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Form **990-PF** Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

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L	v	v	J

	East	calendar year 2009, or tax year beginning DEC	29, 2009	and anding	DEC 21 2000	
			, ; 		DEC 31, 2009	
	Gi (Check all that apply: X Initial return		rmer public charity	Final return	
		Amended return	Address chang	je 🗀	Name change	
	Ųse	e the IRS Name of foundation			A Employer identification	number
		label.				
		herwise, DISCIPLESHIP PROJECT F			27-1707390	
		Print Number and street (or P O box number if mail is not delive	vered to street address)	Room/suite	B Telephone number	
		or type. 2823 CRAYTHORNE DRIVE			(615) 893-	
		tructions City or town, State, and ZIP code	_		C If exemption application is p	
		MURFREESBORO, TN 3/12			D 1. Foreign organizations	, check here
	H C	Check type of organization: X Section 501(c)(3) exer			Foreign organizations me check here and attach co	mputation Pull
	<u>_</u>	· · · · · · · · · · · · · · · · · · ·	ther taxable private founda	tion	E If private foundation stat	tus was terminated
		air market value of all assets at end of year 📘 Accounting	=	Accrual	under section 507(b)(1)	(A), check here
			er (specify)		F If the foundation is in a (
		\$ 305,000. (Part I, colum	ın (d) must be on cash b	oasis.)	under section 507(b)(1)	(B), check here
	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
2010		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
7		1 Contributions, gifts, grants, etc., received	305,000.		N/A	
649		2 Check If the foundation is not required to attach Sch. B				
6		3 Interest on savings and temporary cash investments				
EР		4 Dividends and interest from securities				
SE		5a Gross rents		-		
		b Net rental income or (loss)				· Я '
Щ	Φ	6a Net gain or (loss) from sale of assets not on line 10				
Ź	Ĕ	Gross sales price for all assets on line 6a				,
SCANNED	Revenue	7 Capital gain net income (from Part IV, line 2)	*	0.		
	ш.	8 Net short-term capital gain				
•		9 Income modifications		 :		
		10a Gross sales less returns and allowances				
		b Less Cost of goods sold				
		c Gross profit or (loss)				
		11 Other income				•
		12 Total. Add-lines 1-through 11	305,000.	0.		¥111
		13 Compensation of officer brainestons, thustees, etc.	0.	0.		0.
		14 Other employee salaries and wages				
	S	15 Pelreston planst employed benefits O				
	nses	16a Legal fees		·-		
	per	c Other protession autees N, UT				
	Ĕ	c Other protessional/fees N, U				
	tive	17 Interest				
	tта	18 Taxes				
	inis	19 Depreciation and depletion				
	E P	20 Occupancy				
	٧	21 Travel, conferences, and meetings				, <u></u>
	au	22 Printing and publications				
	ing	23 Other expenses				
	rat	24 Total operating and administrative	_			_
	Operating and Administrative Expe	expenses. Add lines 13 through 23	0.	0.		0.
		25 Contributions, girts, grants paid				
		26 Total expenses and disbursements.	_	_		_
		Add lines 24 and 25	0.	0.		0.
		27 Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	305,000.		,,,,	
		b Net investment income (if negative, enter -0-)		0.		
	DOOL !	C Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Г	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
<u></u>	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1_	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets	[Prepaid expenses and deferred charges			
Ass	9	· · · · · · · · · · · · · · · · · · ·			.,
-		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds	· - · · ·		
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other		<u></u>	
	14	Land, buildings, and equipment basis ► 305,000.			
		Less accumulated depreciation		305,000.	305,000.
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	0.	305,000.	305,000.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
ī	22	Other liabilities (describe)			
		, , , , , , , , , , , , , , , , , , , ,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	<u> </u>	Foundations that follow SFAS 117, check here		•	
		and complete lines 24 through 26 and lines 30 and 31.			
9S	24	Unrestricted			
Š	25	Temporarily restricted			
Fund Balanc					
<u> </u>	26				
Ē		·			
<u>_</u>		and complete lines 27 through 31.	0.	205 000	
Net Assets or	27	Capital stock, trust principal, or current funds	0.	305,000.	
286	28	· · · · · · · · · · · · · · · · · · ·	0.	0.	
ž	29	Retained earnings, accumulated income, endowment, or other funds		<u> </u>	
ž	30	Total net assets or fund balances	0.	305,000.	
				205 000	
_	31	Total liabilities and net assets/fund balances	0.	305,000.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
=				•	
		l net assets or fund balances at beginning of year - Part II, column (a), line 3	30		•
	•	st agree with end-of-year figure reported on prior year's return)		1	0.
2	Ente	r amount from Part I, line 27a		. 2	305,000.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	305,000.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	305,000.
_			· · · · · · · · · · · · · · · · · · ·		Form 990-PF (2009)

Pa	t IV Capital Gains a	and Losses for Tax on Ir	vestmen	t Income					
	(a) List and descr 2-story brick wa	ibe the kind(s) of property sold (e.g rehouse; or common stock, 200 sh	., real estate, s. MLC Co.)			How acquired - Purchase - Donation	(c) Date acqui (mo., day, yi	red .)	(d) Date sold (mo., day, yr.)
1a									
b	NOI	NE							
			_		_				
<u>d</u>					<u> </u>				
<u>e</u>					Щ				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain oi (e) plus (f) n		
<u>a</u>									
_ <u>b</u> _		- · - · · · · · · · · · · · · · · · · ·							
<u> </u>					_				
d									
e			1	10/04/00					
	omplete only for assets snowin	g gain in column (h) and owned by				,	(I) Gains (Col. (h ol. (k), but not le		
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	. , -	cess of col. (i) col. (j), if any			Losses (from	col. ((h))
<u>a</u>									
_ <u>b</u>									
	<u>.</u>								
<u>d</u>									
_е						γ			
2 Ca	pital gain net income or (net ca	oital loss) { If gain, also enter If (loss), enter -0	r ın Part I, lıne - ın Part I, line	7 7	}	2			
	et short-term capital gain or (los gain, also enter in Part I, line 8, i	s) as defined in sections 1222(5) an	nd (6):		ĺ				
lf	(loss), enter -0- in Part I, line 8				Ĵ	3			
Pai	rt V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estment Ir	come		
(For c	ptional use by domestic private	foundations subject to the section 4	4940(a) tax on	net investment in	come	e.)			N/A
If sec	tion 4940(d)(2) applies, leave th	is nart hlank							
Was t	he foundation liable for the sect	ion 4942 tax on the distributable am	ount of any yo	ear in the base per	nod?				Yes No
		fy under section 4940(e). Do not co							
1 E	nter the appropriate amount in e	ach column for each year; see instr	uctions before	making any entri	es.				///
Cal	(a) Base period years endar year (or tax year beginnin	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchai	ritable-use asse			(d) oution ratio vided by col. (c))
	2008								
	2007		_	<u> </u>					
	2006		_						
	2005								
	2004			·					
2 Ta	tal of line 1, column (d)						2		
		 -year base period - divide the total (nn line 2 hy 5	or by the number	of vo				
	e foundation has been in existen			or by the number	oi ye	ais	3		
4 E n	ter the net value of noncharitabl	e-use assets for 2009 from Part X,	line 5				4		
5 M	ultiply line 4 by line 3						5		
6 En	ter 1% of net investment incom	e (1% of Part I, line 27b)			•		6		
7 Ad	d lines 5 and 6						7		
8 En	ter qualifying distributions from	Part XII, line 4					8		
	ine 8 is equal to or greater than e the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1º	% tax rate.			

923521 02-02-10

X

X

8b

10

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

orm	1990-PF (2009) DISCIPLESHIP PROJECT FOUNDATION 2	27-1707	390		rage 5
Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section, 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	————			
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14	The books are in care of ▶ DAVID NOLAN Telephone no. ▶	931-68	0-1	662	
	Located at ▶ 2823 CRAYTHORNE DRIVE, MURFREESBORO, TN	ZIP+4 ► 37.	129	_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
Pa	irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	· · · · · · · · · · · · · · · · · · ·	s 🔀 No			
	· · · · · · · · · · · · · · · · · · ·	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	X No			١,
	(6) Agree to pay money or property to a government official? (Exception. Check 'No'				
	ıf the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days.)	X No			
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		1b		X
	Organizations relying on a current notice regarding disaster assistance check here	▶□			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		,		
	before the first day of the tax year beginning in 2009?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				i
8	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning				
	before 2009?	X No			
	If "Yes," list the years 🕨,,				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	statement - see instructions.)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
)				
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	·	X No			
b	olf "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons afte				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	pose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,				
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	ļ	4b		X

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Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	nagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	-(c) Compensation
NONE		
	· ·	
		
		
Total number of others receiving over \$50,000 for professional services	-	D 0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information	tion cuch as the	·
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mon such as the	Expenses
1 NONE		
		0.
2		
		·
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
Totali Add iiiles 1 ullougii s		Form 990-DE (2009)

Part X Minimum Investment Return (All domestic foundations must complete the	ils part. Foreign foundations, see inst	ructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
Average monthly fair market value of securities		
b Average of monthly cash balances	1b	
c Fair market value of all other assets	1c	0.
d Total (add lines 1a, b, and c)	1d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oping foreign organizations check here and do not complete this part.)	erating foundations and certain	
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2009 from Part VI, line 5		
b Income tax for 2009. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	0.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		•
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	. 2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	<u>-</u>
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh 4940(e) reduction of tax in those years.	nether the foundation qualifies for the secti	ion

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,			, - h	
line 7				0.
2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only			0.	
b Total for prior years:	···		0.	
g rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2009:		V •		
• · · · · · · · · · · · · · · · · · · ·				
a From 2004 b From 2005				
c From 2006				
dFrom 2007				
eFrom 2008	0.			
f Total of lines 3a through e	U •			
4 Qualifying distributions for 2009 from Part XII. line 4: ▶\$ 0.				
, , , , , , , , , , , , , , , , , , , ,			0	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.		- .	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	, , , , , , , , , , , , , , , , , , , ,		0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		<u> </u>		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				-
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
				Farm 000 BE (2000)

Grants and Contributions Paid During the	rear or Approved for Future	rayment		
Recipient	If recipient is an individual,	——Foundation——	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation— — status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Paid during the year				
NONE				
	į.			
			•	
	·			
			•	
			•	
	ļ			
T-1-1	<u> </u>	_		
Total			. ▶ 3a	
Approved for future payment				
NONE	<u> </u>			
	1			
	1			

Part XVI-A	Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		oy section 512, 513, or 514	(e)
<u> </u>	(a) Business	(b) Amount	Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a N/A					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		•			
5 Net rental income or (loss) from real estate:					
a Debt-financed property		·			
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income		•			
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d	L				
e					
12 Subtotal. Add columns (b), (d), and (e)		(0.	0.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	0
(See worksheet in line 13 instructions to verify calculations.)	-				
Part XVI-B Relationship of Activities t	o the Accon	plishment of	Exempt P	urposes	
Line No. Explain below how each activity for which inco		<u>-</u>		<u> </u>	nlichment of

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

_		_ <u> </u>	PLESHIP PROJEC	T FOUNDATION		27-1707	<u>/390</u>	Pa	ge 13
P	art X	Information Re Exempt Organ	egarding Transfers To nizations	and Transactions a	and Relationsh	nips With Nonchar	ritable	•	
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of							Yes	No_	
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
	a Transfers from the reporting foundation to a noncharitable exempt organization of:								
	(1) (Cash .					1a(1)	_	_X_
	(2) (Other assets				•	1a(2)		X
	b Other	transactions:							
	(1) S	Sales of assets to a noncharita	ible exempt organization				1b(1)		<u>X</u>
	(2) F	urchases of assets from a no	oncharitable exempt organization				1b(2)		X
	(3) F	Rental of facilities, equipment,	or other assets	,			1b(3)		X
	٠,	Reimbursement arrangements	;	•			1b(4)		X
	(5) Loans or loan guarantees						1b(5)		X
	• •		embership or fundraising solicitat				1b(6)		X
			ailing lists, other assets, or paid ei				1c		X
			"Yes," complete the following sch					ets,	
			foundation. If the foundation recei		ie in any transaction	or sharing arrangement, sl	now in		
		<u> </u>	other assets, or services received		1 (1)				
<u>(a</u>	Line no	(b) Amount involved	(c) Name of noncharitab	ole exempt organization	(0) Description	of transfers, transactions, and s	haring arr	angeme	ents
_			N/A						
_			-						
_					<u> </u>				
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2		· · · · · · · · · · · · · · · · · · ·	ctly affiliated with, or related to, on	· -	zations described	_	_		_
			er than section 501(c)(3)) or in se	ction 527?		L	Yes	X	J No
_	b If Ye	s," complete the following sch		T (6) T		1 D			
			(b) Type of organization	(c) Description of relationsh	пр			
_		N/A							
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_	Under penalties of perairy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tri								
	and con		nave examined this return, including acc er than taxpayer or fiduciary) is based o		my knowledge and belief, it is t	rue, corre	ct,		
		(M/1) Com 19/1/10 Prosident							
•		MANY JOHN	`		_ fresil				
Sign Here	▼ Si	gnature of officer or trustee		Date 1	▼ little	SOLDER LIGHT	-la		-h
Ē	.o	Preparer's	\cdot / ω	$\mathcal{L} \cap \mathcal{L}$	Date Che		r's identify ~ (\)	-	ider .
ະສັ	Paid Preparer's Use Only	signature V	<u>Curry holl</u>	of Round	8/18/10 self	,	7029	141	18
	Par E o č		TCPAS PLLC			EIN ▶			
	နူသိ	rf self-employed), 555 GREAT CIRCLE ROAD							
address, and ZIP code NASHVILLE, TN 37228 Phone no.					Phone no. (615)	242	<u>-73</u>	<u>51</u>	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

Employer identification number

27-1707390 DISCIPLESHIP PROJECT FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. 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. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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 line 2 of its Form 990-PF, to certify

Name of organization

Employer identification number

DISCIPLESHIP PROJECT FOUNDATION

27-1707390

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DAVID NOLAN 2823 CRAYTHORNE DR MURFREESBORO, TN 37129	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	-	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Employer identification number

DISCIPLESHIP PROJECT FOUNDATION

27-1707390

(b) Description of noncash property given ESTATE PROPERTY (b) Description of noncash property given	(c) FMV (or estimate) (see instructions) \$ 305,000. (c) FMV (or estimate) (see instructions) \$	(d) Date received 12/30/09 (d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d)
Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d)
Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d)
Description of noncash property given	FMV (or estimate) (see instructions) \$\$	
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(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		(b) (c) FMV (or estimate)

	SUBSTANTIAL CONTRIBART VII-A, LINE 10	UTORS	STAT	EMENT 1
NAME OF CONTRIBUTOR	ADDRESS			
DAVID NOLAN	2823 CRAYTHOR MURFREESBORO,			
	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 2
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DAVID NOLAN 2823 CRAYTHORNE DR MURFREESBORO, TN 37129	PRESIDENT/DIRE	CTOR 0.	0.	0.
OWEN P. MARSH 2105 HIGHWAY 130 EAST SHELBYVILLE, TN 37160	DIRECTOR 0.15	0.	0.	0.
CHRIS OWNBY 2922 CHERRY BLOSSOM LANE MURFREESBORO, TN 37129	DIRECTOR 0.15	0.	0.	0.
DONNA NOLAN 2823 CRAYTHORNE DR MURFREESBORO, TN 37129	SECRETARY 0.19	0.	0.	0.
AMBER NOLAN 2823 CRAYTHORNE DR MURFREESBORO, TN 37129	DIRECTOR 0.15	0.	0.	0.

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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

Form 8868 ' Application for Extension of Time To File an (Rev. April 2009) Exempt Organization Return ____ OMB No. 1545-1709 Department of the Treasury File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box \triangleright \boxed{X} If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990·T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Type or Name of Exempt Organization Employer identification number print DISCIPLESHIP PROJECT FOUNDATION 27-1707390 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2823 CRAYTHORNE DRIVE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. MURFREESBORO, TN 37129 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 X Form 990-PF Form 8870 Form 1041-A DAVID NOLAN The books are in the care of Telephone No ➤ 931-680-1662 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ightharpoonup If it is for part of the group, check this box ightharpoonup and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 2009 ► X tax year beginning DEC 29, , and ending DEC 31, 2009

deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).

See instructions.

3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

X Initial return

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated

Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,

tax payments made Include any prior year overpayment allowed as a credit.

Final return

3a

3ь

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If this tax year is for less than 12 months, check reason

nonrefundable credits. See instructions

Form 8868 (Rev 4-2009)

0.

0.

Change in accounting period

Form 8	868 (Rev 4-2009)				Page 2			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box								
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868								
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).							
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).								
Туре	· • • • • • • • • • • • • • • • • • • •				Employer identification number			
print	DISCIPLESHIP PROJECT FOUNDATION		2	7-1707	390			
File by to extended due date filing the	Number, street, and room or suite no. If a PO box, see instructions to for 2823 CRAYTHORNE DRIVE		For IF	RS use only				
return S	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.			`,				
Chec	Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-F Form 990-T (trust other than above) Form 4720 Form 6069							
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension	on a previou	sly file	d Form 886	8.			
DAVID NOLAN • The books are in the care of 2823 CRAYTHORNE DRIVE - MURFREESBORO, TN 37129								
	ephone No. ► 931-680-1662 FAX No ►							
	he organization does not have an office or place of business in the United States, check this bo				▶ □			
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box if it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.								
	I request an additional 3-month extension of time until NOVEMBER 15, 2010.							
		and ending _						
	If this tax year is for less than 12 months, check reason: X Initial return Final return Change in accounting per				ccounting period			
-	7 State in detail why you need the extension AWAITING INFORMATION FROM THIRD PARTIES							
	AWAITING INCOMMITTON TROPE THIRD PARTIES							
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	anv						
	nonrefundable credits See instructions.	 ,	8a	\$	0.			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				-,,-			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid							
	previously with Form 8868		8b	\$	0.			
	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit				_			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Signature and Verification	instructions	8c	\$	0.			
lindor	Signature and Vermication penalties of perjury, I declare that I have examined this form, including accompanying schedules and statem	onto and to the	hoet -	f mu ka anda d	no and bekef			
it is tru	e, correct, and complete, and that Lam authorized to prepare this form	ents, and to the						
Signat			Nate	► 8/1	ulapin			

Form **8868** (Rev 4-2009)