Form **990**

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. ES36139 | Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Interr	nal Reve	nue Service	Go to www.	.irs.gov/Fo	orm990 for instruc	tions and	the latest i	nformation.		Inspect	ion
ΑF	or the	e 2024 calend	dar year, or tax year beginn	ning		and	ending				
B c a	Check if pplicabl	C Name o	of organization					D Employer	identifica	tion number	
	Addre chang		EMIAH PROGRAM								
	Name Chang	e Doing b	ousiness as					41-18	<u>30183</u>	4	
	Initial return	Numbe	r and street (or P.O. box if mai	il is not deliv	vered to street addres	s)	Room/suite	E Telephone	number		
	Final return	/ 729	N. WASHINGTON	AVE			600	(612)	259-2	3000	
	termin		town, state or province, cou	ntry, and 7	IP or foreign postal	l code		G Gross receipts		26,256,	044.
	Amen	ded MTNTN		55401	el lelelgi peeta			H(a) Is this a			-
	_return ∏Applic		and address of principal offic						dinates?		XNo
	_ltion pendir		AS C ABOVE		JIII LORD			H(b) Are all subo			
<u> </u>	ax-ex		X 501(c)(3) 501(c) (()	(insert no.)	4947(a)(1)	or 527			t. See instruction	
	Nebsi		JEREMIAHPROGRA			10 11 (u)(1)		H(c) Group ex			5110
			X Corporation Trust		ociation Othe	er	I Vear	of formation: 19			nicile MN
	art I	Summary								State of legal doll	10110.2224
			, be the organization's missior	n or most s	ignificant activities	DTSR		E CYCLE	OF PC	VERTY F	OR
e			MOTHERS AND TH								
Governance		Check this bo			tinued its operation						
/err	-		oting members of the governi		-				1 1	.5.	16
õ			0 0	0) (, ,						16
<u>ه</u>			dependent voting members								210
ies			of individuals employed in c								
Ĭ			r of volunteers (estimate if ne								470
Activities			ed business revenue from Pa								0.
	b	Net unrelated	business taxable income fro	om Form 9	90-T, Part I, line 11		·····		7b		0.
								Prior Year		Current Ye	
Ð	8	Contributions	s and grants (Part VIII, line 1h	ר (ר				21,192,1		14,340,	
nu	9	Program serv	vice revenue (Part VIII, line 2g	g)				1,786,1		3,146,	
Revenue	10	Investment in	ncome (Part VIII, column (A),	lines 3, 4, a	and 7d)			489,9	901.		194.
£	11	Other revenu	e (Part VIII, column (A), lines	5, 6d, 8c,	9c, 10c, and 11e)			114,6	535.	-151,	459.
			e - add lines 8 through 11 (mu					23,582,8	328.	17,909,	821.
			imilar amounts paid (Part IX,					260,8	317.	322,	642.
			to or for members (Part IX, o						0.		0.
	40		er compensation, employee b					14,229,3	385.	16,552,	236.
Expenses	16a		fundraising fees (Part IX, colu						0.		0.
- Ner	h		sing expenses (Part IX, colum		<u>^</u>						
ŭ	17		ses (Part IX, column (A), lines					9,581,2	238.	9,926,	988.
			es. Add lines 13-17 (must eq					24,071,4		26,801,	
		•	es. Add lines 15-17 (must eq s expenses. Subtract line 18			,		-488,6		-8,892,	
<u> </u>		neveriue iess	expenses: Subtract line To		۷			ginning of Currer		End of Ye	
Net Assets or	~	T						46,664,8		39,012,	
Bala	20										
et A	21							13, 163, 2		14,580,	
		Net assets or	fund balances. Subtract line	e 21 from li	ne 20			33,501,6	041.	24,432,	549.
	art II	-									
Una	er pena	aities of perjury,	, I declare that I have examined t	this return, i	ncluding accompanyli	ng schedule	s and statem	ents, and to the be	est of my ki	nowledge and bei	iet, it is
true,	, correc	ct, and complete	e. Declaration of preparer (other	than officer) is based on all inform	mation of w	hich preparer	has any knowled	ge.	/13/2025	
		Cignoturo of c	(liastity lord					Data	0	/13/2023	
Sig	n	Signature of c						Date			
Her	е		TY LORD, PRESID	DENT &	CEO						
		i ype or print	name and title	ı				Data			
		Preparer's na			Preparer's signature			Date	Check] PTIN	
Paid	I	JASON N	IEUMANN	L L	JASON NEUM	ANN	0	06/13/25	self-employed	P016901	
Prep	arer	Firm's name	CLIFTONLARSON	VALLEN	LLP			Firm's	EIN 41	-0746749)
Use	Only	Firm's addres	s 818 SECOND ST	r. so.	, SUITE 32	20					
_			WAITE PARK, M	<u>4N</u> 563	87			Phone	no.230	-203-550	0
Мау	/ the IF	RS discuss th	is return with the preparer sh	nown abov	e? See instructions	3				X Yes	No

432001 12-10-24

LHA For Paperwork Reduction Act Notice, see the separate instructions.

-	990 (2024) JEREMIAH PROGRAM	41-1801834 P
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	DISRUPT THE CYCLE OF POVERTY FOR SINGLE MOTHERS AND	D THEIR CHILDREN TWO
	GENERATIONS AT A TIME.	
2	Did the organization undertake any significant program services during the year which were not listed	I on the
	prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program se	ervices, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 21,808,899. including grants of \$ 322,642	•) (Revenue \$ 3,146,41
	HEADQUARTERED IN MINNEAPOLIS, MN, JEREMIAH PROGRAM	
	THROUGHOUT THE COUNTRY TO MEET THE GROWING DEMAND B	
	ORGANIZATION HAS CAMPUSES IN MINNEAPOLIS AND ST. PA	
	ROCHESTER-SE, MN, AUSTIN, TX, AND FARGO, ND, BOSTON	· · ·
	BALTIMORE, MD AND LAS VEGAS, NV. IN 2024, JP PARTNE	
	AND THEIR 2,001 CHILDREN ACROSS THE COUNTRY.	
	JP PROVIDES LIFE-CHANGING EXPERIENCES FOR MOMS AND	KIDS. BEGINNING WIT
	EMPOWERMENT TRAINING, MOMS START TO UNRAVEL THE DAM	
	PLACED ON LOW-INCOME WOMEN, (ESPECIALLY WOMEN OF CO	
	SINGLE MOMS), AND REASSERT THEIR ROLE AS EXPERTS IN	
	AFTER COMPLETING EMPOWERMENT, JP'S ONGOING PROGRAMM	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 21,808,899.	
		Form 990
32002	2 12-10-24 SEE SCHEDULE O FOR CONTINUA	TION(S)
406	13 131839 A489232 2024.03050 JEREMIAH	PROGRAM A4

Form 990 (JEREMIAH klist of Required Sched	
i aitiv	kiist of frequired beliet	10105

	· ·		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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	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 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	x	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZa		12a		х
h	Schedule D, Parts XI and XII	120		
U		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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	X	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	0000	X
132003	12-10-24	Form	990 (2024)

432003 12-10-24

Form 990 (2024)

JEREMIAH PROGRAM

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 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	23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	~	
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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), 501(c)(4), and 501(c)(29) 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		<u>X</u>
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			х
06	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29	x	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2. If "Yes," complete Schedule D. Part I/ line 2	35b		х
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 101		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a101Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c		
432004	12-10-24		990	2024)
	5			-

Form	990 (2024) JEREMIAH PROGRAM		41-1801	834	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	210			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		x
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	ts (FBAR).			
5a				5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
ou				6a		x
b	any contributions that were not tax deductible as charitable contributions?			Uu		<u> </u>
D.			-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
7	č , , , , , , , , , , , , , , , , , , ,		rouidad to the neuero	7-		x
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7h		
			- to a t	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?	1	 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		┝──
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	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	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the entry institution of the entry of the institution of the data of the d			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
432005	12-10-24			Form	990	(2024)
						()

Form	990 (2024) JEREMIAH PROGRAM		41	-1801	834	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below,	and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervisio	'n			
	of officers, directors, trustees, or key employees to a management company or other person?				3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				
	The governing body?				8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)				
				1		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a	X	
a	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•			101	х	
44-			o filina tho		10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Delor	e ming the	ionn?	11a	<u> </u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$				120	- 23	
U		,			12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~,					
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedMN, ND, MA, NY, M	D					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section	501(c)(3)s	only) a	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest p	olicy, and	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records				
	JASON SEIFERT - 612-850-4251	- 1 -					
	729 N WASHINGTON AVE, SUITE 600, MINNEAPOLIS, MN 5	540	1			000	
432006	12-10-24				Form	990	(2024)
	7						
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Form 990 (2		41-1801834	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated	
ı	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	s tax vear.

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

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per hours or between metabolism organization intermetabolisment between metabolisment organization from organization from the organization from the organization from the org	(A)	(B)			(0	C)			(D)	(E)	(F)
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432007 12-10-24

Form 990 (2024)

09220613 131839 A489232

Form 990 (2024) JEREMIAH PROGRAM 41-1801834											
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	st C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	Average Position (do not check more than or box, unless person is both					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amour othe	ited it of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compens from organiz and rel organiza	he ation ated
(18) LAUREN ODELL BOARD MEMBER	1.00	x						0.	0.		0.
(19) OLIVIA PEOPLES	1.00										
BOARD MEMBER		х						0.	0.		Ο.
(20) MIKE RUETZ	1.00										
BOARD MEMBER		х						0.	0.		0.
(21) INES E. SIRA	1.00										
BOARD MEMBER		Х						0.	0.		0.
(22) KADIA TUBMAN	1.00										
BOARD MEMBER		Х						0.	0.		0.
1b Subtotal								1,292,256.	0.	49,	569.
c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)								1,292,256.	0.	49,	569.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d al	oove	e) wh	o re	eceived more than \$100,	000 of reportable		26
3 Did the organization list any former officer,	director, truste	ee, k	key e	emp	loye	e, or	hig	hest compensated emp	loyee on	Yes	s No
line 1a? If "Yes," complete Schedule J for su										3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	-	4 X	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	-				-			-		5	x
Section B. Independent Contractors											
1 Complete this table for your five highest con the organization. Report compensation for t										tion from	
(A) Name and business				<u> </u>				(B) Description of s		(C) compensat	ion
418 RE-ONE APPLETON, LLC,		RC	HE	ST	ER			OFFICE LEASE			
AVE, SUITE 2, BOSTON, MA		mD	יסס	<u>т</u>			_	OFFICE LEASE		212,	<u>. 160</u>
THIRD AND BERGEN, LLC, 45 MAIN STREET, SUITE 506, BROOKLYN, NY 11201								OFFICE LEASE		104,	184.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to		se lis 2	ted	above) who received mo	ore than		

Form 990 (2024)

432008 12-10-24

Part WII Statement of Revenue (a) (b) (c) (c) <th></th> <th></th> <th></th> <th></th> <th></th> <th>PROG</th> <th>RAM</th> <th></th> <th>41-1801</th> <th>834</th> <th>Page 9</th>						PROG	RAM		41-1801	834	Page 9	
Image: second control (A) and (Pa	rt V	/111	Statement of Rev	venue							
Total revonue Petited or exempt Incition revenue Dimeter exclusion butinets revenue Period butinets revenue Period revenue Period reve				Check if Schedule O c	contains a	response	or note to any line					<u></u>
Build of the formation of the section structure in the section structure								• •				
and Section 1 a Federated campaigns 1 a <th1 a<="" th=""> <th1 a<="" t<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Total revenue</th><th></th><th></th><th>from ta</th><th>ax under</th></th1></th1>								Total revenue			from ta	ax under
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Busines Code 2, 370, 377, 377, 377, 377, 377, 377, 377	irar oun		b	Membership dues		1b						
Busines Code 2, 370, 377, 377, 377, 377, 377, 377, 377	Ame G		с	Fundraising events		1c	1,068,204.					
Busines Code 2, 370, 377, 377, 377, 377, 377, 377, 377	ar /		d	Related organizations		1d						
Busines Code 2, 370, 377, 377, 377, 377, 377, 377, 377	s, G		е	Government grants (contri	butions)	1e						
Busines Code 2, 370, 377, 377, 377, 377, 377, 377, 377	r Si		f	All other contributions, gifts, g	grants, and							
Busines Code 2, 370, 377, 377, 377, 377, 377, 377, 377	but			similar amounts not included	above	1f	13,272,467.					
Busines Code 2, 370, 377, 377, 377, 377, 377, 377, 377	l O I		g	Noncash contributions included in I	ines 1a-1f	1g \$	68,558.					
Busines Code 2, 370, 377, 377, 377, 377, 377, 377, 377	Col		h	Total. Add lines 1a-1f				14,340,671.				
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b Less: direct expenses Bb 639,471. c Net income or (loss) from fundraising events -488,519. -488,519. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9a 9a 9a 9a c Net income or (loss) from gaming activities 9a 9b 0 0 c Net income or (loss) from gaming activities 0a 0a 0a 0a 10 a Gross sales of inventory, less returns and allowances 10a 0a 0a 0a b Less: cost of goods sold 10b 0b Business Code 0a 0a 11 a OTHER SUPPORT Business Code 00099 256,007. 256,007. 256,007. c C C C C C C C C c All other revenue C C C C C C 12 Total revenue. See instructions 17,909,821. 3,146,415. 0. 422,735.					-		150,952.					
c Net income or (loss) from fundraising events -488,519. -488,519. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b 9b c Net income or (loss) from gaming activities 9a 9b 9b 10 a Gross sales of inventory, less returns and allowances 10a 10a 10a b Less: cost of goods sold 10b 10b 10b 10b c Net income or (loss) from sales of inventory 900099 256,007. 256,007. s OTHER SUPPORT 900099 81,053. 81,053. b DEVELOPER FEE 900099 81,053. 81,053. c All other revenue 337,060. 12 Total revenue. See instructions 17,909,821. 3,146,415. 0. 422,735.			b									
9 a Gross income from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 9b 9b 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 256,007. generative 900099 256,007. b DEVELOPER FEE 900099 81,053. c 4All other revenue 41,053. e Total. Add lines 11a-11d 337,060. 12 Total revenue. See instructions 17,909,821. 3,146,415. 0. 422,735.							· · · · · ·	-488,519.			-4	88,519.
Part IV, line 19 9a 9a 9b 9c 9c<					-			,				
b Less: direct expenses 9b Image: set of the		-	-									
c Net income or (loss) from gaming activities Image: construction of the second o			b									
10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 00 c Net income or (loss) from sales of inventory 900099 256,007. 11 a OTHER SUPPORT 900099 256,007. b DEVELOPER FEE 900099 81,053. c						······	·					
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER SUPPORT b DEVELOPER FEE c 900099 c 256,007. b DEVELOPER FEE c 900099 d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions												
b Less: cost of goods sold 10b Image: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: cost of goods sold Image: cost of goods sold sold Image: cost of goods sold sold sold sold sold sold sold												
Business Code 2 11 a OTHER SUPPORT 900099 256,007. 256,007. b DEVELOPER FEE 900099 81,053. 81,053. c			b									
Business Code Musiness Code 11 a OTHER SUPPORT 900099 256,007. 256,007. b DEVELOPER FEE 900099 81,053. 81,053. c						····· —	•					
So of ther support 900099 256,007. 256,007. b DEVELOPER FEE 900099 81,053. 81,053. c			-				Business Code					
e Total. Add lines 11a-11d 337,060. 12 Total revenue. See instructions 17,909,821. 3,146,415. 0. 422,735.	sno	11	а	OTHER SUPPORT				256,007.			2	56,007.
e Total. Add lines 11a-11d 337,060. 12 Total revenue. See instructions 17,909,821. 3,146,415. 0. 422,735.	nec	••					900099					-
e Total. Add lines 11a-11d 337,060. 12 Total revenue. See instructions 17,909,821. 3,146,415. 0. 422,735.	ella ver							, ,				
e Total. Add lines 11a-11d 337,060. 12 Total revenue. See instructions 17,909,821. 3,146,415. 0. 422,735.	Be			All other revenue								
12 Total revenue. See instructions 17,909,821. 3,146,415. 0. 422,735.	ž						·	337 060.				
									3.146 415.	0.	4	22,735.
	43200						····· I	, , =.	, , , ,			-

JEREMIAH PROGRAM

Form 990 (2024) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Seci	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрензез	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2					
2	Grants and other assistance to domestic	322,642.	322,642.		
•	individuals. See Part IV, line 22	522,042.	522,042.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		011 051	011 055	45 005
	trustees, and key employees	1,171,141.	911,961.	211,955.	47,225.
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	12,358,463.	9,836,989.	866,084.	1,655,390.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	179,930.	135,320.	14,960.	29,650.
9	Other employee benefits	1,782,555.	1,158,677.	374,780.	249,098.
10	Payroll taxes	1,060,147.	824,117.	100,442.	135,588.
11	Fees for services (nonemployees):				
а	Management	1,443,443.	715,355.	678,020.	50,068.
		<u>1,443,443.</u> 31,000.	715,355. 25,420.	5,580.	<u> </u>
	Accounting	97,466.	,	97,466.	
	Lobbying			- ,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	180,857.	132,465.	38,389.	10,003.
12	Advertising and promotion	102,163.	81,730.		20,433.
	-	484,047.	474,367.	4,840.	4,840.
13	Office expenses	826,993.	744,293.	41,350.	41,350.
14	Information technology	020,995.	/44,295.	41,550.	41,550.
15	Royalties	2,622,510.	2,569,054.	26,728.	26,728.
16		200,570.	154,439.		26,074.
17	Travel	200,570.	154,459.	20,057.	20,0/4.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	104 202	02 005	0.061	10.010
19	Conferences, conventions, and meetings	104,398.	83,225.	8,961.	12,212.
20	Interest	106,247.	106,247.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	807,763.	791,608.	16,155.	1
23	Insurance	162,492.	159,242.	1,625.	1,625.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FAMILY PROGRAM	1,871,350.	1,871,350.		
h	STAFF RECRUITING, DEV &	433,575.	337,044.	41,079.	55,452.
r c	PARENT PROGRAM	306,264.	306,264.		
d	MISCELLANEOUS	145,850.	67,090.		78,760.
	All other expenses		.,,		, ,
	Total functional expenses. Add lines 1 through 24e	26,801,866.	21,808,899.	2,548,471.	2,444,496.
<u>25</u> 26	Joint costs. Complete this line only if the organization	10,001,000.	<u> </u>	2,510,111	4,333,3000
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				– 000 (222 ()

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11 2024.03050 JEREMIAH PROGRAM

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orm 990 (; Part X		AM			41-	1801834 Page
	Check if Schedule O contains a response or not	e to any	line in this Part X			
				(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			2,747,934.	1	1,628,941
2	Savings and temporary cash investments		F	5,183,791.	2	1,329,902
3	Pledges and grants receivable, net			4,852,968.	3	5,012,633
4	Accounts receivable, net			562,381.	4	633,11
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disqualif	•				
	under section 4958(f)(1)), and persons described	•	· ·		6	
ω 7	Notes and loans receivable, net				7	
	Inventories for sale or use			170,673.	8	141,23
8 9				957,048.	9	1,013,22
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	25,478,655.			
Ь	Less: accumulated depreciation		12,948,931.	14,118,667.	10c	12,529,72
11	Investments - publicly traded securities			5,945,842.	11	3,396,96
12	Investments - other securities. See Part IV, line 1		1,026,235.	12	1,100,66	
13	Investments - program-related. See Part IV, line			5,840,625.	13	5,675,72
14	Intangible assets		14			
15	Other assets. See Part IV, line 11			5,258,731.	15	6,550,48
16	Total assets. Add lines 1 through 15 (must equa			46,664,895.	16	39,012,61
17	Accounts payable and accrued expenses			1,148,543.	17	1,484,43
18	Grants payable				18	
19	Deferred revenue	55,600.	19	68,20		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	25,749.	21	25,02		
v 22	Loans and other payables to any current or form	er office	er, director,			
Itie	trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
	controlled entity or family member of any of thes	e perso	ns		22	
² 23	Secured mortgages and notes payable to unrela	ted thir	d parties	7,068,798.	23	7,175,04
24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
25	Other liabilities (including federal income tax, page	o related third				
	parties, and other liabilities not included on lines	17-24).	Complete Part X			
	of Schedule D			4,864,584.	25	5,827,36
26	Total liabilities. Add lines 17 through 25			13,163,274.	26	14,580,06
	Organizations that follow FASB ASC 958, che	ck here				
Ces	and complete lines 27, 28, 32, and 33.					
8 27	Net assets without donor restrictions			26,455,210.	27	15,961,97
<u>m</u> 28	Net assets with donor restrictions			7,046,411.	28	8,470,57
pur	Organizations that do not follow FASB ASC 9	58, che	ck here			
Ĕ	and complete lines 29 through 33.					
ດ 29	Capital stock or trust principal, or current funds				29	
5 30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		30	<u> </u>
Net Assets or Fund Balances 82 Balances 85 Balances 86 Balances 87 Balances	Retained earnings, endowment, accumulated in				31	
5 32	Total net assets or fund balances			33,501,621.	32	24,432,54
33	Total liabilities and net assets/fund balances			46,664,895.	33	39,012,61

39,012,618. Form **990** (2024)

432011 12-10-24

Form	JEREMIAH PROGRAM	41-1	801834	Pao	_{re} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1 2 3 4	17,909 26,801 -8,892 33,501	,86 ,04	56. 45.
5 6	Net unrealized gains (losses) on investments Donated services and use of facilities	5 6 7	467	<u> </u>	
7 8 9 10	Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	8 9	-644	,72	24.
Pa	column (B)) Tt XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	24,432	,54	<u>19.</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2a		x
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis	basis,			
C	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		<u>3a</u>		x
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

Docusign Envelope ID: 6C4FBB8A-BB19-4F6B-8A2E-5D61BC2D09D3

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Compl	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the organization	identification number							
Part I Reason		AH PROGRA	AM (All organizations must c	omploto th	nic part \ S	oo instruction		1-1801834
The organization is not a							15.	
<u> </u>	•		n of churches described		,	()(A)(i)		
			Attach Schedule E (Form		11 17 0(5)(יለጥለባታ		
			inization described in se		(b)(1)(A)(ii	ii).		
		-	njunction with a hospital			-)(iii). Enter	the hospital's name,
city, and stat	e:	-						
5 🗌 An organizat	ion operated for the	e benefit of a col	lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
section 170	(b)(1)(A)(iv). (Comp	olete Part II.)						
	te, or local governr	nent or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
			ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
	b)(1)(A)(vi). (Compl	-						
			1)(A)(vi). (Complete Parl		d in aanii	nation with a	land grant	
·	-		in section 170(b)(1)(A)(i ulture (see instructions).		-		-	-
university:	or a non-land-grain.	college of agrici			lame, city	, and state of	the college	
	ion that normally re	ceives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
-	-		t to certain exceptions; a				-	•
income and u	unrelated business	taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
See section	509(a)(2). (Comple	te Part III.)						
11 An organizat	ion organized and c	perated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
-	-		vely for the benefit of, to	-			-	
			d in section 509(a)(1) o					Check the box on
	-	• ·	f supporting organization				-	aivina
		-	upervised, or controlled gularly appoint or elect a	•	-			
	n. You must comp	-		majonty o				pporting
	-		or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		-	anization vested in the sa			-		•
organizatio	n(s). You must cor	mplete Part IV,	Sections A and C.					
c 📃 Type III fu	nctionally integrate	ed. A supporting	g organization operated	n connect	ion with, a	and functional	lly integrate	ed with,
its support	ed organization(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
			orting organization oper					
		-	ation generally must sati	•			an attentiv	/eness
			nplete Part IV, Sections written determination from					
	-		nally integrated supportir			турет, туре	п, туре п	
	of supported organ							
g Provide the follow								
(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	-	(vi) Amount of other
organization	1		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total								

		REMIAH PR		Santiana 170/		41 - 180	1834 Page 2	
Fd		-		•			•	
	(Complete only if you checked fails to qualify under the tests			-	n failed to qualify u	nder Part III. If the	organization	
Sec	ction A. Public Support	71		,				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
	Gifts, grants, contributions, and	(d) 2020	(D) 2021	(0) 2022	(u) 2023	(e) 2024		
	membership fees received. (Do not							
	include any "unusual grants.")	9506731	10509079	17239608	21192104	13123119	71870941.	
2	Tax revenues levied for the organ-	5500751.	10303073.	1,235000.		13123119.	/10/05410	
2	ization's benefit and either paid to							
	or expended on its behalf							
2	The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	9506731.	10509079.	17239608.	21192104.	13423419.	71870941.	
	The portion of total contributions	5500751.	10303073.	1,2350000		13423419.	/10/05410	
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)						10880093.	
6	Public support. Subtract line 5 from line 4.						60990848.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
	Amounts from line 4	9506731	10509079	17239608	21192104.	13423419	71870941	
8	Gross income from interest,	50007010		_,			120,00120	
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	162,491.	159,570.	187,433.	347,752.	172,998.	1030244.	
9	Net income from unrelated business							
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1658014.	1459557.	2069495.	561,049.	337,060.	6085175.	
11	Total support. Add lines 7 through 10					,	78986360.	
12	Gross receipts from related activities,	etc. (see instructio	ons)	•	•	12 7	,984,682.	
13	First 5 years. If the Form 990 is for th		,					
	organization, check this box and stor	-						
Sec	ction C. Computation of Publi							
14	Public support percentage for 2024 (I		-	column (f))		14	77.22 %	
15	Public support percentage from 2023					15	78.37 %	
16a	33 1/3% support test - 2024. If the o					ore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization	·			X	
b								
	b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the fact	-						
	meets the facts-and-circumstances te			-		5		
b	10% -facts-and-circumstances test	-			-			
	more, and if the organization meets th	-						
	organization meets the facts-and-circu							
18	Private foundation. If the organizatio							
-								

Schedule A (Form 990) 2024

432022 01-14-25

FC		-						
	(Complete only if you checked			organization failed	to qualify under P	art II. If	the organiza	ation fails to
0.0	qualify under the tests listed b	elow, please com	olete Part II.)					
See	ction A. Public Support	1	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(6	e) 2024	(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 per-							
	formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
-	ization's benefit and either paid to							
	or expended on its behalf							
_								
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts 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							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(6	e) 2024	(f) Total
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
ŀ	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	· · · · · · · · · · · · · · · · · · ·							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included on 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 VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	n,
	check this box and stop here							
See	ction C. Computation of Publi	c Support Per	rcentage					
15	Public support percentage for 2024 (I	ine 8, column (f), c	divided by line 13,	column (f))		15		%
	Public support percentage from 2023					16		%
	ction D. Computation of Inves							
17	Investment income percentage for 20)24 (line 10c. colu	mn (f), divided by I	ine 13. column (f))		17		%
	Investment income percentage from					18		%
	33 1/3% support tests - 2024. If the						6 and line 17	
130	more than 33 1/3%, check this box ar							
Ľ	33 1/3% support tests - 2023. If the line 18 is not more than 33 1/3%, che							
	THE LAIS NOT MORE THAN 33 1/3% CHE	CK THIS DOX AND S	LUD NETE. The orda	anization dualifies a	IS A DUDIICIV SUDDO	orted of	uanization	
•••								
-	Private foundation. If the organization 23 01-14-25					structio	ns	(Form 990) 2024

2024.03050 JEREMIAH PROGRAM

16

Schedule A (Form 990) 2024 JEREMIAH PROGRAM

JEREMIAH PROGRAM

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2

3a

3b

3c

4a

4b

4c

Yes No

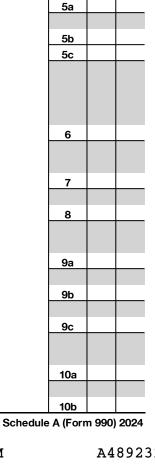
Schedule A (Form 990) 2024 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Vee	Na
	Were a majority of the examination's divertors of twisten during the tay year also a majority of the divertors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	1s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			

- that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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18 2024.03050 JEREMIAH PROGRAM

Schedule A (Form 990) 2024

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3b

2a

2b

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hedule A (Form 990) 2024 JEREMIAH PROGRAM			11-1801834 _{Pa}
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti 1 Check here if the organization satisfied the Integral Part Test as a qualifying the set of the organization satisfied the Integral Part Test as a qualifying the set of the			Part VI) See instructio
All other Type III non-functionally integrated supporting organizations mu		•	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a new function	lly intogrator		nization (and

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2024

432026 01-14-25

Schedule A (Form 990) 2024 JEREMIAH PROGRAM 41-1801834 Pa								
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	1				
Secti	on D - Distributions		I	Current Year				
_1	Amounts paid to supported organizations to accomplish exer	npt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3					
_4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
_7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2024 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount	<i>7</i> 3	10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024				
_1	Distributable amount for 2024 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2024 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2024							
a	From 2019							
b	From 2020							
C	From 2021							
d	From 2022							
e	From 2023							
f	Total of lines 3a through 3e							
g	Applied to under distributions of prior years							
h	Applied to 2024 distributable amount							
i_	Carryover from 2019 not applied (see instructions)							
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2024 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2024 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2024, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2024. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2025. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
	Excess from 2023							
e	Excess from 2024							

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024	JEREMIAH	PROGRAM				41-1801834	Page 8
Part VI Supplemental Info	rmation. Provid	e the explanations rec	uired by Pa	rt II, line 10; F	Part II, line 17a or	17b; Part III, line 12;	
Part IV, Section A, lines	1, 2, 3b, 3c, 4b, 4c	, 5a, 6, 9a, 9b, 9c, 11a	a, 11b, and 1	11c; Part IV, S	Section B, lines 1	and 2; Part IV, Section	С,
line 1; Part IV, Section D	, lines 2 and 3; Par	t IV, Section E, lines 1	c, 2a, 2b, 3a	a and 3b; Par	t V, line 1; Part V	, Section B, line 1e; Part	t V,
Section D, lines 5, 6, and	d 8; and Part V, Se	ction E, lines 2, 5, and	6. Also com	plete this pa	irt for any addition	nal information.	
(See instructions.) SCHEDULE A, PART II	TTNE 10				TNCOME		
•	, LINE IV	, CAPLANAII	JN FOR	OTHER	INCOME:		
OTHER INCOME	650 014						
	658,014.						
	459,557.						
	069,495.						
2023 AMOUNT: \$ 56	1,049.						
2024 AMOUNT: \$ 33	7,060.						
-							
122029 01 14-25						Schedule A (Form 9	00) 2024
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501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	O) Attach to Form 990, 990-EZ, or 990-PF. he Treasury Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047
Name of the organization		Em	ployer identification number
JE	REMIAH PROGRAM	4	1-1801834
Organization type (check o	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		

4947(a)(1) nonexempt charitable trust treated as a private foundation

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively*

religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Form 990-PF

General Rule

Special Rules

Schedule B (Form 990) (Rev. 12-2024)

Employer identification number

JEREMIAH PROGRAM

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$ <u>1,264,667.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$ <u>475,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$\$425,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- \$ <u>1,200,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 01-09		- \$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Ile B (Form 990) (Rev. 12-2024)

Schedule B (Form 990) (Rev. 12-2024)

23 2024.03050 JEREMIAH PROGRAM

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Schedule B (Form 990) (Rev. 12-2024)	Page 3
Name of organization	Employer identification number
JEREMIAH PROGRAM	41-1801834

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Schedule B (Form 990) (Rev. 12-2024)

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2024.03050 JEREMIAH PROGRAM

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	3 (Form 990) (Rev. 12-2024)		
ame of or	ganization		Employer identification number
	IAH PROGRAM		41-1801834
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	<pre>tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations ss for the year. (Enter this info. once.) \$</pre>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from			(1) Decembra of how with in hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
F		(e) Transfer of gift	
F	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (Rev. 12-2024)

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(I 10 V. L	1 990) December 2024)		e organization answered " , 9, 10, 11a, 11b, 11c, 11d,			OMB No. 1545-0047
	nent of the Treasury Revenue Service	Go to www.irs.gov/Fo	Attach to Form 990. orm990 for instructions an	d the latest information	-	Open to Public Inspection
Name	e of the organization	 1				r identification number
		JEREMIAH PROGRAM				1-1801834
Par		ions Maintaining Donor Ad		r Similar Funds or <i>I</i>	Accounts.	Complete if the
	organization	answered "Yes" on Form 990, Part		den el francia	(h) E	
		_	(a) Donor adv		(b) Funds ar	nd other accounts
		of year				
		contributions to (during year)				
		grants from (during year)				
4 5		end of year inform all donors and donor adviso		l	inds	
Ŭ	-	's property, subject to the organizat	-			Yes No
6		inform all grantees, donors, and do				
	U U	ses and not for the benefit of the do	•	•	2	
	impermissible private					Yes No
Par	t II Conserva	tion Easements. Complete if t	the organization answered '	"Yes" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conser	rvation easements held by the orga	inization (check all that app	ly).		
	Preservation o	of land for public use (for example, r	recreation or education)	Preservation of a hi	storically impo	rtant land area
	Protection of r	natural habitat		Preservation of a ce	ertified historic	structure
	Preservation o	• •				
2		rough 2d if the organization held a	qualified conservation con	tribution in the form of a		easement on the last at the End of the Tax Yea
_	day of the tax year.					at the End of the Tax Yea
		servation easements				
	-		ria atructura included on lin		2b 2c	
c d		tion easements on a certified histor tion easements included on line 2c				
u		re listed in the National Register			2d	
3		tion easements modified, transferre				a the tax
-	year		ra, reicacea, crimigaichea,			9
4	-	nere property subject to conservation	on easement is located			
5	Does the organizatic	on have a written policy regarding th	ne periodic monitoring, insp	pection, handling of		
	violations, and enfor	cement of the conservation easem	ents it holds?			. 🗌 Yes 🗌 No
6	Staff and volunteer h	nours devoted to monitoring, inspe	cting, handling of violations	, and enforcing conserva	ition easement	s during the year
		_				
7	Amount of expenses	s incurred in monitoring, inspecting	, handling of violations, and	l enforcing conservation	easements dur	ring the year
•		<u> </u>				
8		tion easement reported on line 2d a				Yes No
9)(B)(ii)? how the organization reports cons				
3		nclude, if applicable, the text of the		-		the
		inting for conservation easements.	roothoto to the organizatio			
Par		ions Maintaining Collection	ns of Art, Historical T	reasures, or Other	Similar As	sets.
	Complete if tl	he organization answered "Yes" on	Form 990, Part IV, line 8.			
1a	If the organization el	ected, as permitted under FASB A	SC 958, not to report in its	revenue statement and b	alance sheet v	vorks
	of art, historical treas	sures, or other similar assets held f	or public exhibition, educat	ion, or research in furthe	rance of public	>
	service, provide in P	art XIII the text of the footnote to its	s financial statements that	describes these items.		
b	If the organization el	ected, as permitted under FASB As	SC 958, to report in its reve	nue statement and balar	ice sheet work	is of
	art, historical treasur	res, or other similar assets held for	public exhibition, educatior	1, or research in furtherar	nce of public se	ervice,
		g amounts relating to these items.				
		ed on Form 990, Part VIII, line 1				
	• •					
~	it the organization re	eceived or held works of art, historic			n, provide	
2	the fellouine	is required to be reported under E/	ADD ADD YDB relating to the	ese items:		
	the following amount		Ū.		¢	
а	Revenue included or	n Form 990, Part VIII, line 1				
a b	Revenue included or Assets included in F				\$	orm 990) (Rev. 12-2024

Sche	dule D (Form 990) (Rev. 12-2024) JEREMI .	AH PROGRAM						4	41-18	01834	l Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historica	l Tre	asures, o	r Othe	r Sin	nilar	⁻ Asset	s _{(contin}	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any o	of the f	ollowing that	t make s	ignific	ant u	ise of its			
	collection items (check all that apply).											
а	Public exhibition	d	Loan	or excl	hange progra	am						
b	Scholarly research	e	Other									
С	Preservation for future generations											
4	Provide a description of the organization's co		-		-			-	se in Parl	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
D	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran		te if the organ	ization	answered "	Yes" on	Form	990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Pa											
а	Is the organization an agent, trustee, custodi								_		v	No
L	on Form 990, Part X?								L	_ Yes	Δ] NO
a	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table.				Г	T		Amount		
~	Beginning balance							1c		, ano an		
	Additions during the year							1d				
	Distributions during the year							1e				
	Ending balance							1f				
	Did the organization include an amount on Fe						·· _			Yes	X	No
	If "Yes," explain the arrangement in Part XIII.		-						······]
Par							0.					
		(a) Current year	(b) Prior ye		(c) Two yea			hree y	ears back	(e) Four	years I	back
1a	Beginning of year balance	7,976,372.	7,093	838.	8,82	2,507.		7,6	73,554.	6,	842,0	042.
b	Contributions	9,963.			5	0,000.		1	15,623.		210,3	100.
	Net investment earnings, gains, and losses	1,075,500.	1,229	252.	-1,452	2,653.		1,3	06,537.	888,813		813.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	-3,299,641.	-346	718.	32	6,016.		2	73,207.		267,4	401.
f	Administrative expenses											
g	End of year balance	5,762,194.	7,976	372.	7,09	3,838.		8,8	22,507.	7,	,673,	554.
2	Provide the estimated percentage of the curr		e (line 1g, colu	mn (a)) held as:							
	Board designated or quasi-endowment	43.1240	_%									
	Permanent endowment 38.0180	%										
С		%										
	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are r	ield an	id administer	red for th	ne			ſ	Yes	No
	organization by:										X	
	(i) Unrelated organizations?											Х
Ь	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organiza	tiona listad og raguir									-+	<u></u>
1	Describe in Part XIII the intended uses of the			ie n i						30		
Par	t VI Land, Buildings, and Equipm		wittent futios.									
	Complete if the organization answere		, Part IV, line	11a. S	ee Form 990	, Part X,	line 1	0.				
	Description of property	(a) Cost or o			or other		ccum		ed	(d) Bool	k value	
		basis (investr	•	,	(other)	• • •	precia		-	(4) 500	. value	
1a	Land		,		7,543.					1,23	7,54	1 3.
b	Buildings			-	5,227.	9,	819	,73	34. 1	1,16!		
	Leasehold improvements				0,924.		533				7,57	
	Equipment		2		4,961.		595				9,11	
	Other											
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part J	X <u>, line 10c.</u> co	olumn	<i>(B)</i>)				1	.2,529),72	24.
_				_			_	_				_

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) JEREMIAH PROGRAM

41-1801834 Page 3

Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X line 12 col (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) GUADALUPE JEREMIAH LTD		
(2) PARTNER	3,473,554.	COST
(3) INVESTMENT IN ROCHESTER		
(4) LP	1,135,100.	COST
(5) ROCHESTER PARTNERSHIP -		
(6) INTERCOMPANY RECEIVABLE	1,067,075.	COST
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	5,675,729.	

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FINANCING LEASE	9,356.
(2) SECURITY DEPOSITS	139,568.
(3) OPERATING LEASE	6,401,557.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,550,481.
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	85,156.
(3) OPERATING LEASE PAYABLE	5,736,337.
(4) FINANCE LEASE PAYABLE	5,871.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,827,364.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) (Rev. 12-2024)

432053 01-02-25

	dule D (Form 990) (Rev. 12-2024) JEREMIAH PROGRAM	41-1801834	Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	_ 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2 a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts 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 XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information			
lines PAI	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add XT IV, LINE 2B: E ORGANIZATION COLLECTS SECURITY DEPOSITS I	itional information.		,
	TENTIAL DAMAGE TO THE UNITS. THESE DEPOSITS			HE
	SIDENTS AT THE END OF THE LEASE TERM NET OF			

PART V, LINE 4:

THE ENDOWMENT FUNDS PROVIDE INCOME TO SUPPORT OPERATIONS. THE ORGANIZATION'S ENDOWMENT FUNDS INCLUDE A BOARD DESIGNATED ENDOWMENT, Α PERPETUAL TRUST GIFTED TO THE ORGANIZATION, A DONOR BASED COMMUNITY FUND AND PERMANENTLY AND TEMPORARILY RESTRICTED ENDOWMENT GIFTS FROM ENDOWMENT CAMPAIGN.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX CODES, AND THEREFORE THE FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION FOR INCOME TAXES. CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR. THE ORGANIZATION'S 2018-2021 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION, SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE IRS.

432054 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) JEREMIAH PROGRAM Part XIII Supplemental Information (continued)

Part XIII Supplemental Information (continued)

Schedule D (Form 990) (Rev. 12-2024)

432055 01-02-25

SCHEDULE G (Form 990)	Suppleme Complete if the	OMB No. 1545-0047								
(Rev. December 2024)		organization entered more than \$1								
Department of the Treasury		Attach to Form 990		Open to Public						
Internal Revenue Service		o www.irs.gov/Form990 for instru	ictions	and th	ne latest information	n.		Inspection		
Name of the organization		H PROGRAM					Employer	identification number		
Part I Fundrais			orod "V	os" or	Form 990 Part IV/	ino 1'				
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f X Solicita g X Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of Il fundra Il (incluc professi	nongo govern aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?			Yes X No b be		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. (i	(v) to (or retained by)		
			Yes	No						
			+							
Total										
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from	n registration		
MN, ND, TX, MA,	NY, MD									

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

Schedule G (Form 990) (Rev. 12-2024)

LHA 432081 01-14-25

Schedule G (Form 990) (Rev. 12-2024) JEREMIAH PROGRAM

41-1801834 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	of fundraising event contributions and gro	ss income on Form 990	EZ, IINES T AND OD. LIST E	vents with gross receipt	s greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BULLFROG	ROCHESTER		
		BASH	PATHWAYS	7	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Jue					
Revenue	1 Gross receipts	432,606.	298,753.	487,797.	1,219,156.
	2 Less: Contributions	363,066.	275,649.	429,489.	1,068,204.
	Z Less. Contributions	505,000.	275,045.	427,407.	1,000,204.
	3 Gross income (line 1 minus line 2)	69,540.	23,104.	58,308.	150,952.
	4 Cash prizes		100.	0.	100.
	5 Noncash prizes	72,035.	30,705.	29,348.	132,088.
enses	6 Rent/facility costs	37,500.	4,000.	48,910.	90,410.
Direct Expenses	7 Food and beverages	78,005.	38,899.	54,560.	171,464.
Dire			0.645	4 0 0 0	10.000
	8 Entertainment	6,600.	2,645.	4,038.	13,283.
	9 Other direct expenses	114,879.	32,903.	84,344.	232,126.
	10 Direct expense summary. Add lines 4 through	9 in column (d)			639,471.
	11 Net income summary. Subtract line 10 from lir	ne 3, column (d)	<u></u>	<u></u>	-488,519.
Pa	ITT III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
	\$15,000 011 F0111 990-EZ, IIIIe 6a.		(I-) Dull tobo/instant		(d) Total camina (add

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Reve	1 Gross revenue								
S	2 Cash prizes								
Direct Expenses	3 Noncash prizes								
Direct E	4 Rent/facility costs								
	5 Other direct expenses								
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No					
	7 Direct expense summary. Add lines 2 through	5 in column (d)							
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)							
9 a	 9 Enter the state(s) in which the organization conducts gaming activities: MN, ND a Is the organization licensed to conduct gaming activities in each of these states? 								
	If "No," explain:								
	Were any of the organization's gaming licenses re If "Yes," explain:				Yes X No				
43208	2 01-14-25			Schedule G (Fo	orm 990) (Rev. 12-2024)				

Schedule G (Form 990) (Rev. 12-2024) JEREMIAH PROGRAM	41-1801834 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity conducted in:	······
a The organization's facility	13 a %
b An outside facility	400 00
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name JEREMIAH PROGRAM – FINANCE DEPARTMENT	
Address 729 N. WASHINGTON AVE, SUITE 600 - MINNEAPOLIS, MN 5	5401
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter the name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Coming manager companyation f	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir	n the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
432083 01-14-25 Schedule	e G (Form 990) (Rev. 12-2024)
33	

Schedule G (Form 990) JEREMIAH PROGRAM	41-1801834	Page 4
Schedule G (Form 990) JEREMIAH PROGRAM Part IV Supplemental Information (continued)		9
	Schedule G (F	orm 990)

432084 01-28-25

SCHEDULE I (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service		GO Comple	Grants and Other Assistance to Organizations, overnments, and Individuals in the United States lete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047 Open to Public Inspection		
Name of the organizati		G	o to www.irs.gov/For	m990 for instruct	ions and the lates	t information.		Employer	identificatio		
Name of the organizati	JEREMIAH	PROGRAM						Employer	41-18		
Part I General Ir	formation on Grants a										
1 Does the organiz	zation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti				
	ward the grants or assis								X Yes	No No	
	IV the organization's pro										
	d Other Assistance to					anization answered "Y	es" on Form 990, Part	t IV, line 21,	for any		
1 (a) Name and ac								Purpose of g or assistanc			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990) (Rev. 12-2024) JEREMIAH PROGRAM

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION	302	242,498.	0.	FMV	
CLIENT TRANSPORTATION	326	15,125.	0.	FMV	
CLIENT EMERGENCIES	373	65,018.	0	FMV	
	575	03,010.			
Part IV Supplemental Information. Provide the information PART I, LINE 2:	required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
WE DO NOT HAVE A GRANT PROGRAM PE MATERIAL. WE ADMINISTER/PASS-THR					
VARIOUS GROUPS. WE ALSO PROVIDE					
TUITION AND TRANSPORTATION.					

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	SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest									
-		Compensated Employees	•							
	December 2024) tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.	3.		Open to Public Inspection					
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information		-						
Nam	e of the organization			r identificati		mber				
		JEREMIAH PROGRAM	41-	-180183	4					
Pa	rt I Question	s Regarding Compensation			1					
					Yes	No				
1 a		iate box(es) if the organization provided any of the following to or for a person listed on Fo	orm 990,							
		line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or c									
	Travel for companions Payments for business use of personal residence									
	Tax indemnification and gross-up payments									
	Discretionary	spending account Personal services (such as maid, chau	ffeur, chef)							
-										
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or								
		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>						
2		n require substantiation prior to reimbursing or allowing expenses incurred by all director								
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2						
•	he alter da sudata la 16 au									
3		ny, of the following the organization used to establish the compensation of the organizati								
		ector. Check all that apply. Do not check any boxes for methods used by a related organi	zation to							
	· · ·	ation of the CEO/Executive Director, but explain in Part III.								
	X Compensation									
		compensation consultant								
	X Form 990 of o	ther organizations X Approval by the board or compensation	on committee							
4	During the year did	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
-	organization or a re									
а	-	e payment or change-of-control payment?		4a		x				
		ceive payment from a supplemental nonqualified retirement plan?				X				
	-	ceive payment from an equity-based compensation arrangement?				x				
Ū		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation							
	contingent on the r									
а	e e			5a		X				
		zation?				X				
		or 5b, describe in Part III.								
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation							
	contingent on the r									
а		-		6a		X				
		ration?				X				
		or 6b, describe in Part III.								
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paym	ents							
	-	nes 5 and 6? If "Yes," describe in Part III		7		X				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject								
						X				
9		lid the organization also follow the rebuttable presumption procedure described in								
	Regulations section		<u></u>							
For	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) (Rev.									

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Schedule J (Form 990) (Rev. 12-2024) JEREMIAH PROGRAM

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHASTITY LORD	(i)	314,832.	67,161.	0.	0.	24,861.	406,854.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON SEIFERT	(i)	226,114.	0.	0.	0.	0.	226,114.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHUKURAT ADAMOH-FANIYAN	(i)	203,753.	0.	0.	0.	11,703.	215,456.	0.
CHIEF OF CAMPUS EXPERIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAYAL SETH	(i)	174,369.	0.	0.	0.	3,949.	178,318.	0.
SR. VP OF FAMILY PROGRAMMING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROCHELLE BROCKINGTON	(i)	134,053.	0.	30,234.	0.	0.	164,287.	0.
SR. DIR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KARLA BENSON RUTTON	(i)	141,740.	0.	0.	0.	9,056.	150,796.	0.
EXECUTIVE DIRECTOR STP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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Schedule J (Form 990) (Rev. 12-2024)

Page **2**

41-1801834

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) (Rev. 12-2024)

OMB No. 1545-0047

Open to Public

Inspection

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Employer identification number

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE M

(Form 990)

JEREMIAH PROGRAM

	JEREMIAH PROGRAM 41-180								
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of dete oncash contributi		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		5,264.	FMV				
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	16	62,479.	STO	CK MARKEI	י ע	ALUI	Ξ
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	20	17,775.	FMV				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (HOLIDAY DONATIO)	X	0	23,861.	FMV				
26	Other (PROGRAM)	X	0	14,142.	FMV				
27	Other (CHILD CARE ITEM)	X	0	7,517.	TWA				
28	Other ()			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
29	Number of Forms 8283 received by the organiz	ration during	the tax year for o						
25	for which the organization completed Form 828	-							
		50, i uit v, E	ince / tottine weag					Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted on Part I, lines 1 throu	ah 28	that it		100	
000	must hold for at least 3 years from the date of t								
	exempt purposes for the entire holding period?						30a		х
h	If "Yes," describe the arrangement in Part II.						554		
31	Does the organization have a gift acceptance p	olicy that re	auires the review (of any nonstandard contribut	ions?		31	x	
	Does the organization have a girl acceptance p Does the organization hire or use third parties of	•	-	-		·····	51		
02d			•	· · ·			32a		x
h	contributions? If "Yes," describe in Part II.						JZa		
33	If the organization didn't report an amount in c	olumn (c) for	r a type of proport	for which column (a) is choo	kod				
~	and organization along report an amount in 0	o.o							() () () () () () () () () ()

describe in Part II.

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

Schedule M (Form 990) 2024

LHA 432141 11-15-24

Schodula M	(Form 990) 2024 JEREMIAH PROGRAM	41-1801834 Pa	
Part II	Supplemental Information. Provide the information required by Part I, li is reporting in Part I, column (b), the number of contributions, the number of iten	nes 30b, 32b, and 33, and whether the organization	age 2
	this part for any additional information.	is received, or a combination of both. Also complete	

Schedule M (Form 990) 2024

432142 01-18-25

Description to Provide any additional information. We not of the organization JEREMIAH PROGRAM Employer identification num 41-1801834 VORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHENTS: Information of the organization organization of the organization of the organization organization of the organization organizatis organization organizatis organis organization organiza	SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990. Complete to provide information for responses to specific questions on	EZ	OMB No. 1545-0047
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42	HA 432211 01-15-25			

Schedule	O (Form	1990) 2024	

Name of the organization

JEREMIAH PROGRAM

Page 2 Employer identification number 41-1801834

FORM 990, PART VI, SECTION C, LINE 19: VIA ONLINE SITES AND UPON REQUEST

FORM 990, PART VII, SECTION A IN ADDITION TO THE NATIONAL GOVERNING BOARD OF DIRECTORS, THERE ARE COMMUNITY TRUSTEES PROVIDING OVERSIGHT TO LOCAL COMMUNITIES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: RELATED TO JEREMIAH ST. PAUL LP PURCHASE

-644,724.

FORM 990, PART VI, SECTION A, LINE 1A THE NATIONAL BOARD MAY, BY ACTION OF A MAJORITY OF THE ENTIRE BOARD, DESIGNATE OFFICERS, COMMITTEE CHAIRS AND AT-LARGE NATIONAL DIRECTORS AS AN EXECUTIVE COMMITTEE WHICH, TO THE EXTENT DETERMINED BY THE RESOLUTION OF THE BOARD, SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL AT ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL MAINTAIN MINUTES OF EACH MEETING AND REPORT THE SAME TO THE NATIONAL BOARD.

432212 01-29-25

Related Organizations and Unrelated Partnerships SCHEDULE R (Form 990)

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number

41-1801834

Department of the Treasury Internal Revenue Service Name of the organization

(Rev. January 2025)

JEREMIAH PROGRAM

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TJP ST. PAUL LLC - 20-8645471					
729 N. WASHINGTON AVE, SUITE 600					
MINNEAPOLIS, MN 55401	INVESTMENT	MINNESOTA	-63.	5,118,627.	JEREMIAH PROGRAM
JEREMIAH PROGRAM ROCHESTER GP LLC -					
84-1987675, 729 N. WASHINGTON AVE, SUITE					
600, MINNEAPOLIS, MN 55401	INVESTMENT	MINNESOTA	-62.	1,134,802.	JEREMIAH PROGRAM
JEREMIAH PROGRAM MSP RESERVE FUND, LLC -					
84-3813901, 729 N. WASHINGTON AVE, SUITE					
600, MINNEAPOLIS, MN 55401	INVESTMENT	MINNESOTA	677,969.	2,484,885.	JEREMIAH PROGRAM

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) JEREMIAH PROGRAM

41-1801834 Page 2

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.

organizatione troated as a pa		· ,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managing partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
JEREMIAH ST. PAUL LIMITED											
PARTNERSHIP - 20-5757361, 729											
N. WASHINGTON AVE, SUITE 600,	AFFORDABLE		TJP ST. PAUL								
MINNEAPOLIS, MN 55401	HOUSING RENTAL	MN	LLC	RELATED	-63.	5,118,627.	X		N/A	x	1.00%
GUADALUPE JEREMIAH LIMITED											
PARTNERSHIP - 36-4820846,											
1200 PAUL TERESA SALDANA S,	AFFORDABLE		GNDC SALDANA								
AUSTIN, TX 78702	HOUSING RENTAL	ΤХ	GP, LLC	RELATED	-19,631.	3,638,686.		x	N/A	X	66.01%
JEREMIAH PROGRAM ROCHESTER			JEREMIAH								
LIMITED PARTNERSHIP -]		PROGRAM								
84-1893251, 2915 JEREMIAH	AFFORDABLE		ROCHESTER GP								
LANE NW, ROCHESTER, MN 55901	HOUSING RENTAL	MN	LLC	RELATED	-62.	1,134,802.	x		N/A	X	1.00%
]										
	1										
	1										

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	(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		(i) ction (b)(13) trolled tity?
		country)						Yes	No
	•								
									<u> </u>

Schedule R (Form 990) (Rev. 1-2025) JEREMIAH PROGRAM

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Y	es	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Pa	arts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1		Х
b Gift, grant, or capital contribution to related organization(s)		, J	X	
c Gift, grant, or capital contribution from related organization(s)				Х
d Loans or loan guarantees to or for related organization(s)	1d	2	X	
e Loans or loan guarantees by related organization(s)			_	Х
f Dividends from related organization(s)				Х
g Sale of assets to related organization(s)	1g			Х
h Purchase of assets from related organization(s)				Х
i Exchange of assets with related organization(s)				Х
j Lease of facilities, equipment, or other assets to related organization(s)		_	_	Х
k Lease of facilities, equipment, or other assets from related organization(s)		3	x	
I Performance of services or membership or fundraising solicitations for related organization(s)	11	2	X	
	1m	1 2	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	, J	X	
o Sharing of paid employees with related organization(s)		_		Х
p Reimbursement paid to related organization(s) for expenses	1p	. 3	x	
q Reimbursement paid by related organization(s) for expenses			_	Х
r Other transfer of cash or property to related organization(s)				Х
s Other transfer of cash or property from related organization(s)				Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relati	tionships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GUADALUPE JEREMIAH LIMITED PARTNERSHIP	P	314,239.	
JEREMIAH PROGRAM ROCHESTER LIMITED (2) PARTNERSHIP	P	92,376.	
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) (Rev. 1-2025) JEREMIAH PROGRAM

41-1801834 Page 4

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	e) all 's sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior alloca	ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	ll or Pe ing er? Ov	(k) ercentage wnership

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) JEREMIAH PROGRAM Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

JEREMIAH PROGRAM ROCHESTER LIMITED PARTNERSHIP

DIRECT CONTROLLING ENTITY: JEREMIAH PROGRAM ROCHESTER GP LLC

Schedule R (Form 990) (Rev. 1-2025)

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