	1,346
AUTO	6,722
BANK CHARGES	378
CELL PHONE & INTERNET	3,716
COMPUTER	1,391
CONTINUING EDUCATION	927
MISCELLANEOUS	65
MISCELLANEOUS	487
MISCELLANEOUS	2,431
POSTAGE & SHIPPING	672
POSTAGE & SHIPPING	107
POSTAGE & SHIPPING	536
PRINTING & REPRODUCTION	7
PRINTING & REPRODUCTION	55
PRINTING & REPRODUCTION	614
PROJECT ENGINEER	119
PROJECT ENGINEER	888
PROJECT ENGINEER	4,435
SUMMER INTERN	25
SUMMER INTERN	184
SUMMER INTERN	2,042
SOUND EQUIPMENT	7
SOUND EQUIPMENT	53
SOUND EQUIPMENT	590
SUMMER STAFF RETREAT	588
STAFF RECOGNITION	273
SIGNAGE	2
SIGNAGE	16
SIGNAGE	179
MISSION WEEKEND EXPENSES	5,164
FAN THE FLAME EXPENSES	38,652
SUMMER WORK CAMP	193,055
TOTAL	\$ 269,671
	•

# Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,209	\$
	1,209	

28725. The Jeremiah Project Inc 54-1415064

**Federal Statements** 

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FYE: 9/30/2009

### Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

## Description

TO EMPOWER, DISCIPLE AND TRAIN SECONDARY SCHOOL STUDENTS TO BE SERVANT LEADERS, TO AFFIRM THEM AS CHILDREN OF GOD, TO ENCOURAGE THEM TO EMBRACE A PERSONAL RELATIONSHIP WITH JESUS CHRIST, AND TO SUPPORT THEM IN THEIR DESIRE TO BECOME CHRISTIAN DISCIPLES THROUGH THEIR WORK.

#### Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

DEPRECIATION APPLIED TO THE PROGRAM SERVICES