

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



SCANNED JAN 9 0 201

#### 990

Department of the Treasury

Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2009

> Open to Public Inspection

> > Form 990 (2009)

20 For the 2009 calendar year, or tax year beginning 2009, and ending Please C Name of organization, number and street, city, town, state, and ZIP code use IRS Check r D Employer identification number applicable 26-3333542 Address change label or print or PROJECT ONE-A DAVID PRICE E Telephone number Name change type FOUNDATION INC Initial return See Specific G Gross receipts PO BOX 330915 Terminated Instruc-MURFREESBORO TN 37133 tions. H(a) Is this a group return Amended return Application | Yes 🔀 No Name and address of principal officer: BONNIE PRICE for affiliates? pending ROLLING C MURFREESBORO TN 37128 Are all affiliates included? If "No", attach a list 501(c)( 3 ) **∢** (insert no.) I Tax-exempt status: 4947(a)(1) or | 527 Yes (see instructions) J Website: ▶ H(c) Group exemption number L Year of formation 2008 Corporation Trust Association Other > M State of legal domicile K Form of organization Part I Summary Briefly describe the organization's mission or most significant activities: ARE SUPPORTING THOSE ORGANIZTIONS THAT BENEFIT THE YOUTH Activities & Governance THE MIDDLE TENNESSEE AREA Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) ..... 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) ...... 6 Total number of volunteers (estimate if necessary) ...... Total gross unrelated business revenue from Part VIII, column (C), line-12-7a Net unrelated business taxable income from Form 990R In CIEIVED OSC **Prior Year Current Year** 10000 2840. Contributions and grants (Part VIII, line 1h) DEC: 2:0:2010 Revenue Program service revenue (Part VIII, line 2g) . 47420 66511. ώ 42 40. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 10c and 11k) U.I. 57462 69391 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22692. 51715. Grants and similar amounts paid (Part IX, column (A), lines 1-3) ... 14 Benefits paid to or for members (Part IX, column (A), line 4) 2500. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 20719. 20896. 45911 72611. Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 11551. -3220. 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Year End of Year** Assets or Balances 11551 8330. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net / 11551 8330. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer RESIDENT Type or print name and title Preparer's identifying number (see instructions) Check if self-employed ▶ Preparer's Date Paid 12/08/2010 signature P00013113 Preparer's Firms name (or yours CLAUDIA Η SHERER CPA EIN 62-1627621 **Use Only** 1907 WINDS MURFREESBORO 37130 615-896-1030 Phone no.▶ address, and ZIP + 4 Yes May the IRS discuss this return with the preparer shown above? (See instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2009) PROJECT	ONE-A DAV	ID PRIC	CE		26-33335	542	Page 2
Par	Statement of P	ogram Service A	ccomplish	ments				
1	Bnefly describe the organi WE ARE SUPPORTENNESSEE ARE	RTING ORGAN	IZATIO	IS THAT THE	YOUTH OF T	HE MIDDLE		
	TENNBESES TAKE							
	Did the organization unde	rtako any significant r	rogram sond	cos durana the year whis	h were not listed on			
2	the prior Form 990 or 990 If "Yes," describe these ne	-EZ?				_	Yes X	No
3	Did the organization cease	e conducting, or make	e significant c	hanges in how it conduc	ts any program serv	rices? [	Yes X	No
	If "Yes," describe these ch	nanges on Schedule (	<b>)</b> .					
4	Describe the exempt purp Section 501(c)(3) and 501 allocations to others, the t	(c)(4) organizations a	and section 49	947(a)(1) trusts are requi	ired to report the am			
4a	(Code 0 5 ) (Expe	nses \$	9285. in	cluding grants of \$		) (Revenue \$	29	350.
	GOLF CLASS	C						
	-							
4b	(Code: ) (Expe	nses \$	in	cluding grants of \$		) (Revenue \$		
4c	(Code: ) (Expe	nses \$	in	cluding grants of \$		) (Revenue \$		
4d	Other program services (		O.) g grants of \$		\\D			
	(Expenses \$	in aluatio	a arante of \$		)(Revenue \$		1	

US990\$\$2

Par	t IV Ghecklist of Required Schedules			
	One of the date of		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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice and	}		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	. 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	. 6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	ł	.,
	complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		İ	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			,,
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	1,,		v
44	If "Yes," complete Schedule D, Part V	10	ļ	<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	. 11		х
	VII, VIII, IX, or X as applicable	- 11		<del>L</del>
_	Schedule D, Part VI.	1	ee	<i>2</i> ". 31
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			(
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	1000		ě,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	1 ~ "		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1 50	100	100
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		37 M.	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	1.	3.3	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	ž · 3
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	S . ' S		To A
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete	(4. C)		1872
	Schedule D, Parts XI, XII, and XIII	. 12		X
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No		13:	'À 1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	! 	<u> </u>	ڭ
13	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			ŀ
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	. 14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	. 15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			l
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	. 16		<u> X</u>
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
4.5	column (A), line 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	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?	40		
20	If "Yes," complete Schedule G, Part III	20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000	(2000)

US990\$\$3

Page 4

	t IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			"
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	<u> </u>		
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			
	complete Schedule J	. 23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		
L-74	\$100,000 as of the 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 question 25	. 24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization minest any proceeds or bax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		_^
С		24-		<sub>v</sub>
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction			,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	990EZ? If "Yes," complete Schedule L, Part I	. 25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	. 26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			State of the state
	conditions, and exceptions):			algebra Lateratura
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	. 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation 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		i	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1-		
<b>J</b> Z	If "Yes," complete Schedule N, Part II	22		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<del> </del>	
33	• • • • • • • • • • • • • • • • • • • •		İ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١.,		.,
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			١,,
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38_	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38	<u> </u>	Х

26-3333542

Pa	Statements Regarding Other IRS Filings and Tax Compliance	1		
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	!	Yes	No
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<del></del>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
	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	, , ~		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			·
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			•
	this return?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	-   ,.		
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that mayreceive deductible contributions under section 170(c).		12 in 1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-,,	
	and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	!		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	ļ		T
	benefit contract?	. 7е		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,		**********	T
_	have excess business holdings at any time during the year?	. 8		X_
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	~	<u>x</u>
		9b		X
10	Did the organization make a distribution to a donor, donor advisor, or related person?	30		L <u>A</u>
10	Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
р 11	Section 501(c)(12) organizations.Enter	, ,		
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	: -		*
12a	Section 4947(a)(1) non-exempt charitable trusts s the organization filing Form 990 in lieu of Form 1041?	12a		X
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
<u> </u>	3 - 3		000	(2009)

Rev 1

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management 1a Enter the number of voting members of the governing body **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? -----Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? a 6 .... ..... Does the organization have members, stockholders, or other persons who may elect one of more members 7a 7a X of the governing body? ..... b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during ء هي the year by the following? a The governing body? Яa Each committee with authority to act on behalf of the governing body? ... Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ......... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? .... 10a b If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? ...... 10b 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done ...... 12c 13 Does the organization have a written whistleblower policy? . ...... 13 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ... ........ b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .... ..... ... .. ... ... ... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶BONNIE PRICE

1914 ROLLI MURFREESBO TN 37130 615-478-6912

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
  - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not	compensate	any c	urrent			directo	or, or							
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)				
Name and Title									Reportable	Estmated				
	hours per	Individual trustee or director	Institutional trustee Individual trustee or director		줎	a E	Former	compensation	compensation	amount of				
	week	dire	ŧ	Officer	<u>0</u>		Ħ	from	from related	other				
		ctal	lon	'	[필	st c	٦	the	organizations	compensation				
		ַ ב <u>ַ</u>	al t		Key employee	) m		organization	(W-2/1099-MISC)	from the				
		stee	tsu.		0	ĕ		(W-2/1099-MISC)		organization				
	}		ee			Highest compensated employee				and related				
	<u> </u>				<u> </u>	ä				organizations				
BONNIE PRICE	4	١.,						_		0				
CH BD OF DIREC	<del> </del>	Х						0	0	0				
DEBBIE PRICE	-	<u>,                                   </u>						_		^				
TREASURER		Х		-	_		-	0	0	0				
DAVID PRICE	-									0				
DIRECTOR		Х			_		$\vdash$	0	0	0				
	4													
	<del> </del>			-			-							
	4													
<del></del>	+			_	-									
	-				ļ									
	<del> </del>			-			-							
	-													
					-		_							
	-													
						<u> </u>	-			<del></del> -				
	-{	ł												
	<del> </del>													
	-													
	<del></del>			-		-								
	4													
	+					<b></b> -								
	-													
					-									
	-													
				$\vdash$	$\vdash$		-							
	-													
	+	<del>  -</del>		$\vdash$	├-		-							
	-													
	+			<del>                                     </del>		<u> </u>	-		<del></del>					
	-													
		1	l	L	L	<u>L</u>	<u> </u>	1	1					

Part VII Section A. Officers, Directors,	Trustees,	Key E	mploy	ees,	and	i High	est (	Compensated Empl	oyees (continued)	
(A)	(B)			(C	)			(D)	(E)	(F)
Name and title	Average	Posit	on (ch	neck	all t	hat ap	ply)	Reportable	Reportable	Estmated
	hours per	익흙	'n	잋	줎	3.5	77	compensation	compensation	amount of
	week	Individual trustee or director	Institutional truste	Officer	Key employee	Highest compensated employee	Former	from	from related	other
		ctor	ğ		[遺	yee	~	the	organizations	compensation
		ַ זיַ	al tr		Ϋ́	ă		organization	(W-2/1099-MISC)	from the
		stee	uste		"	) ě		(W-2/1099-MISC)		organization
			ď			sate				and related
		-				<u> </u>	_			organizations
				-						
										1
						-	$\vdash$			<del> </del>
	-									<del> </del>
				<u> </u>						<u></u>
				_						
···										
					<b>-</b>	ļ	-			
							İ			
										<del> </del>
<del> </del>										
										<u> </u>
						1				
						ļ				
1b Total							<b>•</b>	0	0	0
2 Total number of individuals (including but n	ot limited t	to thos	e liste	d ab	ove	) who	rece	ived more than \$100	,000 in reportable o	ompensation
from the organization										<del></del>
										Yes No
3 Did the organization list anyformer officer,										
employee on line 1a? If "Yes," complete So 4 For any individual listed on line 1a, is the si								component on from	•• • • • • • • • • • • • • • • • • • • •	3   X
the organization and related organizations								-	1	
			0,000			,	picu	Concadio e foi sad	•	4   X
5 Did any person listed on line 1a receive or			aton 1	rom	anv	unrela	ated	organization for		'`  - <del></del>
services rendered to the organization? If "Y					-			_		5 X
Section B. Independent Contractors			_	-		•				
1 Complete this table for your five highest co	mpensated	d indep	ende	nt cc	ntra	ctors	that	received more than	100,000 of	
compensation from the organization.										
(A)								(B)		(C)
Name and busines	s address		_					Description of s	services	Compensation
NONE							<u> </u>	<u></u>		
							ļ			
	<del></del>		_				_			
							-			
2 Total number of independent contractors (II	ncludina h	ut not	limiter	l to t	hose	a lieter	l lah	ove) who received m	ore than	
\$100,000 in compensation from the organization	_	at not			031			oro, milo leceived III	ore utail	

US990\$\$8

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,

Total. Add lines 11a-11d

9c, 10c, and 11e .. .

12

69391.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete				
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	( <b>B)</b> Program service	(C) Management and	(D) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.		expenses	generăl expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	51715.	51715.	٠ ^	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				,
3	Grants and other assistance to governments,				•
	organizations, and individuals outside the			* ***	`
	U.S. See Part IV, lines 15 and 16				÷
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				· · · · · ·
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal		2600.		
c	Accounting		522.		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		*		
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g	Other	0.0.0	280.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				-
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	·			
18	•				
40	for any federal, state, or local public officials	98.	98.		<del> </del>
19	Conferences, conventions, and meetings	<del></del>	70.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	<u> </u>			·
23	Insurance	·[	L	<u> </u>	
24	Other expenses. Itemize expenses not	1			
	covered above (Expenses grouped together	I			
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below.)	16041			16041
a	CHAR EVENT EXPENSES	16041.	/10		16041.
þ	TELE	419.	419.		
C	PO BOX	184.	184.		
d	SUPPLIES	752.	752.		<del> –</del>
е	ADVERTISING				
f	All other expenses		56556		1.60.11
25	Total functional expenses.Add lines 1 through 24f	72611.	56570.	<u></u>	16041.
26	Joint Costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the org.				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	<u> </u>			

Pai	rt X 🚹	Balance Sheet			_
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	8854.	1	8330.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Sch. L		5	
	6	Receivables from other disqualified persons (as defined under section			,
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		,	
		Part II of Schedule L		6	
ম	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2697.	8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11551.	16	8330.
	17	Accounts payable and accrued expenses		17	<del> </del>
	18	Grants payable		18	<del>-</del>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<b>"</b>	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<del></del>
ij	22	Payables to current and former officers, directors, trustees, key			<del></del>
Liabilities		employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	· <u>-</u>	23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	· · · · · · · · · · · · · · · · · · ·	25	····
	26	Total liabilities. Add lines 17 through 25		26	
			N N.	11	***
"		complete lines 27 through 29, and lines 33 and 34.			٧
8	27	Unrestricted net assets		27	
lar	28	Temporarily restricted net assets		28	<del> </del>
Ä	29	Permanently restricted net assets		29	<del> </del>
Ĕ		Organizations that do not followSFAS 117, check here ▶ 🂢	···········	_ == 1	
F		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	and the second s	30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĕ	32	Retained earnings, endowment, accumulated income, or other funds	11551.	32	8330.
Ž	33	Total net assets or fund balances	11551.	33	8330.
	34	Total lightities and not assets that he started	11551.	34	8330.
		Total liabilities and net assets/fund balances	11001.	_ 34	5330.

Form **990** (2009)

form 990 (2009) PROJECT ONE-A DAVID PRICE 26-3333542 Pag	ge <b>12</b>
--	--------------

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 📗 Accrual 📗 Other	19		多数
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both:	2d		
	separate basis consolidated basis both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	l	X
b	If "Yes," did the organization undergo the required audit or audits?	3b		
		Form	990	(2009)

## SCHEDULE A ' (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organizations or a section

Department of the Treasury
Internal Revenue Service

A4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

► See separ

► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

2009

Name of the organization

PROJECT ONE-A DAVID PRICE

Employer identification number 26-3333542

	art	Peacen for	Public Charity	Status (All organizations	must co	molete th	ic part \	See inc	tructions		_		
				se it is: (For lines 1 through 11,				See 1115	u ucuons	<del></del>	<u> </u>		
1	Н	·	· ·	ciation of churches described in	section	170(0)(1	)(A)(1).						
2	Н			(ii). (Attach Schedule E.)	470//								
3	Н	•	·	e organization described insecti	-		•		. <b></b>				
4	$\sqcup$		ganization operated	in conjunction with a hospital d	escribed	Isectio	n 170(b)	(1)(A)(III	). Enter t	he hospi	ital's nar	ne,	
	$\Box$	city, and state:											
5		<del>-</del>		a college or university owned	or operat	ed by a	governm	iental un	iit descrii	bed isect	ion		
	_	170(b)(1)(A)(iv). (Com	plete Part II.)										
6	Ц	A federal, state, or loc	al government or gov	vernmental unit described insec	tion 170	(b)(1)(A)	(v).						
7	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
	_	described in section 1	70(b)(1)(A)(vi). (Com	plete Part II.)									
8	Ц	A community trust des	cribed in section 170	<b>)(b)(1)(A)(vi)</b> . (Complete Part il	.)								
9	X	An organization that ne	ormally receives. (1)	more than 33 1/3 % of its supp	ort from	contribu	tions, m	emberst	np fees,	and gros	s		
		receipts from activities	related to its exemp	t functions - subject to certain	exception	ns, and (	2) no mo	re than	33 1/3 %	of its			
		support from gross inv	estment income and	unrelated business taxable in	come (le:	ss sectio	n 511 ta	x) from l	business	es			
		acquired by the organi	zation after June 30,	1975. Seesection 509(a)(2). (	Complete	Part III	)						
10		An organization organ	ized and operated ex	clusively to test for public safe	ty Seese	ction 50	9(a)(4).						
11	П	An organization organ	zed and operated ex	clusively for the benefit of, to p	oerform t	he funct	ons of, o	or to car	ry out the	:			
		purposes of one or mo	ore publicly supported	d organizations described in se	ection 50	9(a)(1) o	r section	509(a)	(2) Sesse	ction			
		509(a)(3). Check the b	ox that describes the	type of supporting organization	n and co	mplete I	ines 11e	through	11h.				
		a Type I	<b>b</b> ∏ Type II	c Type III - Fu				a [	1	II - Othei	r		
е	П	-	certify that the organ	nization is not controlled direct		-		nore disc					
		-	•	nd other than one or more pub	•				•	section			
		509(a)(1) or section 50	-	·	•		•						
f		, , , ,		mination from the IRS that it is	a Type I.	Type II	or Type I	II suppo	rting				
		organization, check th				-							Г
g		•		on accepted any gift or contribu					sons?				
•		<del>-</del>		rols, either alone or together w		_						Yes	No
		••	•	he supported organization?	•					1	11g(i)		111
		(ii) A family member of		· · · -							11g(ii)		
		• •	•	scribed in (i) or (ii) above?							11g(iii)		
h				supported organization(s).				• • • •					
<u> </u>	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) to the	ne organ-	(v) D	nd you	(vi) I	s the	(vii)	Amour	nt of
	117	organization	(,	(described on lines 1-9	ızatıon	-	notify		1 ' '.	zation in			
		organization		above or IRC section	1		organiza		-		31	upport	
					gove	d in your	-		col				
				(see instructions))	docum	•	col (i) supp		1	nized			
					Yes	No	Yes		Yes	U.S.?			
		<del></del>			res	NO	res	No_	res	NO			
					į								
						<del>                                     </del>		<del> </del>					
			1			İ	Ì						
		<del></del>			<u> </u>			<u> </u>	ļ				
						İ	ļ						
_			<u> </u>		+	-	-						
_					-	ļ	ļ		ļ				
_				<u></u>				L	L				
_			İ			./		•					

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

<u></u>	(Complete only if you checked the i	JOX OIT IING 5 OF	aiti.)			<del></del>	
	tion A. Public Support	(-) 000E	(F) 2006	(-) 2007	(4) 2000	(*) 2000	(0 T-4-1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")			_			
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
_	the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		1				
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than disqualified					ŀ	
	persons that exceed the greater of \$5,000 or 1% of the amount on line		Ì				
	13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	R OBLIGAT	neds) fak'ray	AV HOUSE		** 18/4 C 16/4	
	tion B. Total Support					**************************************	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(-,	(-,		(=,====	(4,	(4)
-	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
<b>h</b>	Unrelated business taxable income (less			<del> </del>	-		
	section 511 taxes) from businesses						
	acquired after June 30,1975						
_			<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	Add lines 10a and 10b		<u> </u>				
11							
	activities not included in line 10b, whether						
40	or not the business is regularly carned on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, & 12.)	L	1		<u> </u>	504( )(0)	
14	First five years. If the Form 990 is for the orga						. 🗆
	organization, check this box and stop here				• •• •••	<u></u>	<u></u> ▶ ∐
	tion C. Computation of Public Supp					Ii	0 00 **
	Public support percentage for 2009 (line 8, co		-			15	0.00 %
	Public support percentage from 2008 Schedu				··· · · · · · · · · · · · · · · · · ·	. 16	0.00 %
	tion D. Computation of Investment I					T1	
	Investment income percentage for 2009 (line 1					. 17	0.00 %
	Investment income percentage from 2008 Sch					. 18	0.00 %
19a	33 1/3 % support tests - 2009. If the organization						7 is
	not more than 33 1/3 %, check this box andste	<b>op here</b> . The org	ganızatıon qualifi	es as a publicly s	supported organi	zation	▶ ∐
b	33 1/3 % support tests - 2008. If the organization	tion did not ched	k a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3 %, a	and line 18
	is not more than 33 1/3 %, check this box and	-					▶ []
20	Private foundation. If the organization did not	check a box on	line 14, 19a, or	19b, check this b	ox and see instr	uctions	▶ 🔯

Rev 1

**≗** □ OMB No 1545-0047 (h) Purpose of grant Employer identification numbèr Open to Public Inspection or assistance GENERAL GENERAL ☐ Yes 26-3333542 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria (d) Amount of cash (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, ► Complete if the organization answered ``Yes," of Form 990, Part IV, lines 21 or 22. other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, assistance than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 22,000. 9,950. 5,000 grant THAN if applicable General Information on Grants and Assistance (c) IRC section LESS 37128- TN M62-6000820 37060- TN E62-6000820 (b) EIN DAVID PRICE used to award the grants or assistance? BLACKMAN HIGH SCHO EAGLEVILLE HIGH S organization or government DONATIONS 1 (a) Name and address of PROJECT ONE-A Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) BLAZE OTHER Partl Part II

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

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

Enter total number of other organizations....

Schedule I (Form 990) 2009

......

Schedule I (Form 990) 2009

Part III Grants and

Page 2

26-3333542

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.	luals in the United additional space is	States. Complete if needed.	f the organization	answered ``Yes" on l	Form 990, Part IV,
	(a) Type of grant or assistance	(b) Number of	(c) Amount of cash	(d) Amount of	(e) Method of valuation	(f) Description of non-cash assistance
		200	5	assistance	other)	
						F
Part IV	Supplemental Information. Complete this part to		the information red	luired in Part I, line	2, and any other ad	provide the information required in Part I, line 2, and any other additional information.
WE DIE	DID NOT RECEIVE ANY GRANTS IN	1 2009				
		:			:	
						Schedule I (Form 990) 2009

Rev 1