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Form **990**

Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public Inspection

Internal F		Service		, or tax year beginning 09	01-2009 and ending 08-31-201			Inspection		
		a a la sa la la		C Name of organization	•	,	D Employer ide	entification number		
_	ress ch	nange use IF	≀s	CHRISTIAN APPALACHIAN PRO	DJECT INC		61-066113	7		
— Nam	ne cha	nge label		Doing Business As			E Telephone nu	ımber		
_	al retu	type.		Non-lan-ad-day-d-(a-P.O. b			(606) 789-9	9791		
_	nınate	Instru	ıc-	6550 S Ky Route 321	ox if mail is not delivered to street addres	ss) Room/suite	G Gross receipts	\$ 154,761,375		
– Ame – Appl		return n pending		City or town, state or country Hagerhill, KY 41222	, and ZIP + 4	•				
				e and address of principal	officer		■ ıs a group returr			
			IY A D 10 P#	ALUMBO DRIVE		affilia	ites?	⊤Yes 🔽 No		
		LE	XING	TON,KY 40502		H(b) Are al	l affiliates includ	ed?		
Tax	-exem	npt status 🔽 g	501(c)	(3) ◀ (insert no)	a)(1) or		o," attach a list ip exemption nu	(see instructions) mber ▶		
J We	ebsite	: ► www.chris	арро	rg		H(C)	ip exemption na			
∢ Form	of or	ganization 🔽 Co	rporation	on Trust Association C	ther ►	L Year of fo	rmation 1964 M	State of legal domicile K		
	t I			· · · · · · · · · · · · · · · · · · ·			I	<u> </u>		
Governance	1				most significant activities ted to serving people in need in A	ppalachia				
2. 0. 1.					tinued its operations or disposed					
			-	-	ody (Part VI, line 1a)			1		
Activities &					e governing body (Part VI, line 1b)				
				ployees (Part V , line 2a) unteers (estimate if neces			5 6	1,32		
<u>ੂ</u>				•	Part VIII, column (C), line 12			1,32		
					Form 990-T, line 34	•	76 71	-		
					,	Prio	or Year	Current Year		
	8	Contribution	s and	grants (Part VIII, line 1h)		137,256,204	132,882,920		
를	9	Program serv	/ice r	evenue (Part VIII, line 2g)		1,375,996	1,434,983		
Rayenu	10	Investmentı	ncom	e (Part VIII, column (A),	lines 3, 4, and 7d)		57,918	753,271		
Ĕ	11	Other revenu	ıe (Pa	ırt VIII, column (A), lınes	5, 6d, 8c, 9c, 10c, and 11e)		532,540	550,442		
	12				t equal Part VIII, column (A), line	=	139,222,658	135,621,616		
	13				olumn (A), lines 1–3)		111,979,591	107,056,710		
	14				umn (A), line 4)		111,57 3,331	107,030,710		
	15			mpensation, employee ber	;_					
8		10)				9,537,893	8,219,869			
Expenses	16a	Professional	fundr	aising fees (Part IX, colur	nn (A), line 11e)		135,671	129,056		
표	Ь			nses (Part IX, column (D), line						
	17				11a-11d, 11f-24f)		17,970,274	17,274,831		
	18				ial Part IX, column (A), line 25)		139,623,429	132,680,466		
. 07	19	Revenue less	expe	enses Subtract line 18 fro	om line 12	Bii	-400,771	2,941,150		
Not Assets of Fend Balances							g of Current 'ear	End of Year		
988 1989 1989	20	Total assets	(Part	X, line 16)			21,777,063	24,137,822		
돌	21	Total liabiliti	es (Pa	art X, line 26)			5,766,485	5,484,722		
	22	Net assets o	r fund	l balances Subtract line 2	1 from line 20		16,010,578	18,653,100		
Par	t II	Signature								
					uned this return, including accompanying n of preparer (other than officer) is based					
Sign Here		****** Signature of	officer			2010- Date	12-14			
						Date				
		GUY ADAMS Type or print								
					Date	Check If	Preparer's identif	ving number		
Paid		Preparer's signature	EIGH M	1CKEE	s	elf- empolyed	(see instructions			
Prepa	rer's	Firm's name (or	yours	▶ DEAN DORTON FORD PSC						
Use C		if self-employed address, and ZIF),	106 W VINE STREET SUITE		EIN ▶				
	-	addices, and ZIF			000		Phone no (859) 255-2341			
		<u> </u>	rotion	LEXINGTON, KY 40507	above? (see instructions)		1	✓ Yes No		

Part III Statement of Program Service Accomplishments

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

4e	Total program service e	expenses ⊁ \$	120,192,70	2		
	(Expenses \$	1,174,480 inc	luding grants o	of\$ 856	,554) (Revenue \$	32,777)
4d	Other program services	•	•		•	
					ouse, Jaskson Volunteer House, Eld d Co Volunteer House GIK Distribu	
4c	(Code) (Expenses \$	60,040,279	ıncludıng grants of \$	57,378,369) (Revenue \$	282,006)
		hfınder Youth & Teen C	enter, Martın Cou	nty FDC SERVICES WITH	ity Grants, Adult Education - Schoo A TOTAL VALUE OF \$52,590 WERE	
4b	(Code) (Expenses \$	45,080,470	ıncludıng grants of \$	39,740,518) (Revenue \$	653,155)
70	FAMILY SERVICES DEPARTM Life Abuse Center - Mt Vern Mt VernoN, New Housing/H	ENTS INCLUDE New H non, Rainbow Respite C ome Repair - Hagerhill, nseling - Hagerhill SERV	ousing, Outreach : are, Picnic Pavilioi Spiritual Enhance	Services - Mount Vernon, F ns, Prescription Services - N ement, Rejoice Respite Car	Parents Are Teachers, family Life Ab Mount Vernon, Outreach Services - re Center, CAPRICE, Elderly Service FRE DONATED TO THIS PROGRAM	ouse Center - Big Sandy, Family Hagerhill, Family Life Counseling - es - Hagerhill, Prescription Services
4a	(Code) (Expenses \$	13,897,473	ıncludıng grants of \$	9.081.269) (Revenue \$	467,045)
4		01(c)(4) organızat	ions and section	on 4947(a)(1) trusts a	largest program services by are required to report the am service reported	
	If "Yes," describe these	changes on Schedu	ule O			
3	Did the organization ceaservices?		nake sıgnıfıcar • • • •	t changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these	new services on Sc	hedule O			
2	Did the organization und the prior Form 990 or 99		ant program se	rvices during the yea	r which were not listed on	┌ Yes ┌ No

art TV	Check	dist of	Required	Schedules

			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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, 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? If "Yes," complete Schedule D, Part III 2	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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S ? <i>If</i> " <i>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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 line 25	24a		No
b	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
36	Section 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

art V	Statements	Regarding	Other	IRS Filing	s and	Tax Com	pliance
					,		P

			Yes	No					
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 190 1b 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes						
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 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 (see instructions)	2b	Yes						
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	20	Yes						
h	return?	3a 3b	Yes						
a									
b	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								
3	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		Νo					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No					
•	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N c					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
	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					
3	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h							
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
	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							
	Section 501(c)(7) organizations. Enter								
a	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	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)								
!a	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								

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b

Se	ction A. Governing Body and Management									
			Yes	No						
. _	Enterethe number of the control of t									
1a	Enter the number of voting members of the governing body 1a 11									
b	Enter the number of voting members that are independent 10									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo						
5	Does the organization have members or stockholders?	6		Νo						
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?									
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No						
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo						
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)									
			Yes	No						
L0a	Does the organization have local chapters, branches, or affiliates?	10a		Νo						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b								
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes							
L1A	Describe in Schedule O the process, if any, used by the organization to review the Form 990									
L2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
c	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							
L3	Does the organization have a written whistleblower policy?	13	Yes							
L4	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							
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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								
Se	ction C. Disclosure									
17	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 MA, MI, MN, MS, NH, NJ, NM, NY, N OR, PA, RI, SC, TN, UT, VA, WA, W CO, HI	ic, N	D, OH	,οκ,						

- 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 ✓ Own website ✓ Another's website ✓ 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
- 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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total .										365,924	0	58,956

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 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 individual			
	marviadar	4		No
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		No

Section B. Independent Contractors

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 service and data collection	2,066,458						
operation compassion 114 stuart road ne ste 370 cleveland, TN 37312	handling fees	436,715						
redfield company 1901 HOWARD ST OMAHA, NE 68102	printing	419,857						
RMI DIRECT MARKETING INC 42 OLD RIDGEBURY ROAD DANBURY, CT 06810	marketing services	405,468						
creative direct response 16900 SCIENCE DR STE 210 BOWIE, MD 20715	mail consulting	331,000						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►26								

Page 8

Form 99								Page 9
Part V	<u>/+++</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# £	1a	Federated cam	paigns 1a					
g g	ь	Membership du	es 1b					
ts, ∈	С	Fundraising eve	ents 1c					
<u> </u>	d		zations 1d	1 206 220				
Sins,	e	Government grants		1,296,330				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	131,586,590				
and	h	Total. Add lines	s 1a-1f	▶	132,882,920			
				Business Code				
Program Serwce Revenue	2a	outside agency		900,099	1,404,033	1,404,033		
æ Æ	ь	property rental		531,120	27,724	27,724		
<u>8</u>	С	counseling fees		621,990	1,630	1,630		
Ž.	d	subscription income	e	511,120	1,596	1,596		
Ē	e							
200	f	All other progra	am service revenue					
ΔŤ	g	Total. Add lines	s 2a-2f		1,434,983			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	⊢	375,364			375,364
	4		stment of tax-exempt bond p	 				
	5	Royalties	(ı) Real	► (11) Personal				
	6a	Gross Rents	(I) Keal	(II) I elsolial				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	19,045,710	471,956				
	ь	Less cost or other basis and sales expenses	18,856,924	282,835				
	C	Gain or (loss)	188,786	189,121 • • • •	377,907			377,907
	d 8a		rom fundraising		3/1,907			377,907
Other Revenue	ь	See Part IV, lin	luding reported on line 1c) ne 18 a penses b					
ō	С	Net income or ((loss) from fundraising	events 🕨				
	9a		rom gaming activities ne 19 a					
	b c	Net income or (penses b (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve					
		Miscellaneous	s Revenue	Business Code	EEO 443			EEO 443
	11a	list royalty		533,110	550,442			550,442
	Ь							
	C	All other range						
	d e	All other revenue Total. Add lines						
	12		See Instructions		550,442			
					135,621,616	1,434,983	0	1,303,713

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	l other organizations must complete column (A) but are not required to		ns (B), (C), and ((B)	D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations								
	in the U.S. See Part IV, line 21	106,423,709	106,423,709						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	633,001	633,001						
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	536,443	314,351	131,958	90,134				
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	5,652,810	3,307,988	1,384,876	959,946				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	195,422	115,279	50,450	29,693				
9	Other employee benefits	1,209,036	717,094	303,928	188,014				
10	Payroll taxes	626,158	395,076	160,201	70,881				
11	Fees for services (non-employees)				_				
а	Management								
ь	Legal	76,505		76,505					
c	Accounting	90,138	18,369	63,516	8,253				
d	Lobbying	30,130	10,303	33,310	3,233				
e	Professional fundraising See Part IV, line 17	129,056			129,056				
f	Investment management fees	123,030			123,030				
g g	Other	236,894	64,039	89,706	83,149				
12	Advertising and promotion	230,034	04,037	05,700					
13	Office expenses	1,099,215	963,564	55,984	79,667				
14	Information technology	1,099,213	903,304	33,364	79,007				
15									
	Royalties	1 246 251	060 173	110 522	157.657				
16	Occupancy	1,246,351	969,172	119,522	157,657				
17 18	Payments of travel or entertainment expenses for any federal,	170,589	74,200	47,712	48,677				
40	state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates			2					
22	Depreciation, depletion, and amortization	668,908	517,080	83,593	68,235				
23 24	Insurance								
	total expenses shown on line 25 below)								
а	PRINTING AND PUBLICATIO	4,984,480	2,328,106	164,727	2,491,647				
Ь	POSTAGE	3,331,431	1,544,735	121,302	1,665,394				
С	SUPPLIES	3,217,694	432,178	2,551,415	234,101				
d	miscellaneous	1,282,302	564,922	273,147	444,233				
e	home repair	472,277	472,277	0	0				
f	All other expenses	398,047	337,562	46,048	14,437				
25	Total functional expenses. Add lines 1 through 24f	132,680,466	120,192,702	5,724,590	6,763,174				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	152,000,400	220,172,102	3,727,330	5,,03,111				

Pa	rt X	Balance Sheet					<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			840,250	1	1,223,268
	2	Savings and temporary cash investments			2,793,833	2	2,454,904
	3	Pledges and grants receivable, net			1,703,356	3	1,781,419
	4	Accounts receivable, net			233,498	4	160,807
	5	Receivables from current and former officers, directors, trustees	s, key	employees, and			
		highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of		n 4958(f)(1)) and			
w		Schedule L				6	
ssets	7	Notes and loans receivable, net			20,800	7	430,654
8	8	Inventories for sale or use			480,237	8	425,374
⋖	9	Prepaid expenses and deferred charges			76,448	9	39,417
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	15,856,530			
	ь	Less accumulated depreciation	10b	9,299,104	7,181,748	10c	6,557,426
	11	Investments—publicly traded securities			8,397,414	11	11,005,412
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			49,479	15	59,141
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,777,063	16	24,137,822		
	17	Accounts payable and accrued expenses .	1,732,321	17	1,702,239		
	18	Grants payable		18			
	19	Deferred revenue	30,000	19	_		
	20	Tax-exempt bond liabilities		20			
<u>. je</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lìa		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•	272,382	23	203,411
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,731,782	25	3,579,072
	26	Total liabilities. Add lines 17 through 25			5,766,485	26	5,484,722
Ş		Organizations that follow SFAS 117, check here ▶ ▽ and comp	let e l	ines 27			
<u> </u>		through 29, and lines 33 and 34.			40,070,000		40.404.000
9 3	27	Unrestricted net assets			13,673,036		16,464,082
Fund Balances	28	Temporarily restricted net assets			927,546		749,022
Ē	29	Permanently restricted net assets		_	1,409,996	29	1,439,996
Ъ.		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d con	ıplete			
. 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	
\$ 52	32	Retained earnings, endowment, accumulated income, or other fu				32	
		Total net assets or fund balances	iius		16,010,578	\vdash	18,653,100
Net	33 34						
l	34	Total liabilities and net assets/fund balances	21,777,063	34	24,137,822		

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			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	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization CHRISTIAN APPALACHIAN PROJECT INC

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

61-0661137

									01-000113			
	rt I			olic Charity Stat						tructions		
he o	organı:			foundation because					x)			
1	Г	A churc	h, conventio	on of churches, or as:	sociation of o	churches s	ection 170(b)(1)(A)(i).				
2	Г			ın section 170(b)(1)			•					
3	Г	A hospi	tal or a coop	erative hospital serv	vice organiza	ition descri	bed in sectio i	n 170(b)(1)	(A)(iii).			
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a	hospital desc	ribed in sec	tion 170(b)(1)	(A)(iii). Ente	erthe	
5	Γ	_	-	rated for the benefit	_	or universi	cy owned or o	perated by a	governmental	unit describ	— ed ın	
_	_			()(iv). (Complete Pa	· ·							
6	_			ocal government or	=							
7	 ~	describe	ed ın	t normally receives a \)(vi) (Complete Pa		part of its	support from	a governme	ntal unit or froi	m the genera	l public	
8	Г			described in section)(vi) (Con	nplete Part II)				
9	Ė			t normally receives					outions, membe	ership fees, a	nd gro	s s
	·			ties related to its ex								
		•		ss investment incom	-	-		-				
			_	anızatıon after June 3				•		•		
10	Г	•		anized and operated	•			•	•			
11	Γ	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 a Type I b Type II c Type III - Functionally integrated d Type III - Other										
e f g	Γ	other th section If the or check th Since A	an foundation 509(a)(2) rganization r his box ugust 17, 20	x, I certify that the or on managers and othe eceived a written de 006, has the organiz	er than one c	r more pub	licly supporte	ed organizat 「ype I, Type	ions described	ın section 5	09(a)(1) or
			g persons? rson who dire	ectly or indirectly co	ntrols, eithe	ralone ort	oaether with r	ersons des	cribed in (ii)		Yes	No
				overning body of the	•		-		(,	11g(i)	1.55	
			_	r of a person describ		_				11g(ii)		
		• •	•	ed entity of a person	٠,		bove?			11g(iii)		
h				, g information about t								<u> </u>
			•	•		3	()					
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi) Is th organizat col (i) org	e ıon ın anızed	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
				_								
-												

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 y	ou checkeu the	box on line 3, 1	, or o or Part 1)		
	ection A. Public Support endar year (or fiscal year beginning	1					
Cuit	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do	112,768,606	139,740,939	144,960,922	137,057,891	132,882,920	667,411,278
	not include any "unusual						
2	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without						
4	charge Total. Add lines 1 through 3	112,768,606	139,740,939	144,960,922	137,057,891	132,882,920	667,411,278
5	The portion of total contributions	112,700,000	133,7 10,333	111,300,322	137,037,031	132,002,320	
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f)						
6	Public Support. Subtract line 5 from line 4						667,411,278
S	ection B. Total Support				I		
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	beginning in)					(e) 2009	
7	A mounts from line 4	112,768,606	549,474	144,960,922	137,057,891	132,882,920	667,411,278
8	Gross income from interest,						
	dividends, payments received	655,510	549,474	532,337	335,390	375,364	2,448,075
	on securities loans, rents, royalties and income from	055,510	349,474	332,337	333,390	373,304	2,440,073
	similar sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss	364,422	620,606	691,796	529,653	550,442	2,756,919
	from the sale of capital assets						
11	Total support (Add lines 7						(72 (16 272
	through 10)						672,616,272
12	Gross receipts from related activi	ties, etc (See ins	tructions)			12	5,037,683
13	First Five Years If the Form 990 is	s for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a 5	01(c)(3) organ	zation,
	check this box and stop here						▶ □
	action C. Commutation of D.	.blic Cumpout I	Dowanning				
<u></u>	ection C. Computation of Pu Public Support Percentage for 200			1.1 column (f))			00.220.04
				II column (1))		14	99 230 %
15	Public Support Percentage for 200	•	•			15	99 190 %
16a	33 1/3% support test—2009. If the				line 14 is 33 1/3%	or more, check	this box ► ▼
h	and stop here. The organization quality 33 1/3% support test—2008. If the	•	, , ,		ia and line 15 is 3	3 1/3% or more	
_	box and stop here. The organizati	•			a, and fine 15 is 5	13 1/3 /0 OF MOTE	► F
17a	10%-facts-and-circumstances tes		, , ,	•	ne 13, 16a, or 16b	and line 14	• •
	ıs 10% or more, and ıf the organız	zation meets the "	facts and circumst	ances" test, che	ck this box and st e	op here. Explain	
	ın Part IV how the organization me	eets the "facts an	d cırcumstances"	test The organız	atıon qualıfıes as a	a publicly suppo	
	organization				40.46.46!	4 - 11	►□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organization						
	Explain in Part IV how the organiz			,		-	v
	supported organization	Lation meets tile	acts and circuitist	.a.iccs test file	o. gamzation quali	cs as a publici	^y ▶□
18	Private Foundation If the organiza	ation did not checl	k a box on line 13,	16a, 16b, 17a o	r 17b, check this b	oox and see	- ,
	instructions		,	, ,	•		▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
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 Gross receipts from activities that						
3	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 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

Part IV

Supplemental Information. 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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493349002210

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 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization ans	swered "Yes," to Form	990, Part IV, Line 3, o	r Form 990-EZ, Part VI, line	e 46 (Political Campaign Activities),
then				

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Na	ection 501(c)(4), (5), or (6) organization RISTIAN APPALACHIAN PROJECT INC	auons complete i art iii		Employ	erıde	ntıficatıon number
Par	t I-A Complete if the or	ganization is exempt under	section 501(61-066 (c) or is a section		
1	•	ganization's direct and indirect politic	•			, or gamzation.
2	Political expenditures	jamzation 3 ander and mander points	zar campaign ac	civicies in raic iv	F	\$
3	Volunteer hours					Ψ
		ganization is exempt under				
1	·	tax incurred by the organization und				\$
2	Enter the amount of any excise	•	\$			
3	-	ection 4955 tax, did it file Form 472	O for this year?			☐ Yes ☐ No
4a	Was a correction made?					☐ Yes ☐ No
ь	If "Yes," describe in Part IV				50	44-1421
		ganization is exempt under				
1		nded by the filing organization for se			•	\$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities					►	\$
	Total avament function averaged	tures Add lines 1 and 2. Enter here	and on Form 11	20-POI line 17h	•	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b					
			and on Form 112			
4	Did the filing organization file F	form 1120-POL for this year?				☐ Yes ☐ No
3 4 5	Did the filing organization file F State the names, addresses ar were made For each organizati contributions received that we		IN) of all sectior n the filing organ a separate polit	iization's funds Also ical organization, suc	enter	ns to which payments the amount of political

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	Check If the filing organization belongs to			
В	Check If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1 a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	27,427	
c	Total lobbying expenditures (add lines 1a and 1	b)	27,427	
d	Other exempt purpose expenditures		132,653,039	
е	Total exempt purpose expenditures (add lines 1	132,680,466		
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	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		
	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

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 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expen	ditures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	66,243	82,032	76,182	27,427	251,884
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	(a))
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," describe in Part IV						
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2611	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

OMB No 1545-0047

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 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 ☐ Yes ☐ 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, 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 Protection of natural habitat Preservation of certified historic structure 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 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d 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 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 🕨

- 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

7

- the organization's accounting for conservation easements
- Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
- 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
- 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

 - Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X

(i) Revenues included in Form 990, Part VIII, line 1

- following amounts required to be reported under SFAS 116 relating to these items
- 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
- - - **▶** \$

☐ Yes

A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

3	Using the organization's accession and othe	r records, check any	ofth	e fol	lowing	that ar	e a signific	ant u	se of its colle		(00)	
	items (check all that apply)			_								
а	Public exhibition		d	ı	Loan	orexc	hange prog	rams				
b	Scholarly research		e	Γ	O the	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and explai	ın hov	v the	y furthe	erthed	organızatıor	ı's ex	empt purpose	ı ın		
5	During the year, did the organization solicit o	r receive donations	ofart	t, hıs	torıcal	treası	ures or othe	rsım	ıılar	_		_
	assets to be sold to raise funds rather than t									☐ Ye		No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						anızatıon a	insw	ered "Yes" t	o Forn	n 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontribu	itions	or other ass	etsı	not	┌ Ye	s	Г No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е				Г		A	A mount		
с	Beginning balance							1c				
d	Additions during the year						ŀ	1d	1			
e	Distributions during the year						<u> </u>	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 000 Bart V line	. 717				L			┌ Ye		
			. 21.							, 16	•	, 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		ans	wer	ad "Ye	s" to	Form 990	Par	t IV line 10			
ГŒ	Endowment I unus: complete	(a)Current Year)Prior			vo Years Back		Three Years Back	_	ur Ye	ars Back
1a	Beginning of year balance	2,337,542		-				 				
b	Contributions	4,483,672										
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs	4,632,196										
f	Administrative expenses											
g	End of year balance	2,189,018										
2	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment	34 220 %										
b	Permanent endowment • 65 780 %											
c	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat	are hel	d and a	administere	d for	the			
	organization by									Y	es	No
	(i) unrelated organizations								3	a(i)		Νo
	(ii) related organizations								3	ı(ii)		N o
	(ii) related organizations	ns listed as required	d on S	chec	lule R?			٠.		1(ii) 3b		N O
4	(ii) related organizations		d on S Iowme	ched ent fu	lule R? inds							N 0
4	(ii) related organizations		d on S Iowme	ched ent fu ee F	lule R? inds orm 9	90, P	art X, line					N 0
4	(ii) related organizations		d on S Iowme	ched ent fu ee F	lule R? inds	90, Po		ther		ЗЬ) Boo	ok value
4 Par	(ii) related organizations		d on S Iowme	ched ent fu ee F	lule R? inds orm 9	90, Po	art X, line (b)Cost or o	ther		ЗЬ		
4 Par	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio Describe in Part XIV the intended uses of the content		d on S Iowme	ched ent fu ee F	lule R? inds orm 9	90, Po	art X, line (b)Cost or c basis (oth	other er)	(c) Depreciation	on (d	1	ok value
Par 1a b	(ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the control		d on S Iowme	ched ent fu ee F	lule R? inds orm 9	90, Po	(b)Cost or c basis (oth	other er) 1,569	(c) Depreciate	on (d	1	ok value ,644,569
Par 1a b	(ii) related organizations		d on S Iowme	ched ent fu ee F	lule R? inds orm 9	90, Po	(b)Cost or c basis (oth	other er) 1,569 0,042	(c) Depreciation 4,902, 374,	3b (d	1	ok value ,644,569
Par 1a b c	(ii) related organizations		d on S Iowme	ched ent fu ee F	lule R? inds orm 9	90, Po	(b)Cost or c basis (oth 8,820 53: 2,04:	other er) 1,569 0,042 3,046	(c) Depreciation 4,902, 374,	3b (d	1	,644,569 ,917,495 158,177

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market va	lue
Financial derivatives and other financial products			
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F 000 P 1 V 1	1.2	
Part VIII Investments—Program Related. Se	•	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market va	lue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri		(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part 3	X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ANNUITY OBLIGATIONS	3,579,072		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,579,072		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	135,621,616
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	132,680,466
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,941,150
4	Net unrealized gains (losses) on investments	4	97,564
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-396,192
9	Total adjustments (net) Add lines 4 - 8	9	-298,628
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,642,522
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	136,428,547
2	Amounts 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 709,367		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	806,931
3	Subtract line 2e from line 1	3	135,621,616
4	A mounts 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) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	135,621,616
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	133,786,025
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,105,559
3	Subtract line 2e from line 1	3	132,680,466
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	132,680,466

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 IV, lines 1b and 2b, Part V, line 4, Part X, 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				

As Filed Data -

DLN: 93493349002210

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Employer identification number

CHRISTIAN APPALACHIAN PROJECT INC											
_								1-0661137			
Pa		activities. Complet ers are not require				ered "Yes" 1	to Form 9	90, Part IV,	line 17.		
1	Indicate whether the org	janızatıon raısed funds	through	any of the	following a	ctivities Che	eck all that	apply			
а	Mail solicitations			e	▼ Solici	tation of non	n-governme	nt grants			
Ь	b 🔽 Internet and e-mail solicitations				Solicitation of government grants						
c 🔽 Phone solicitations				g	☐ Speci	al fundraisin	ng events				
d	✓ In-person solicitation	ons									
2a b	Did the organization hav or key employees listed If "Yes," list the ten high to be compensated at le (i) Name of individual or entity (fundraiser)	ın Form 990, Part VII nest paıd ındıvıduals o	() or entit r entities	y in conne (fundraise Form 99 Did er have dy or	ection with p ers) pursuar	rofessional f it to agreeme are not requi	fundraising ents under ired to com (v) A mot (or reta	activities? which the fun	le (vi) A mount pa (or retained	by)	
	(,		contributions?			,	col (i)		organizatio	'n	
_		TELEMARKETING	Yes	No							
public interest communications			No		1,645,814		129,056	1,5	16,758		
Tota	al			>		1,645,814		129,056	1,5:	16,758	
3	List all states in which	the organization is re-	gistered o	or license	d to solicit f	unds or has l	been notifie	d it is exemp	t from registration	on or	

AL, AR, 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, CO, HI

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form	าplete if the organizat า 990-EZ, line 6a. List	cion answered "Yes" to c events with gross rec	Form 990, Part IV, II eipts greater than \$5	ne 18, or ,000.	reporte	∌d
		, , , , , , , , , , , , , , , , , , , ,	(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col	tal Even (a) thro	
			(event type)	(event type)	(total number)		· (c)	
₽	1	Gross receipts						
Revenue	2	Less Charitable contributions						
<u>~</u>	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
ر د	5	Non-cash prizes						
esu.	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses .						
	10	Direct expense summary Add lir	nes 4 through 9 ın colum	n (d)	🛌			
	11	Net income summary Combine I	ines 3, column d, and lin	e 10				
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		l "Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e than	
		, ,	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming		tal gamı	
Revenue				bingo/progressive bingo		(Add col	(a) thro I (c))	ough
₩								
	1	Gross revenue				+		
ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct D	4	Rent/facility costs						
훕	5	Other direct expenses						
	6	Volunteer labor				_		
			Г No	Гио	Гио			
	7	Direct expense summary Add line	s 2 through 5 in column	(d)				
	8	Net gaming income summary Con	nbine lines 1, column d, a	and line 7				
							Yes	No
9 a		er the state(s) in which the organiz the organization licensed to operate				. 9a		
b		No," Explain				<u> </u>	\Box	
10a	We	re any of the organization's gaming	licenses revoked, suspe	ended or terminated during	the tax year?	10a		
b	If"	Yes," Explain						
						\dashv		
11	Do	es the organization operate gaming	activities with nonmemb	pers?		11	igsqcup	
12		the organization a grantor, beneficia med to administer charitable gamin						
	.511	15 daotor onantable galling				12		

		1	Yes	No
.3	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🟲			
	A ddress 🟲			
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
	<u> </u>	5a		
D	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 ►			
6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation ► \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
7	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	7a		
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 > \$			

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Part I General Information on Grants and Assistance

DLN: 93493349002210

Schedule I (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Name of the organization Employer identification number CHRISTIAN APPALACHIAN PROJECT INC 61-0661137

Does the organization mathe selection criteria useDescribe in Part IV the o	d to award the grants	or assistance?			,	•	▽ Yes
Form 990, Part 1	IV, line 21 for any i	ecipient that receive	ed more than \$5,000	the United States O. Check this box if r	no one recipient rece	ived more than \$5,0)00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Various gifts in kind through operation sharing				106,412,809	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 1,400 pages long and is available upon request from Sue Sword, 2610 Palumbo Drive, Lexington, KY 40509 or (859) 269- 0635 Most of the items distributed include food, clothing, and household goods

Enter total	number of	section	501(c)(3) and	d government	organizations	•

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use 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	10	16,000			
Food and food commodities 1421			617,001	comparable sales	distributions of food and food commodities through a food pantry
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Ident if ier	Return Reference	Explanation							
Procedure for Monitoring Grants in the U S	Part I, Line 2	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 statements 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							

DLN: 93493349002210

Open to Public

Inspection

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

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

					61-0661137			
Pa	rt I Types of Property			Т	T			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	nıng	
1	Art—Works of art			_				
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications					,		
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	9	32,908	FAIR MARKET VAL	U E		
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	4	617,001	comparable sales			
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Operation Sharing receipts, See Sch O for							
	Other ► (details)	X	50		comparable sales			
	Other ► (<u>EQUIPMENT</u>)	X	1	17,500	COMparable sales			
	Other ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29		1 1	
20-	Dumma Aba wasan di data a sa		- h.,h., h., h., h.,	uk., u.a.u.a.uk.a.d D 7 . 1	1 20 45-4-4		Yes	No
sva	During the year, did the organiza							1
	must hold for at least three year				a to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part I	II					1
31	Does the organization have a gif					31	Yes	<u> </u>
32a	Does the organization hire or us contributions?			to solicit, process, or sell	non-cash • • • • •	32a		No
b	If "Yes," describe in Part II							1
33	If the organization did not report	revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Ret urn Reference	Explanat ion		
Method for Determining Number of Contributors	, , ,	"Number of contributors" is the estimated number or organizations or individuals that donated non-cash items to cap during the year		

Schedule M (Form 990) 2009

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization CHRISTIAN APPALACHIAN PROJECT INC Employer identification number

61-0661137

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		PRIOR TO FILING FORM 990, THE FINANCE AND AUDIT COMMITTEES RECEIVE A COPY TO REVIEW THE COMMITTEES ARE GIVEN SEVERAL DAYS TO REVIEW THE FORM AND ASK QUESTIONS ONCE IT HAS BEEN REVIEWED, THE COMMITTEES FORWARD IT TO THE CONTROLLER TO PROCEED WITH FILING
Form 990, Part VI, Section B, line 12c		Board members fill out a form annually to disclose any conflicts
Form 990, Part VI, Section B, line 15		COMPENSATION SET BY PERSONNEL COMMITTEE OF BOARD AFTER SALARY SURVEY AND DELIBERATION
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
Form 990, part Xı, line 2c	process for selection and oversight of auditors	This process has not changed from prior years
		Schedule R, Part IV CAP is beneficiary of several trusts but does not have information as to its percentage beneficial interest in those trusts. The K-1 amounts are relatively small (though much appreciated) and in these cases, CAP has chosen not to disturb the trustee with requests for this information where the trustee has not chosen to provide it.
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
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.

Identifier	Return Reference	Explanation
Form 990, part VII		William Mills was the President of CAP until March 2009, but after he left that position, he remained a director into this fiscal year. Therefore, the compensation listed is related to Mr. Mills' service as an officer in a different fiscal year. This compensation does not reach the threshhold for reporting him as a former officer.

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DLN: 93493349002210

SCHEDULE R (Form 990)

4192 NORTH WILDERNESS ROAD

MT VERNON, KY 40456

61-1175230

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization	Employer identification number
CHRISTIAN APPALACHIAN PROJECT INC	
	61-0661137

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)

(b)

(c)

(d)

(e)

(f)

Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

or foreign country)

Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)

(b)

(c)

(c)

(d)

(e)

Public charity status (if section 501(c)(3))

Direct controlling entity

APPALACHIAN STUDENT FUND

SCHOLARSHIP FUND

ΚY

501(C)(3)

509(a)(2) N/A

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(4)

(5)

(6)

Cile	udle K (Form 990) 2009		Pag	ge .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		N
d	Loans or loan guarantees to or for other organization(s)	1d		Ž
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	1g		N
h	Exchange of assets	1h		Ž
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		Ż
ı	Performance of services or membership or fundraising solicitations by other organization(s)	1 I		Ŋ
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		Ž
n	Sharing of paid employees	1n		N
o	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1p		Ne
q	O ther transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1 r		N
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of other organization (b) Transaction Ar type(a-r)		(c) : involve	ed
1) 2)				
• \				
3)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID: Software Version:

EIN: 61-0661137

Name: CHRISTIAN APPALACHIAN PROJECT INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 1,174,480 including grants of \$ 856,554) (Revenue \$ 32,777)

Economic development services Programs include Economic Development Department, Bluegrass Comprehensive Care Rental, RCDI Grant, Idle Facilities, AEP Grant Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	hours Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
William M Mills board diRECTOR	2 00	X						52,371	0	8,679
jerome b o'daniel BOARD DIRECTOR	2 00	X						0	0	0
kevin doyle BOARD director	2 00	Х						0	0	0
bob m hutchinson BOARD VICE CHAIR	2 00	X						0	0	0
robert j ramsay BOARD director	2 00	Х						0	0	0
henry a Raiche BOARD CHAIR	2 00	X						0	0	0
DR ANGELA MAGGARD BOARD Director	2 00	X						0	0	0
SHANNA ELLIOTT BOARD Director	2 00	X						0	0	0
DR TOM CAREW BOARD Director	2 00	X						0	0	0
Dwayne King BOARD Director	2 00	Χ						0	0	0
RANDY BECKHAM past PRESIDENT/vp of ope	40 00	Χ		X				71,532	0	14,974
KEVIN WEST BOARD DIRECTOR	2 00	Χ						0	0	0
CASEY STERR BOARD DIRECTOR	2 00	Х						0	0	0
JOHN DAVID KING BOARD DIRECTOR	2 00	X						0	0	0
GUY ADAMS PRESIDENT	40 00	X		Х				0	0	0
Carol sue Sword EXECUTIVE Vice president	40 00			Х				93,687	0	15,951
GREG A MINK CORPORATE CONTROLLER/Tre	40 00			Х				82,998	0	10,206
GLORIA JORDAN Corporate HR DIRECTOR/Se	40 00			Х				65,336	0	9,146

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRINTING AND PUBLICATIO	4,984,480	2,328,106	164,727	2,491,647
POSTAGE	3,331,431	1,544,735	121,302	1,665,394
SUPPLIES	3,217,694	432,178	2,551,415	234,101
mıscellaneous	1,282,302	564,922	273,147	444,233
home repair	472,277	472,277	0	0