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DLN: 93493272003030

# Form **990**

## **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)

OMB No 1545-0047 2009

Department of the Treasury

Open to Public

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cne ت			r, or tax year beginning 01-01-2009  C Name of organization	and ending 12-31-2009		D Employer ider	ntification number
_ Add	еск іт ар Iress ch	· · · · · · · · · · · · · · · · · · ·	Praxis Project Inc			30-0044814	l
_		label or	Doing Business As			E Telephone nui	
_	ne char	type. See				(202) 234-5	921
_	al retur	Instruc-	Number and street (or P O box if mail is no 1750 Columbia Road	ot delivered to street addres	s) Room/suite	<b>G</b> Gross receipts \$	
_	mınated						
Ame	ended r	return	City or town, state or country, and ZIP + 4 Washington, DC 20009				
— App	lication	pending	asimigesii, 20 20003				
			ne and address of principal officer		<b>H(a)</b> Is the	' s a group return	for
			Themba-Nixon Columbia Rd		affilia	tes?	ΓYes <b>Γ</b> Nο
			gton, DC 20009		H(b) Are al	l affiliates include	d?
							(see instructions)
r Tax	k-exem	pt status 🔽 501(d	) ( 3 ) ◀ (insert no )	527		p exemption nun	
J W	ebsit e	:: ► www.thepraxis	project org				
	6		tion Trust Association Other	ı	1 V		Chata af land dansada
K Form	n or org	ganization   Corpora	clon   Trust   Association   Other		L Year of to	rmation 2002 <b>M</b> ME	State of legal domicile )
Pai	rt I	Summary				<u>-</u>	
			e organization's mission or most signi				
		The Praxis Projec improve their com	t's mission is to build healthy commur munity conditions	ities by working with re	sidents most	affected by hea	Ith problems to to
Governance		Improve their con	manney contractions				
፷							
<u> </u>	_	Charles 1	- cu		. 6	350/ 6:	
		·	if the organization discontinued its o				
<b>ර</b>			nembers of the governing body (Part V				
Acumues			ident voting members of the governing		)		
5			nployees (Part V , line 2a)		1		
육			olunteers (estimate if necessary) .				1
		_	ted business revenue from Part VIII,	•			
	ь	Net unrelated bus	ness taxable income from Form 990-	, line 34	<del></del>	7b	
ā		0			Prio	r Year	Current Year
	8		d grants (Part VIII, line 1h)		1,924,059	2,279,269	
Revenue	9	9	revenue (Part VIII, line 2g)		54,000	13,524	
產	10		ne (Part VIII, column (A), lines 3, 4, a	•		7,343	18,46!
_	11	· ·	art VIII, column (A), lines 5, 6d, 8c, 9 dd lines 8 through 11 (must equal Par				(
	12			, , , , , , , , , , , , , , , , , , , ,		1,985,402	2,311,258
	13		ar amounts paid (Part IX, column (A),				(
	14	Benefits paid to	or for members (Part IX, column (A), lı	ne 4)			(
	15	Salaries, other c	ompensation, employee benefits (Part	IX, column (A), lines 5	-		
Expenses		10)				658,526	882,01
<b>₹</b>	16a	Professional fund	raising fees (Part IX, column (A), line	11e)			(
<b>#</b> 1	ь	Total fundraısıng exp	enses (Part IX, column (D), line 25) $\blacktriangleright \frac{18,993}{}$				
	_				919,453	1,278,671	
ا ش	17	Other expenses	(Part IX, column (A), lines 11a-11d, 1	1f-24f)		919,433	1,2,0,0,1
ā			(Part IX, column (A), lines 11a-11d, 1 Add lines 13-17 (must equal Part IX,			1,577,979	
	17	Total expenses		column (A), line 25)		1,577,979	2,160,682 150,576
	17 18	Total expenses	Add lines 13–17 (must equal Part IX,	column (A), line 25)		1,577,979 407,423 g of Current	2,160,682
	17 18 19	Total expenses Revenue less ex	Add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12	column (A), line 25)		1,577,979 407,423 g of Current ear	2,160,682 150,576 End of Year
	17 18 19	Total expenses Revenue less ex Total assets (Pa	Add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12	column (A), line 25)		1,577,979 407,423 g of Current ear 576,415	2,160,682 150,576 End of Year 750,368
	17 18 19 20 21	Total expenses Revenue less ex  Total assets (Pa	Add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12  rt X, line 16)	column (A), line 25)		1,577,979 407,423 g of Current ear 576,415 15,500	2,160,682 150,576 End of Year 750,368 38,877
Not Assets or Fund Balances	17 18 19 20 21 22	Total expenses Revenue less ex  Total assets (Pa Total liabilities ( Net assets or ful	Add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12  rt X, line 16)	column (A), line 25)		1,577,979 407,423 g of Current ear 576,415	2,160,682 150,576 End of Year 750,368
Not Assets or Fund Balances	17 18 19 20 21	Total expenses Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fut	Add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12  rt X, line 16)	column (A), line 25)	Y	1,577,979 407,423 g of Current ear 576,415 15,500 560,915	2,160,682 150,576 End of Year 750,368 38,877 711,491
Not Assets or Fund Balances	17 18 19 20 21 22	Total expenses Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fui  Signature BI  Under penalties of p	Add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12  rt X, line 16)	column (A), line 25)	schedules and si	1,577,979 407,423 g of Current ear 576,415 15,500 560,915	2,160,683 150,576 End of Year 750,368 38,877 711,493
Net Assets or 5 Fund Balances	17 18 19 20 21 22	Total expenses Revenue less ex  Total assets (Pa Total liabilities ( Net assets or ful  Signature Bl  Under penalties of pl and belief, it is true,	Add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12 of X, line 16)	column (A), line 25)	schedules and ston all information	1,577,979 407,423 g of Current ear 576,415 15,500 560,915 catements, and to the on of which prepare	2,160,682 150,576 End of Year 750,368 38,877 711,493
of Fend Balances	17 18 19 20 21 22	Total expenses Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fur  Signature BI  Under penalties of pand belief, it is true,  *******	Add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12 ort X, line 16)	column (A), line 25)	schedules and si	1,577,979 407,423 g of Current ear 576,415 15,500 560,915 catements, and to the on of which prepare	2,160,682 150,576 End of Year 750,368 38,877 711,491
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Not Assets or Sign Balances Pand Balances Prepared Balances	17 18 19 20 21 22 t III	Total expenses Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fui  Signature BI  Under penalties of pand belief, it is true,  ****** Signature of office Makani Themba- Type or print nan  Preparer's signature John  Firm's name (or your	Add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12  Int X, line 16)	column (A), line 25)	schedules and ston all information all information depends on all informati	1,577,979 407,423 g of Current ear 576,415 15,500 560,915 catements, and to the on of which prepare 09-29  Preparer's identify	2,160,682 150,576 End of Year 750,368 38,877 711,491 e best of my knowledge r has any knowledge
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#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Praxis Projects mission is to build healthy communities by working with residents most affected by health problems to improve their community conditions

2	Did the organization undertake a the prior Form 990 or 990-EZ?		ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new serv	rices on Schedule O			
3	Did the organization cease conduservices?	ucting, or make significa	nt changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose ac Section 501(c)(3) and 501(c)(4) allocations to others, the total ex	) organızatıons and sectı	on 4947(a)(1) trusts	are required to report the an	
4a	(Code ) (Exper	nses \$ 1,138,069	ıncludıng grants of \$	) (Revenue \$	)
	Communities Creating Healthy Environ the epidemic This past years accomplibuilding to address childhood obesity support prevention activities in English childhood obesity prevention	ishments include 1 The Íaunch 2Training and technical assista	ing of a national program ance to more than 40 comm	and support center for advocacy, n nunity-based organizations 3 Deve	etwork development, and coalition elopment of resource materials to
4b	(Code ) (Exper	nses \$ 230,350	ıncludıng grants of \$	) (Revenue \$	)
	Building Capacity Building Power/Fair C years accomplishments include 1 traini engagement 2 facilitated the mobilizat resource materials to support civic eng	ng and resource development ion of thousands of volunteers	to groups in ten states an s to undertake civic engage	d their national networks to help the ement work in their communities 3	nem do more effective civic
4c	(Code ) (Exper	nses \$ 370,000	ıncludıng grants of \$	) (Revenue \$	)
	FCFS is a partnership with organization services for civic engagement and com community education forums on the in	nmunity planning. This years a	ccomplishments include tra	aining and technical assistance in m	ore than 12 cities nationwide,
4d	Other program services (Desci	ribe in Schedule O)			_
	(Expenses \$ 341,	,975 including grants	of\$	) (Revenue \$	)
4e	Total program service expenses	±\$ 2,080,39	94		
	•	. ,			Form <b>990</b> (2009)

Part IV	Checklist	of Red	uired	Sche	dules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

Part V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		-	•
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		NI -
L	return?	3a 3b		No
	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		Νο
Ь	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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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		Νo
	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 may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f _		Νο
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
п	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	•		NI -
9	Sponsoring organizations maintaining donor advised funds.	8		Νο
	Did the organization make any taxable distributions under section 4966?	9a		Νο
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
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			

1750 Columbia Road NW Washington, DC 20009 (202) 234-5921

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 8	-		
b	Enter the number of voting members that are independent 1b 8	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	Let the States with which a conventible Form 200 is required to be filed.			
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Mary Ellen Stribling Director of Fi	ıe orga	nızatıor	n <b>►</b>

## 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	ne and Title A verage Position (check all hours that apply)				I		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Officer Institutional Trustee Individual trustee or director		Key employee Officer Institutional Trustee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Timothea Howard Chair	2 00	Х		х				0	0	0
Vernellia Randall Treasurer	2 00	Х		Х				0	0	0
Makanı Themba-Nıxon Executive Director	40 00			Х				106,230	0	11,190
Terese Cordova Director	2 00	Х						0	0	0
Joon-Ho Yu Dırector	2 00	Х						0	0	0
Taj James Director	2 00	х						0	0	0
Maria Luisa Alaniz Director	2 00	Х						0	0	0
Dileep Bal Director	2 00	Х						0	0	0
JoAnn K Chase Director	2 00	Х						0	0	0
,										

For	n 990 (2009)			Page <b>8</b>
1b	Total			11,190
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		( <b>C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •			2 (2.0.0.)
			orm 990	<b>0</b> (2009)

Form 99			f D					Page <b>9</b>
Part V	<b>/1111</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# £	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	es <b>1b</b>					
S, G	С	Fundraising eve	ents <b>1</b> c					
無った	d	Related organiz	ations 1d					
ω <u>.</u> E	e	Government grants	s (contributions) <b>1e</b>					
F S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	2,279,269				j i
ਰ ਜ਼	g		butions included in					
늍								
ပိုင်း	h	Total. Add lines	s 1a-1f	· · · •	2,279,269			
<u>a</u>				Business Code				
ē	2a	Education training	in the community		13,524	13,524		
Fe.	Ь							
<u> </u>	С							
ž.	d							
Program Service Revenue	e							
∑ 13	f	All other progra	am service revenue					
š	g	Total. Add lines	s 2a-2f		13,524			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simil	aramounts)	•	18,465			18,465
	4	Income from inves	stment of tax-exempt bond	proceeds -				
	5	Royalties						
		Carre Brate	(ı) Real	(II) Personal				
	6a   b	Gross Rents Less rental						
	-	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O ther				
	b	Less cost or other basis and sales expenses Gain or (loss)						
	c d		s)	<u> </u>				
	8a		rom fundraising					
Other Revenue			luding  s reported on line 1c) ne 18					
<u></u>			а					
Ě	b		penses b					
0	c 9a		(loss) from fundraising	events F				
	94	See Part IV, lin	rom gaming activities ie 19 <b>a</b>					
	b		penses b					
	10a	Gross sales of	(loss) from gaming activ	vicies				
	lua	returns and allo						
	b	=	oods sold <b>b</b>					
	С		(loss) from sales of inve					
	11a	Miscellaneous	s kevenue	Business Code				
	11a   b							
	C	All other reven						
	d e	Total. Add lines						
		Totali Add Illies	,					
	12	Total revenue.	See Instructions .	▶	2,311,258	13,524		18,465

## 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) but are not required to complete columns (B), (C), and (D).								
		_	(B), (C), and	(D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	120,190	111,624	6,174	2,392				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	574,697	533,663	29,600	11,434				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0							
9	Other employee benefits	121,743	113,220	6,087	2,436				
10	Payroll taxes	65,381	61,072	3,078	1,231				
11	Fees for services (non-employees)								
а	Management	0							
ь	Legal	1,200		1,200					
c	Accounting	9,000	9,000	_,					
d	Lobbying	0	3,000						
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	0							
g g	Other	0							
12	Advertising and promotion	0							
13	Office expenses	33,509	32,171	1,338					
14	Information technology	33,309	32,171	1,556					
		0							
15	Royalties		00.617	2.600					
16	Occupancy	102,225	99,617	2,608					
17 18	Payments of travel or entertainment expenses for any federal,	156,167	155,269	898					
19	state, or local public officials	272,715	272,667	48					
20	Interest	0	2/2,007	40					
21	Payments to affiliates	0							
21	Depreciation, depletion, and amortization	4,856	4 270	486					
23	Insurance	6,034	4,370						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	6,034	2,310	3,724					
•	total expenses shown on line 25 below )  Consultants	161,001	161,001						
a b	Honoraria	13,800	13,800						
		<del>                                     </del>	,						
c c	Supplies Community Services	33,618	33,618	100					
d	Community Services  Subcontractor	307,034	306,934	100					
e	Subcontractor	166,240	166,240	5.05:					
f ar	All other expenses	11,272	3,818	5,954	1,500				
25	Total functional expenses. Add lines 1 through 24f	2,160,682	2,080,394	61,295	18,993				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

1,6	rt X	Balance Sneet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			191,325	1	232,617
	2	Savings and temporary cash investments			373,920	2	492,197
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4	5,144	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of	tion 4	958(f)(1)) and			
76		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
83	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	66,287			
	ь	Less accumulated depreciation	10b	45,877	11,170	10c	20,410
	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)  .  .			576,415	16	750,368
	17	Accounts payable and accrued expenses .			15,500	17	38,877
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
<u>0</u>	21	Escrow or custodial account liability	D.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties $ \mbox{.}$				24	
	25	Other liabilities Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			15,500	26	38,877
ces		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	ete line	es 27			
Balance	27	Unrestricted net assets			108,624	27	52,806
B	28	Temporarily restricted net assets			452,291	28	658,685
돧	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	compl	lete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fun	ds			32	
Net	33	Total net assets or fund balances			560,915	33	711,491
2	34	Total liabilities and net assets/fund balances			576,415	34	750,368

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

### OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

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

**Public Charity Status and Public Support** 

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

Inspection Employer identification number

Praxis Project Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	I your governing I		on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(ii)

11g(iii)

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part 1	1.)			
	ection A. Public Support	1			Г		<del></del>	
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 20	209	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	997,14	0 716,793	576,090	1,924,059	2	2,279,269	6,493,351
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	997,14	0 716,793	576,090	1,924,059	2	2,279,269	6,493,351
5	The portion of total contributions 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							4,584,316
6	(f) <b>Public Support.</b> Subtract line 5 from line 4	n						1,909,035
S	ection B. Total Support	•						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	( <b>e)</b> 20	09	(f) Total
7	A mounts from line 4	997,140	11,857	576,090	1,924,059	2	,279,269	6,493,351
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	8,028	11,857	8,728	7,343		18,465	54,421
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							6,547,772
12	Gross receipts from related activit	ies, etc (See ins	tructions )			12		216,731
13	First Five Years If the Form 990 is check this box and stop here			thırd, fourth, or f	fifth tax year as a !	501(c)(3	i) organız	ation,
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200			11 column (f))		4.0		20 160 0/
15	Public Support Percentage for 200	-		Column (1 <i>))</i>		14		29 160 %
	33 1/3% support test—2009. If the	•	•	on line 13 and	lina 14 is 22 1/20/	15 ar mara	chack t	26 230 %
	and stop here. The organization quality 33 1/3% support test—2008. If the	alıfıes as a public	ly supported orga	nızatıon			•	<b>►</b> □
17a	box and <b>stop here.</b> The organizatio <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization Part IV how the organization me organization	<b>—2009.</b> If the org ation meets the "f	anızatıon dıd not c facts and cırcumst	heck a box on lir ances" test, che	ck this box and <b>st</b>	op here.	Explain	<b>▶</b> ┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza	nızatıon meets th	e "facts and cırcu	mstances" test,	check this box and	stop he	ere.	
18	supported organization  Private Foundation If the organizations							▶□ ▶□
	monuciona							- 1

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf			-			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	<b>Public Support</b> (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1)   otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and <b>stop here</b>						►□
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	<b>009</b> (line 10c co	olumn (f) divided l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	. 7		18	
19a	<b>33 1/3% support tests—2009.</b> If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T	ne organization q	ualities as a publ	ıcıy supported		

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

#### Facts And Circumstances Test

Part II Line 17a Public support of 29 16 has improved from 2008 and is expected to improve further in 2010. The organization is organized and operates to attract new and additional public and governmental support on a continuous basis. The organization maintains a program to solicit funds that is reasonable in light of its charitable activities

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 30-0044814

Name: Praxis Project Inc

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Consultants	161,001	161,001		
Honoraria	13,800	13,800		
Supplies	33,618	33,618		
Community Services	307,034	306,934	100	
Subcontractor	166,240	166,240		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493272003030

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ne of the organization is Project Inc		Employer identification number
· I G A	s rioject nic		30-0044814
Pa	organizations Maintaining Donor A		unds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<u> </u>	ror advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		
a	t II Conservation Easements. Complete	if the organization answered "Yes" i	to Form 990 Part IV line 7
	Purpose(s) of conservation easements held by the o		to form 950, fare IV, mile 7.
	Preservation of land for public use (e.g., recreat	<u> </u>	n historically importantly land area
	Protection of natural habitat		certified historic structure
	Preservation of open space	,	
		usiad aanaamustian aantuibutian in tha saru	- of - concernation
	Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	med conservation contribution in the form	n of a conservation
	, ,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	<b>.</b>	2b
С	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	• •	2d
_			
	Number of conservation easements modified, transfe	errea, releasea, extinguishea, or terminat	ed by the organization during
	the taxable year 🕨		
	Number of states where property subject to conserv	ation easement is located ►	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	ments during the year ►
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during the year ►\$
	Does each conservation easement reported on line 2		
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		☐ Yes ☐ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	
ar	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
	If the organization received or held works of art, hist following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
Ь	Assets included in Form 990, Part X		<b>►</b> \$

ar	<b>411</b> Organizations Maintaining Co	ollections of Art	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	the	r Similar <i>i</i>	<u>Asse</u>	ts (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing t	hat are	a sıgnıfıca	ant u	se of its coll	ection	1	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
с	Preservation for future generations											
ı	Provide a description of the organization's co	ollections and expla	ıın hov	v the	/ furthe	r the or	ganızatıon	ı's ex	empt purpos	se in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			,					ılar	Γ.	Yes	┌ No
ar	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Forn	n 990	١,	
	Part IV, line 9, or reported an ar											
а	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	ediary	for c	ontribut	tions or	other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
								_		A mou	nt	
с	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							<b>1f</b>				
3	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?							$\Box$	Yes	√ No
)	If "Yes," explain the arrangement in Part XI\	/										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	/ear	<b>(c)</b> Two	Years Back	(d)	Three Years Ba	ck <b>(e</b> )	Four Ye	ears Back
•	Beginning of year balance							+		_		
)	Contributions							+		-		
:	Investment earnings or losses							<u> </u>				
d	Grants or scholarships							<u> </u>				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
,	Provide the estimated percentage of the year	r end halance held :						<u> </u>				
a	Board designated or quasi-endowment	%										
	•											
b	Permanent endowment - %	)										
C 3	Term endowment • %	salan of the argania		-ba+ -	ra bald	d - d	m.n.atara	d <b>f</b> or	+ h a			
1	Are there endowment funds not in the posse organization by	ssion of the organiz	ationi	liial c	ire neiu	anu au	iiiiiisteret	u 101	tile		Yes	No
	(i) unrelated organizations								[	3a(i)		
	(ii) related organizations								🛚	Ba(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?					3b		
	Describe in Part XIV the intended uses of th											
3 [	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	90, Par	t X, line	10.	ı			
	Description of investment				a) Cost o sıs (ınves		( <b>b)</b> Cost or basis (oth		(c) Accumul depreciati		( <b>d)</b> Bo	ook value
1	Land											
5	Buildings		•									
С	Leasehold improvements		•									
d	Equipment		•				66	6,287	4	45,877		20,410
e	Other											

20,410

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

Pai	It XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,311,258
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,160,682
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	150,576
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	150,576
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		,
1	Total revenue, gains, and other support per audited financial statements	1	2,311,258
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,311,258
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	2,311,258
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	2,160,682
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,160,682
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4с	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,160,682
Pa	rt XIV Supplemental Information		
	rt XIV Supplemental Information  nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	art IV ,	lines 1b and 2b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

## OMB No 1545-0047

2009

Open to Public Inspection

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

**Supplemental Information to Form 990** 

Praxis Project Inc

Name of the organization

**Employer identification number** 

30-0044814

ldentifier	Return Reference	Explanation
Form 990 VI	19	The organizations governing documents, conflict of interest policy, and financial statements are not available to the general public
Form 990 VI	12C	Yes, Praxis Project has a Conflict of Interest Policy that defines what is conflicts of interest, identifies the classes of individuals within the organization covered by the policy, facilitates disclosure of information that may help identify conflicts of interest, and specifies procedures to be followed in managing conflicts of interest. Each employee is required to complete a Conflict of Interest Statement identifying any area that they think may be a conflict as defined in the policy. If employees have influence on transactions involving purchases, contracts, or leases, they are required to disclose to the Executive Director or Board of Directors as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties. Each employee is required to update their conflict of interest statement if any changes occur during their employment with the Praxis Project.
Form 990 VI	12C	All Board of Directors are required to complete a Conflict of Interest statement identifying any area that they think may be a conflict. Annually, the Board of Director is required to disclose or update their interests that could give rise to conflicts of interest, such as a list of family members, substantial business or investment holdings, and other transactions or affiliations with businesses and other organizations. This takes place at the annual Board of directors meeting
Form 990 VI	12C	In addition to the employees updating their personnel files with any changes, Praxis monitors and enforce compliance with the policy to ensure those employees or board members who have direct access to contractual agreements and financial disclosure. This includes exclusively the Board Chair, the Treasurer, the Executive Director and the Finance Director.
Form 990 VI	15a	The process for determining compensation and performance review of the Executive Director is conducted by the Executive Committee of the Board of Directors. The Executive Committee is comprised of independent Board members authorized by the Board to make governing decisions in evaluating the Executive Director. The Executive Committee includes the Chair, the Secretary or Treasurer and one other independent officer of the Board to make three-person committee. The Chair maintains minutes and all records used to substantiate the performance evaluation and salary compensation decisions. Written documentation is maintained in the personnel file on the performance review form. The compensation of Executive Director is set by the Board upon the recommendation of the Executive Committee which determines her salary as part of her annual review.
Form 990 VI	15a	The Executive Committee conducts the Executive Directors review with the full Board of Directors. Each Board member receives a copy of the executive's work plan, work performance and the budget. Behind closed door, the Executive Director is allowed to answer clarifying questions or issues the Board may have to deliberate at that time. The next step is for the Board of Directors to meet, without the presents of the Executive Director, to have a simultaneous discussion on his or her performance review and any changes on salary compensation. The Executive Director is then brought back in to the meeting to discuss and agree with their recommendations. No other Board member is compensated for their service as an officer.
Form 990 VI	11a	The Board has appointed the Finance Committee to review the tax return form 990 prior to filing. The Finance Committee is a group of persons authorized under state law to make governance decisions on behalf of the Praxis Project Board of Directors in regard to financial reports, audits and tax returns. The Finance Committee is compromised of Board members and staff of whom has expertise in finance. The Board's Treasurer is the Chair of the Finance Committee. The Finance Director and the Treasurer along with the assistance of the Executive Director provides data to the auditors. Each Board of Director will receive a copy of Form 990 for review at the annual Board meeting. If, upon review of the Board of Director, that issues or discrepancies are found, an amended return is prepared for Board review and approval and filed with the IRS.
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 120,900, Grants and allocations 0, Revenue 0 In collaboration with American Legacys Truth and Consequences project, this project engaged in tobacco prevention among youth in 16 states. This past years accomplishments include 1 Training and technical assistance to health departments on youth focused on tobacco control and prevention. 2 Training, support and resource development for youth development in 16 states. 3 Development of resource materials to support tobacco prevention activities. 4 In collaboration with American Legacy, develop the Youth Leadership Institute.

ldentifier	Return Reference	Explanation
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 221,075, Grants and allocations 0, Revenue 0 Other Program Services Provides education training research and technical assistance