

**NEIGHBORHOOD DEVELOPMENT FUND**  
**Not-for-Profit Transmittal and Approval Form**

**Applicant/Program:** Project One  
**Applicant Requested Amount:** \$10,000  
**Appropriation Request Amount:** \$10,000

**Executive Summary of Request**

Mission is to address it vision by assisting disadvantaged youth ages 13 and up to complete high school and transition successfully into post education and career employment.

Is this program/project a fundraiser?  Yes  No  
Is this applicant a faith based organization?  Yes  No  
Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

3      Tony C. Korbidge      \$10,000      11-12-18  
District #      Primary Sponsor Signature      Amount      Date

*(RFQ)*

**Primary Sponsor Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:**

\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**NEIGHBORHOOD DEVELOPMENT FUND  
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*Memo 12/4/18*

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

3 District #      *Tung C. Kwohbridge* Primary Sponsor Signature      \$10,000 Amount      11-12-18 Date

**Primary Sponsor Disclosure**  
 List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:**

\_\_\_\_\_ Date  
 Appropriations Committee Chairman  
 Final Appropriations Amount: \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Project Early Employment and Training Time - Project One

**Program Name and Request Amount** \$10,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes
Prepared by: <i>Deanna Jordan</i>	Date: <i>11-12-18</i>

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Project One, Inc.			
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 2600 West Broadway, Suite 301, Louisville, KY 40210			
<b>Website:</b> project1inc.org			
<b>Applicant Contact:</b>	Dr. Charles J. King	<b>Title:</b>	President/CEO
<b>Phone:</b>	Office: (502) 778-1003 Cell: (502) 494-5366	<b>Email:</b>	kingcmep1@aol.com
<b>Financial Contact:</b>	Dr. Charles J. King	<b>Title:</b>	President/CEO
<b>Phone:</b>	Office: (502) 778-1003 Cell: (502) 494-5366	<b>Email:</b>	kingcmep1@aol.com
<b>Organization's Representative who attended NDF Training:</b> Mrs. Latoya Pryor & Mrs. Jessie Daniels			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	2600 West Broadway, Louisville, KY 40210 & Crown Plaza Hotel, 830 Phillips Lane, Louisville 40208		
<b>Council District(s):</b>	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, & 13	<b>Zip Code(s):</b>	40202, 40203, 40204, 40206, 40210, 40211, 40214, 40215, 40216, 40218, & 40219
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Project Early Employment and Training Time (EEATT) Extension of Services:			
<b>Total Request: (\$)</b>	10,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	50,000
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	Louisville Metro Government	<b>Amount: (\$)</b>	20,000
<b>Source:</b>	Louisville Metro Council	<b>Amount: (\$)</b>	30,000
<b>Source:</b>	Christian Episcopal Church	<b>Amount: (\$)</b>	55,382
<b>Has the applicant contacted the BBB Charity Review for participation?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Has the applicant met the BBB Charity Review Standards?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### AGENCY DETAILS

#### Describe Agency's Vision, Mission and Services:

**Project One's Vision.** Project One's vision is that good citizenship will prevail among youth when integrated, coordinated and systemic collaborations exist among the home-, school-, community-, faith-based, and not-for-profit educational organizations.

**Project One's Mission.** Project One's mission is to address its vision by assisting disadvantaged youth, ages 13 and up, to complete high school and transition successfully into post secondary education, meaningful employment opportunities, and career-ladder job placements, through its Project Early Employment and Training Time (EEATT) initiative, an employability skills training and summer job-shadowing/work experience program.

**Project One's Services:** Project One provides the following seven bulleted services:

- **Employability Skills Training:** EEATT engages middle- and high-school, and post secondary, economically, disadvantaged youth in employability skills training (identification of jobs, requirements to obtain a job and retain a job). In 2018, EEATT engaged 300 youth in employability skills training, but because of limited funding, 105 (35%) of the 300 youth were placed in job-shadowing/work experiences.
- **Employability Assessments:** EEATT youth complete a Project One's locally development assessment to determine their knowledge of employment requirements.
- **Resume' Development:** Each EEATT youth learn about and complete a resume'.
- **Exit interview:** EEATT students who complete all EEATT requirements participate in an exit interview to discuss their interests, skills and possible job-shadowing/work-experience placements.
- **Summer Job-Shadowing/Work Experiences:** Each year, Project One places at least 100 EEATT youth in job-shadowing/work experiences. During the summer of 2018, a total of 105 of 300 EEATT-trained youth participated in job-shadowing/work experiences, with each student receiving a stipend of \$100 per week for each week of work. A total of 69 youth worked five weeks and received a stipend of \$500.00. A total of 36 youth worked from two to four weeks and received \$100 per week for the number of weeks worked.
- **Year-round Educational Support through the Use of Technology:** EEATT students are not in school during the summer and, therefore, are not in school classes to receive homework. Therefore, this service is used mostly during the school year, as class assignments are given and educational topics are discussed.

**Page 2(a) Continuation of Project One Services of Louisville Metro Council Neighborhood Development Fund**

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- **An Annual Year-end Celebratory Event (a banquet, when funding is available):** Each year, Project One volunteers engage the EEATT youth, their parents/guardians, and Project One partners in activities that help build the youth's positive self-esteem. Key activities include the introduction of the youth to Project One's sponsors, the awarding of certificates of achievement to the EEATT youth, the introduction of Project One's partners and presentation of honorary awards to the partners for their support of Project One, and the provision of an awards dinner for each banquet attendee.

C.K.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION B - PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

**Project Description**

Through this proposed extended program of EEATT services, Project One will enhance the capability of youth in its summer program to remain successful in their endeavors, on a continuing basis, during and after-school hours. EEATT's extended services will occur through a two-month program of activities that will extend from the project start-up date of mid-November 2018 to the project ending date of December 31, 2018.

As indicated on page 1 of this application, youth in Project One's summer EEATT program are members of low-income families in inner city Louisville Metro, including eastern, western, and southwestern Louisville Metro; Shively; and unincorporated areas of Jefferson County. The zip codes for the target areas are 40202, 40203, 40204, 40206, 40210, 40211, 40212, 40213, 40214, 40215, 40216, 40218, and 40219.

Project One proposes to provide three extended program services by implementing the following six activities:

- By the end of the Grant acceptance period, November 7, 2018 or thereabouts, Project One volunteers will purchase office supplies for the provision of its extended program services.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

Project One will use the requested grant funds to cover the costs of Office Supplies, Contractual Printing and Development of Partnership Awards, and a Year-end Celebratory Event (a banquet), as described below:

1. **Office Supplies:** To design Project One's 2018 Annual Program Booklet, to design and print Project One's EEATT Certificates of Achievement, to develop program attendance sign-in sheets, copy and print Internet information about deportment (etiquette and social skills training), collect, analyze and maintain data and information for evaluation, purchase Member's Mark Multipurpose Copy Paper, 20 lbs., 92 Bright, 8.5"x11"-10 Ream Case at a total \$58.00 and 4 individual boxes of 970XL Color Ink (black, cyan, magenta, and yellow) at \$160.00/box for a total \$640.00. To maintain information about deportment and cursive writing on an ongoing basis, purchase 2/Bundles Kertz Bros., Inc Print-write Practice Paper, 8.5"x11" at a total cost of \$28.00; and to maintain data and information for project evaluation, purchase 2 boxes of Expanding File Pockets, 3 1/2" Expansion Letter, 25/Box at \$87.00. Total cost of Office Supplies is \$811.00.
2. **Professional Contractual Services:** Printer of 200 Project One's 42-page, 2018 Annual Program Booklets at \$4.87/booklet for a total of \$973.48; Developer of 4 Partnership Awards at an estimated cost of \$250/award for a total of \$1,000. Total estimated cost of Professional contractual services is \$1,973.48, rounded to \$1,974.

**Page 4(a) Continuation of Project Description and Description of How Funding will be spent of the Louisville Metro Council Neighborhood Development Fund Application**

**Continuation of Project Description**

- **By November 15, 2018**, Project One volunteers will design a 2018 Annual Program Booklet that describes the 105 youths' and partners' 2018 involvement in EEATT--Project One's summer job-shadowing/work experiences. The volunteers also will design and print Certificates of Achievement for the EEATT participants.
- **By the end of November 2018**, Project One volunteers will deliver the designed 2018 Annual Program Booklet to a contractual printer for editing and printing of an estimated 200 booklets, and will select and purchase honorary awards for Project One's partners.
- **By December 5, 2018 through December 31, 2018**, Project One volunteers will engage the 105 EEATT program students in life-long learning solutions, to include deportment training (etiquette and social skills development) and the necessity of learning cursive writing. Students will maintain a folder containing information about deportment and cursive writing for their continued practice during in- and out-of-school time.
- **By December 9, 2018**, Project One volunteers will pick-up the 200 printed 2018 Annual Program Booklets from a contractual printer for distribution to students, parents, partners, and interested guests in attendance at the proposed annual banquet to be held in mid-December 2018; and, also will pick-up or have delivered awards for presentation to Project One's partners.
- **By the tentative date of December 13, 2018**, Project One volunteers will engage 105 EEATT program youth and their parents/guardians, Project One program partners and supporters in the proposed year-end celebratory event (a banquet) to introduce the EEATT program youth, present certificates to the youth for their accomplishments, and present awards to the Project One partners for their interest and demonstrated support of Project One, including the provision of dinner for banquet attendees.

**Continuation of Description of How Funds will be spent**

3. **Year-end Celebratory Event (a proposed banquet):** Cost of 150 adult dinners @ \$36/dinner and 10 children's plates @ \$10/plate, plus a service charge of \$1,210 (22%) for a total food cost of 6,710; cost of Audio Visuals (AV) & Other Hotel Charges: a Riser @ \$225, a Standing Podium @ \$85, Standard Wired Microphone(s) @ \$50 for a total of \$360, plus a service charge of \$79.20 (22%) for a total cost of \$439.20 for AV & Other items; cost of Dining Room @ \$225; and cost of two hotel rooms for banquet preparation @ \$236.54. Total Estimated Cost of Year-end Celebratory Event is \$7,610.74, rounded to \$7,611.

**The total project cost is \$10,396. Project will assume the cost of the difference of \$396.00.**

*C.K.*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

No, this request is not for a fundraiser.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances: *Funds will cover the costs of an annual banquet, Annual program booklet, Awards & Supplies, Professional contracts*

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

**Page 5(a) Continuation of Program's Benefits and Project One's Process for Collecting Data and Information that Will Measure the Benefits of the Services Proposed in this Louisville Metro Council Neighborhood Development Fund Application**

**Continuation of Program's Benefits**

experience program and by participating in department training activities, Project One's EEATT program youth will improve their positive self-esteem, as evidenced by their ability to act appropriately in training classes, to dress and speak appropriately at the proposed annual banquet, and by an attendance sign-in sheet indicating their attendance in training and participation at a year-end celebratory event (the proposed annual banquet).

**Project One's Process for Collecting Data and Indicators that Will Measure the Benefits of the Services Proposed in this Application follows.**

**Project One volunteers** will collect, analyze and maintain data and information to track and measure the benefits of the three services proposed in this application. The data and information will include 1) invoices for the purchase of office supplies for the extended program of services, 2) contractual services, 3) the annual banquet, 4) the results of pre- and post inventories about deportment and cursive writing, including actual cursive writing, and 5) the volunteers' observations of the youth's appropriate behavior in training classes, and appropriate dress and conversational skills at the year-end celebratory event (the proposed annual banquet).

**Project One volunteers** will complete and submit an evaluation report, within 30 days after the project ends, as required and indicated in a signed Grant Agreement with the Louisville Metro Council.

C.K.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

Project One's proposed services, as stated in measurable terms, will benefit at least 105 EEATT program youth as follows:

1. **By the end of the proposed project period, December 31, 2018, after participating in three, 2-hour training sessions about deportment**, at least 98% of the 105 EEATT program youth will indicate their improved knowledge of deportment (etiquette and social skills), as measured by a record of their attendance on Project One's attendance sign-in sheets, their completion of a Project One-designed pre- and post inventory about deportment, and the Project One volunteers' observation of the youth's behavior at the proposed 2018 Year-end Celebratory Event (the proposed annual banquet).
2. **By the end of the proposed project period, December 31, 2018, after five, 2-hour sessions of training in cursive writing**, at least 90% of the 105 EEATT program youth will indicate their knowledge of the need for cursive writing and demonstrate their ability to write cursively, as measured their by attendance sign-in sheets, their completion of a Project One-designed, pre- and post, inventory about the necessity of cursive writing, and their ability to write their name and at least 10 words cursively.
3. **By engaging in the proposed year-end celebratory event (the Annual Banquet) on the tentative date of December 13, 2018**, with their parents/guardians, Project One program partners and supporters, by receiving certificates for their accomplishments in the summer job-shadowing/work

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

**Louisville Metro Government:** Provided \$20,000 to Project One for its Summer Job-Shadowing/Work Experience Program.

**Louisville Metro Council:** Increased Louisville Metro's \$20,000 allocation by \$30,000, bringing the total Summer Job-Shadowing/Work Experience funding to \$50,000.

**Jefferson County Public Schools (JCPS) Community Support Programs Staff** assists in identifying and recommending students to project One, and JCPS middle and high schools, and family resource and youth service centers, and community schools provided summer job-shadowing/work experiences for Project One youth.

**Local Businesses, schools and not-for-profit organizations provided job-shadowing/summer work experiences for Project One students which follow:** Anderson Business Group (3 students); Audubon Animal Hospital (2 students); Baker's Learning Center (1 student); Bridging the Gap Learning Academy (2 students); Bright Beginnings Child Care Center (4 students); Cable Baptist Church: The Potter House (4 students); Central High School (4 students); Dixie Kids Academy (1 student); Farnsley/CaneRun Community Schools (2 students); Future Pioneers Learning Center Inc. (3 students); Highland Park Community Dev. Corporation (2 students); J'Adore Beauty N More

**Page 6(a) Continuation of Collaborative Relationships that Project One has with Other Community Organizations**

**Project One Collaborations Continued**

(3 students); Highland Park Community Dev. Corporation (2 students); J'Adore Beauty N More (1 student); Johnson Middle School (10 students); Kiddie College of Louisville (6 students); Kiddie College 2 Prep (3 students); King's Kids Child Care Center (1 student); Kids Are Us (1 student); Learn and Grow Child Care Center (1 student); Lil Genius Child Care Center (1 student); Little Smiles Learning Academy (3 students); Medlife Fit Medical Preston Street Site (1 student); My Chosen People Family Life Center (Non-profit Organization (2 students); Neighborhood House (8 students); New Directions Housing Corporation (8 students); New Jerusalem Apostolic Church (2 students); Omni Medical Center (Dr. Giles) (2 students); Project One, Inc. (7 students); Louisville Metro Parks and Recreation (Parkway Place [Park Hill] Public Housing) (1 student); St. Stephen Family Life Center (4 students); Shawnee Transformation Youth Coalition (10 students); Sugar by Stacy (1 student); Temple Academy Learning Center (2 students); Whispering Woods (4 students); and YMCA (1 Student)

**Specifically**, these partners, upon request, will assist with training about deportment and cursive writing, and will attend the banquet proposed in this application to help celebrate and honor Project One's youth for their accomplishments/achievements in the job-shadowing/work experiences. The partners will continue to help Project One realize its vision and mission, as stated previously on page 2 of this application.

C.K.

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Mrs. Marita Willis, Co-Chair, Vice4 President, PNC Bank	Perpetual Term Limit
Dr. Allene Gold, Co-Chair, Retired JCPS Educator	Perpetual Term Limit
Mrs. Alice Lucile Martin, Secretary and Treasurer (Emeritus)	Perpetual Term Limit
Dr. Charles King, President and CEO	Perpetual Term Limit
Dr. Raymond Burse, Attorney, General Electric	Perpetual Term Limit
Mrs. Kim Sweazy, Community Relations, Toyota	Perpetual Term Limit
Ms. Vickie Greathouse, Human Resources, Louisville Metro Housing Authority	Perpetual Term Limit
Dr. Ralph Fitzpatrick, Vice President, University of Louisville	Perpetual Term Limit
Dr. Keith Knapp, President Christian Care Communities	Perpetual Term Limit
Mr. Greg Nichols, President, Auto Air	Perpetual Term Limit
Mr. Jim Strickland, President, Computer Support	Perpetual Term Limit
Miss Edith Thrower, Insurance Leader, Cincinnati, OH	Perpetual Term Limit
Mrs. CheRhonda Greenlee, President, Reality First	Perpetual Term Limit

**Describe the Board term limit policy:**

**Each Trustee has a perpetual term limit, as described in Project One's Articles of Incorporation. See Attachment 4 of this application.**

Three Highest Paid Staff Names	Annual Salary
Project One's staff members are volunteers. Their names are available upon request.	No annual salaries exist.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	0	0	0
<b>B: Rent/Utilities</b>	0	27,900	27,900
<b>C: Office Supplies</b>	811	0	811
<b>D: Telephone</b>	0	2,868	2,868
<b>E: In-town Travel</b>	0	0	0
<b>F: Client Assistance (See Detailed List on Page 8)</b>	0	0	0
<b>G: Professional Service Contracts</b>	1,974	0	1,974
<b>H: Program Materials</b>	0	15,525	15,525
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	7,215	396	7,611
<b>J: Machinery &amp; Equipment</b>	0	7,025	7,025
<b>K: Capital Project</b>	0	0	0
<b>L: Other Expenses (See Detailed List on Page 8)</b>	0	1,668	1,668
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	10,000	55,382	65,382
<b>% of Program Budget</b>	15.3 %	84.7 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	55,382
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	55,382

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2) = 3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>ANNUAL BANQUET</b>			
Cost of 150 adult dinners @ \$36/dinner and 10 children's plates @ \$10/plate, plus a service charge of \$1,210 (22%) for a total food cost of 6,710	6,314.26 <del>6,710</del>	396	6,710.26
Cost of Audio Visuals (AV) & Other Hotel Charges a Riser @ \$225, a Standing Podium @ \$85, Standard Wired Microphone(s) @ \$50 for a total of \$360, plus a service charge of \$79.20 (22%) for a total AV & Other items cost of \$439.20	439.20	0	439.20
Cost of Dining Room @ \$225			
Cost of Dining Room @ \$225	225	0	225
Cost of two hotel rooms for banquet preparation @ \$236.54.	236.54	0	236.54
Total Estimated			
<b>OTHER EXPENSES</b>			
<del>Office Supplies</del>	<del>811</del>	<del>0</del>	<del>811</del>
<del>Professional Services</del>			
<del>Contracts (2) for Booklets +</del>			
<del>Awards</del>	<del>1,994</del>	<del>0</del>	<del>1,994</del>
<del>Rent/Utilities</del>		<del>27,900</del>	<del>27,900</del>
<del>Telephone</del>		<del>2,868</del>	<del>2,868</del>
<del>Program Materials</del>		<del>15,525</del>	<del>15,525</del>
<del>Machinery &amp; Equipment</del>		<del>7,025</del>	<del>7,025</del>
<del>Other Expenses</del>		<del>1,668</del>	<del>1,668</del>
Cost of Year-end Celebratory Event is \$7,610.74, rounded to \$7,611.			
<b>Total</b>	<del>17,061</del> 10,000 7,215	<del>5,382</del> 2,064	<del>65,382</del> 9,279

mcw 12/4/18

mcw 12/4/18

Applicant's Initials C. King

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
3 Volunteer Program Assistants	50,400	3 Volunteer Program Assistants @ \$10/hr. x an avg. 8 hrs./day x 5 days x 210 days
5 Volunteer Program Assistants @ \$10/hr. x an avg. 4 hrs./day x 3 days/ Wk. x 14 wks.	8,400	5 Volunteer Program Assistants @ \$10/hr. x an avg. 4 hrs./day x 3 days/ Wk. x 14 wks.
Materials of 24 Computers and Monitors UPS (16) & The Christian Methodist Episcopal Church	15,525	Each computer and monitor @ an avg. cost of \$647, rounded to the nearest dollar
CME Church donated Equipment of twenty-four 6'x 2' folding tables & 100+ folding chairs	7,215	124 folding tables and chairs at an avg. cost of 58/table and chair
<b>Total Value of In-Kind</b> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	<b>81,540</b>	

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: January 1, 2018

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:



# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

## SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

<b>Signature of Legal Signatory:</b>	<i>Charles S. King</i>	<b>Date:</b>	11-08-18
<b>Legal Signatory: (please print):</b>	Charles S. King	<b>Title:</b>	President/CEO
<b>Phone: Office:</b> (502) 778-1003	<b>Extension:</b> N/A	<b>Email:</b>	kingcmep1@aol.com
<b>Cell:</b> (502) 494-5366			



Louisville Metro Government  
Office of Management and  
Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Project One, Inc.

Grantee Representative Name: Dr. C. James King, Jr.

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.  
Operating, Capital and Other
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?  
Who made the purchase?, What was purchased?, Where was purchase made?, and When was purchase made?
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Charles J. King  
Grantee Representative Signature

11-08-18  
Date

NOTE: Please return to Roxanne Steele

E-mail address: [Roxanne.Steele@louisvilleky.gov](mailto:Roxanne.Steele@louisvilleky.gov)  
Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

Fax: 502-574-3219

# APPENDICES

ATTACHMENT 1: IRS TAX EXEMPT LETTER

ATTACHMENT 2: STATEMENT ABOUT CURRENT FINANCIAL STATEMENT

ATTACHMENT 3: MOST RECENT IRS FORM 990

ATTACHMENT 4: ARTICLES OF INCORPORATION AND LIST OF BOARD OF TRUSTEES (List of Board of Trustees appear at the end of the Articles of Incorporation.)

ATTACHMENT 5: IRS FORM 990



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

ATTACHMENT 1

In reply refer to: 0248230137  
Nov. 05, 2015 LTR 4168C 0  
61-1314577 000000 00

00016910

BODC: TE

PROJECT ONE INC  
% DR CHARLES KING JR  
2600 W BROADWAY ROOM 301  
LOUISVILLE KY 40211



021493

Employer Identification Number: 61-1314577  
Person to Contact: Ms. Edwards  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 27, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1997.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

C.K.

0248230137  
Nov. 05, 2015 LTR 4168C 0  
61-1314577 000000 00  
00016911

PROJECT ONE INC  
% DR CHARLES KING JR  
2600 W BROADWAY ROOM 301  
LOUISVILLE KY 40211

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

*Doris P. Kenwright*

Doris Kenwright, Operation Mgr.  
Accounts Management Operations 1

# ATTACHMENT 2

## **Financial Statements and Independent Auditor's Review Report**



**December 31, 2017**

**ANDERSON & ANDERSON**  
**Certified Public Accountants**

**Financial Statements  
And  
Independent's Auditor's Review Report**

**Project One, Inc.**

**December 31, 2017**

**C O N T E N T S**

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Independent Auditor's Review Report.....	5
Statement of Financial Activities.....	6
Statement of Financial Position .....	7
Notes to Financial Statements.....	8

Anderson & Anderson  
Post Office Box 1822  
Quincy, FL 32353

# ANDERSON & ANDERSON

March 19, 2018

Project One, Inc.  
Board of Trustees

We have reviewed the accompanied financial statements for THE PROJECT ONE, INC. FOR THE 2017 AUDIT REVIEW and performed certain other tests to ensure that the financial statements and related notes to the financial statements are reasonable, I can attest that PROJECT ONE, INC. appears to be operationally and financially sound.

Given the fact that PROJECT ONE, INC. has had outstanding audit reviews over the years, I can assume that this organization will continue to provide quality service and the supporting documentation for accountability and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatements.

Given that this PROJECT ONE, INC. 2017 Audit Review Report shows the continuing improvement in the financial accounting of which is a testament to the continuing devotion of the Project One, Inc. administration, staff and stakeholders.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Anderson, Jr." with a stylized flourish at the end.

Fred Anderson, Jr.  
Certified Public Accountant



INDEPENDENT AUDITOR'S REVIEW REPORT ON COMPILATION OF  
FINANCIAL STATEMENT

---

We have compiled the accompanying statement of financial position of PROJECT ONE, INC., as of December 31, 2017, and the related statement of activities and cash flow of the year. These financial statements are the responsibility of the Project One, Inc. management. Our responsibility is to express an opinion on the financial statements base on our review.

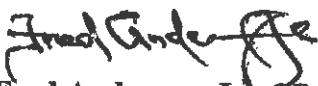
We conducted our review in accordance with auditing standards generally accepted in the United States of America. These standards require that we plan and perform the review to obtain reasonable assurance about whether the financial statements are free of material misstatement. A review includes consideration of internal controls over financial reporting as a basis for designing review procedures that are appropriate in circumstances, but not for the purpose of expressing an opinion on the effectiveness of the programmatic operations.

A compilation is limited to presenting in the form of financial statements' information that is representation of management. We have not audited but reviewed the accompanying financial statements.

We believe that the Audit Review evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**OPINION**

In our opinion, the financial statements reviewed and referred to above present fairly, in all material respects, the financial position of PROJECT ONE, INC as of December 31, 2017, and the changes in its assets and its cash flow for the year ended in accordance with accounting principles generally accepted in the United States of America.

  
Fred Anderson, Jr., CPA  
March 19, 2018

**Project One, Inc.**  
**STATEMENT OF FINANCIAL ACTIVITIES**  
**For The Year Ended December 31, 2017**

**FINANCIAL REPORT**

**JANUARY 1, 2017 – DECEMBER 31, 2017**

<b>Income</b>		<b>2017</b>
	<b>Metro Louisville Grants</b>	<b>\$45,000.00</b>
	<b>Corporations</b>	<b>35,000.00</b>
	<b>Foundation</b>	<b>157,500.00</b>
	<b>Individual Gifts</b>	<b>51,717.00</b>
	<b>CME Church</b>	<b>52,000.00</b>
	<b>The 30<sup>th</sup> Anniversary Gala</b>	<b>38,000.00</b>
	<b>Other Income- including the Job-A Thon</b>	<b>48,631.00</b>
	<b>Kentucky State University Total Income</b>	<b>15,000.00</b>
	<b>Total</b>	<b>442,848.00</b>
<b>Operational Expenses</b>		
	<b>Expense Items</b>	
	<b>Personnel Salaries and Fringe Benefits</b>	<b>17,837.00</b>
	<b>Utilities</b>	<b>30,194.00</b>
	<b>Office Supplies &amp; Equipment Maintenance</b>	<b>35,206.00</b>
	<b>*Restricted Funds</b>	<b>20,027.00</b>
	<b>Program Outreach and Development</b>	<b>199,597.00</b>
	<b>Client Assistance</b>	<b>71,090.00</b>
	<b>Other Expenses-Including the 29th Anniversary Gala</b>	<b>11,272.00</b>
	<b>Insurance &amp; Workman's Comp</b>	<b>\$3,119.00</b>
	<b>After School University &amp; Community Scholars</b>	<b>37,643.00</b>
	<b>Accounting Services and Tax Preparation</b>	<b>2,736.00</b>
	<b>Evaluation</b>	<b>3,802.00</b>
	<b>Payroll Taxes</b>	<b>1,837.00</b>

<b>Telephone</b>	<b>2,590.00</b>
<b>Legal Fees</b>	<b>1,000.00</b>
<b>Postage &amp; Shipping</b>	<b>628.00</b>
<b>Total Expenses</b>	<b>438,578.00</b>
<b>Overall Net Gain(Loss)</b>	<b>4,270.00</b>

**Balance Sheet as of December 31, 2017**

**Assets**

<b>Cash</b>	<b>4,270.00</b>
<b>Property</b>	<b>219,817.00</b>
<b>Scholarship Fund</b>	<b>4,000.00</b>
	<b>228,087.00</b>

**Liabilities**

<b>Equipment</b>	<b>75,924.00</b>
<b>Computers</b>	<b>50,000.00</b>
<b>Total Liabilities</b>	<b>125,924.00</b>

**Equity in the property** **102,163.00**

**Total Liabilities and Equity** **228,087.00**

**Project One, Inc.**  
**NOTES TO STATEMENT OF ACTIVITIES AND POSITION**  
**For The Year Ended December 31, 2017**

**NOTE 1**

**NATURE OF ACTIVITIES**

**Project One, Inc. is a 501c3 organization exempt from income tax. The corporation is organized and operated exclusively for charitable and public purposes. In carrying out its corporate purposes, the corporation shall have all the powers enumerated in Chapter 273.171, ET. seq., of the Kentucky Revised Statutes.**

**In furtherance of the general purposes of the corporation, the purposes of the corporation are to facilitate the economic, educational and social development of inner city youth through training, educational and job development programs. After School Programs and Summer Jobs for economically disadvantaged youth are cornerstones of the organization.**

**NOTE 2**

**BASIS OF ACCOUNTING FOR THE REVIEW**

**The accompanying reviewed financial statements were conducted in accordance with auditing standards generally accepted in the United States of America.**

- A. The Project One classifies its net assets and revenues, gains and losses based on the existence or absence of donor - imposed restrictions.**
- B. Unrestricted: These net assets are not subject to donor-imposed stipulations, and are fully available at the discretion of Project One management and Board of Trustee (the "Board") to utilize in any part to its mission, program or supporting services.**

**NOTE 3**

**INCOME TAXES**

**As stated in the Nature of Activities, Project One, Inc. is a non-profit organization pursuant to Section 501 (c) (3) organization of the IRS, and therefore is tax-exempt.**

**NOTE 4**

**EQUIPMENT AND OFFICE FURNITURE**

**The Book Value of the equipment and office furniture at Project One has been estimated by the management at a cost of \$228,087.00. This estimation was based upon depreciation as laid out by the Tax Consultant in line with the value asset by the Internal Revenue Service.**

**NOTE5**

**MANAGEMENT REVIEW**

**However based on the review and preparation of the financial statements, Anderson & Anderson have found no irregularities involving the administration of officers who have significant roles in the financial internal control structure.**

**NOTE6**

**PROGRAM OUTREACH AND DEVELOPMENT**

**The Project One, Inc. Program Outreach and Development category of expenses consist of 12 programmatic enterprises and they are as follows: 1. The Fatherhood Programs, 2. My Brother's Keeper and My Sister's Keeper, 3. The After-School University for Tutoring and Mentoring 4. Talent and Gifted Scholars Programs, 5. JET (Junior Executive Training) Programs, 6. SEEP (Summer Earning and Enrichment Programs), 7. Community Scholar's Programs for Elementary students, 8. The Mayor's Summer Jobs Program for ages 16 and above, 9. Summer Jobs with The State of Kentucky and Financial Education for youth and adults, 10. EEATT (Early Employment And Training Time) Programs for ages 13-15. 11. State funded programs with The State of Kentucky. 12. STEM (Science, Technology, Engineering and Math) Programs.**

**NOTE7**

**The professional handling of funds by the Director has allowed the Program to service more young people in this year. While the allocation was lower somehow this organization was able to create a use of assets and fund to produce a greater return on the investment made to them. Their ability to do this shows a keen sense of valuing every dollar that is contributed and places it in the development of its constituents.**

**Fred Anderson Jr.**

**Fred Anderson, CPA  
205 N Love St, Quincy, FL 32351  
Phone: 850-627-2920**

# ATTACHMENT 3

Form **8868**

## Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-1709

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter file identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>PROJECT ONE, INC</b>	Employer identification number (EIN) or <b>61-1314577</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2600 W BROADWAY, Room 301</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40211</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MICHAEL ANDERSON

Telephone No. ▶ (502) 778-1003 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 . . . . .  . 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.

**1** I request an automatic 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 17 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered on line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

# Return of Organization Exempt From Income Tax

**2017**

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **PROJECT ONE, INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2600 W BROADWAY 301**  
 City or town State ZIP code  
**LOUISVILLE KY 40211**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
**61-1314577**

**E** Telephone number  
**(502) 776-1003**

Gross receipts \$ **442,848**

**F** Name and address of principal officer:  
**DR. CHARLES J. KING JR. 2600 BROADWAY, LOUISVILLE, KY 40211**

H(a) Is this a group return for multiple states?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other **501 (C) 3** L Year of formation: **1986** M State of legal domicile: **KY**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE AN AVENUE IN WHICH TO PREPARE THE DISADVANTAGE YOUTH OF THE LOUISVILLE AREA TO BECOME JOB READY AND TO BE IN A POSITION TO COMPLETE AT LEAST THEIR HIGH SCHOOL DIPLOMA.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2017 (Part VII, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	356,050	442,848
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	356,050	442,848
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,780	19,674
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <b>21,495</b>		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	337,669	418,904	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	353,449	438,578	
19 Revenue less expenses. Subtract line 18 from line 12	2,601	4,270	
Net Assets or Fund Balances	20 Total assets (Part X, line 1b)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 2b)	356,050	442,848
	22 Net assets or fund balances. Subtract line 21 from line 20	353,449	438,578
		2,601	4,270

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **CHARLES J. KING JR.** Date: **3/13/2018**  
 Type or print name and title: **CHIEF EXECUTIVE OFFICER**

**Paid Preparer Use Only**

Print/Type preparer's name: **DR. ROBERT PEOPLES** Preparer's signature: **DR. ROBERT PEOPLES** Date: **3/13/2018** Check  if self-employed PTIN: **P00454846**

Firm's name: **PEOPLES TAX CONSULTANT, INC** Firm's EIN: **93-1335802**

Firm's address: **121 S. MADISON STREET, QUINCY, FL 32351** Phone no.: **(850) 662-1554**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No



Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
PREPARE YOUTH FOR SUMMER JOB IN THE LOUISVILLE AREA WITH THE ANTICIPATION THAT THIS MAY LEAD TO EMPLOYMENT WITH THESE COMPANIES UPON GRADUATION FROM HIGH SCHOOL. WHILE PREPARING THESE DISADVANTAGE YOUTH WITH AN AVENUE TO GET INTO COLLEGE AND FURTHER EDUCATION EITHER IN A 4 YEAR COLLEGE OR SOME TRAINING OR TRADE SCHOOL PROGRAM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ Revenue \$ )
YOUTH SUMMER JOBS

4b (Code: ) (Expenses \$ including grants of \$ Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ Revenue \$ )

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 0

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership fees, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c Did the organization report an amount for investment—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 . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investment valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .	X	
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 . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.		X
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
<b>b</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.		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		X
<b>36</b> <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.		X
<b>37</b> 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.		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V.

		Yes		No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0		
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?	1c	X		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions).	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X	
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 as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		X	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	0		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	0		
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders.	11a	0		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	0		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	0		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		X	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	0		
c	Enter the amount of reserves on hand.	13c	0		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		X	

Part VI

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows 17-20. Includes questions about filing states, public inspection, and books and records.

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. JONATHAN LOTT CHAIRPERSON	10.00 0.00	X		X						
(2) DR. ALLENE GOLD VICE CHAIR-PERSON	10.00 0.00	X		X						
(3) MR. MICHAEL ANDERSON SEC - TRES	10.00 0.00	X		X		X				
(4) DR. CHARLES KING JR. CEO	10.00 0.00			X	X	X				
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	0	0	

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.		X
<b>4</b> 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.		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.		X

**Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a 0				
	b	Membership dues . . . . .	1b 0				
	c	Fundraising events . . . . .	1c 86,631				
	d	Related organizations . . . . .	1d 0				
	e	Government grants (contributions) . . . . .	1e 45,000				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 311,217				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .	0				
	h	<b>Total.</b> Add lines 1a-1f . . . . .	▶ 442,848				
	Program Service Revenue			Business Code			
2a		-----	0				
b		-----	0				
c		-----	0				
d		-----	0				
e		-----	0				
f		All other program service revenue . . . . .	0				
g	<b>Total.</b> Add lines 2a-2f . . . . .	▶ 0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	▶ 0				
	4	Income from investment of tax-exempt bond proceeds . . . . .	▶ 0				
	5	Royalties . . . . .	▶ 0				
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
				0			
				0			
	b	Less: rental expenses . . . . .	0				
	c	Rental income or (loss) . . . . .	0				
	d	Net rental income or (loss) . . . . .	▶ 0				
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
			(ii) Other				
				0			
				0			
	b	Less: cost or other basis and sales expenses . . . . .	0				
c	Gain or (loss) . . . . .	0					
d	Net gain or (loss) . . . . .	▶ 0					
8a	Gross income from fundraising events (not including \$ 86,631 of contributions reported on line 1c). See Part IV, line 1a . . . . .	a 86,631					
b	Less: direct expenses . . . . .	b 0					
c	Net income or (loss) from fundraising events . . . . .	▶ 0					
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a 0					
b	Less: direct expenses . . . . .	b 0					
c	Net income or (loss) from gaming activities . . . . .	▶ 0					
10a	Gross sales of inventory, less returns and allowances . . . . .	a 0					
b	Less: cost of goods sold . . . . .	b 0					
c	Net income or (loss) from sales of inventory . . . . .	▶ 0					
Miscellaneous Revenue		Business Code					
11a	-----	0					
b	-----	0					
c	-----	0					
d	All other revenue . . . . .	0					
e	<b>Total.</b> Add lines 11a-11d . . . . .	▶ 0					
12	<b>Total revenue.</b> See instructions . . . . .	▶ 442,848	0	0	0		



**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).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 . . . . .	0		0	
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 . . . . .	17,837	12,486	4,477	874
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .	1,837	1,286	461	90
11	Fees for services (non-employees):				
a	Management . . . . .	0			
b	Legal . . . . .	1,000	700	250	50
c	Accounting . . . . .	3,000	2,100	750	150
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0		0	
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	35,206	24,644	8,837	1,725
14	Information technology . . . . .	7,440	5,208	1,867	365
15	Royalties . . . . .	0			
16	Occupancy . . . . .	0			
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	0	0	0	0
23	Insurance . . . . .	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	RENT	21,877	15,314	5,491	1,072
b	PROGRAM MATERIAL	320,179	224,125	80,365	15,689
c	UTILITIES	30,202	21,141	7,581	1,480
d	LOAN REPAYMENT	0			
e	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	438,578	307,004	110,079	21,495
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	356,050	<b>3</b>	442,848
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>6</b>	
	<b>8</b> Inventories for sale or use . . . . .	0	<b>7</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>8</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .		<b>9</b>	
	<b>b</b> Less: accumulated depreciation . . . . .			
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>10c</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>11</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>13</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>14</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 26) . . . . .	356,050	<b>15</b>	0	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	356,050	<b>16</b>	442,848
	<b>18</b> Grants payable . . . . .	353,449	<b>17</b>	438,578
	<b>19</b> Deferred revenue . . . . .	0	<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>20</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>25</b> Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>24</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	353,449	<b>25</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	0	<b>26</b>	438,578
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>27</b>	
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>28</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	2,601	<b>31</b>	4,270
<b>33</b> <b>Total net assets or fund balances.</b> . . . . .	2,601	<b>32</b>	4,270	
<b>34</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	356,050	<b>33</b>	442,848	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	442,848
2	Total expenses (must equal Part IX, column (A), line 25)	2	438,578
3	Revenue less expenses. Subtract line 2 from line 1	3	4,270
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,601
5	Net unrealized gains (losses) on investments	5	-2,601
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,270

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		X

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4847(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

PROJECT ONE, INC

Employer identification number

61-1314577

**Part I 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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s). 0

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>						0	0

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	443,868	461,248	438,185	356,050	442,848	2,142,199
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	443,868	461,248	438,185	356,050	442,848	2,142,199
<b>5</b> 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 (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						2,142,199

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .	443,868	461,248	438,185	356,050	442,848	2,142,199
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						2,142,199
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	100.00%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	15	100.00%
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	313,397	342,248	330,554	292,050		1,278,249
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0					0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	130,471	119,000	107,631	51,000		421,102
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0			0		0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	443,868	461,248	438,185	356,050	0	1,699,351
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.) . . . . .						1,699,351

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 . . . . .	443,868	461,248	438,185	356,050	0	1,699,351
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) . . . . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	443,868	461,248	438,185	356,050	0	1,699,351
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	100.00%
16 Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	16	100.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	18	0.00%

- 19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .
- b **33 1/3% support tests—2016.** 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 . . . . .
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4957(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a grant to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	<b>1</b>	X
	<b>2</b>	X

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>	X

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	<b>1</b>	X
	<b>2</b>	X
	<b>3</b>	X

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a** The organization satisfied the Activities Test. Complete line 2 below.
  - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	<b>2a</b>	X
	<b>2b</b>	X
	<b>3a</b>	X
	<b>3b</b>	X



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.		
5	Depreciation and depletion	0	0
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by .035.	0	0
7	Recoveries of prior-year distributions	0	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	0	0
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)		0
2	Enter 85% of line 1		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		0
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		0
10	Line 8 amount divided by line 9 amount		0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013 . . . . .	0		
c	From 2014 . . . . .	0		
d	From 2015 . . . . .	0		
e	From 2016 . . . . .			
f	<b>Total</b> of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2013 . . . . .	0		
b	Excess from 2014 . . . . .	0		
c	Excess from 2015 . . . . .	0		
d	Excess from 2016 . . . . .	0		
e	Excess from 2017 . . . . .	0		

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

CLIENT COPY

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

PROJECT ONE, INC

Employer identification number

61-1314577

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization  
PROJECT ONE, INC

Employer identification number  
61-1314577

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. DAVID JONES SR 471 W MAIN STREET SUITE 202 LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GHEENS FOUADATION 401 W. MAIN STREET LOUISVILLE KY 40205 Foreign State or Province: Foreign Country:	\$ 50,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHRISTIAN METHODIST EPISCOPAL CHURCH 8044 MONTGOMERY ROAD CICINNATI OH 45236 Foreign State or Province: Foreign Country:	\$ 52,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TOYOTA FOUNDATION 1001 CHERRY BLOSSOM WAY GERMANTOWN KY 40324 Foreign State or Province: Foreign Country:	\$ 37,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MSD 700 W LIBERTY STREET LOUISVILLE KY 40203 Foreign State or Province: Foreign Country:	\$ 25,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CRALLE FOUNDATION 614 MAIN STREET SUITE 2500 LOUISVILLE KY 40202-4252 Foreign State or Province: Foreign Country:	\$ 15,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
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Employer identification number  
61-1314577

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NORTON HEALTH CARE 234 E GRAY STREET SUITE 450 LOUISVILLE KY 40202 Foreign State or Province: _____ Foreign Country: _____	\$ 12,500	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	L G & E 220 W MAIN STREET LOUISVILLE KY 40202 Foreign State or Province: _____ Foreign Country: _____	\$ 7,500	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BROWN FORMAN 850 DIXIE HIGHWAY LOUISVILLE KY 40210 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KOSAIR CHARITIES FOUNDATION 962 EASTERN PARKWAY LOUISVILLE KY 40217 Foreign State or Province: _____ Foreign Country: _____	\$ 45,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	UPS FOUNDATION 55 GLENLAKE PARKWAY, NE ATLANTA GA 30328 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	OWSLEY AND CHRISTY BROWN 333 EAST MAIN STREET, SUITE 401 LOUISVILLE KY 40202 Foreign State or Province: _____ Foreign Country: _____	\$ 2,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
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Employer identification number  
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	A. LUCILLE MARTIN 614 E HILL STREET LOUISVILLE KY 40217 Foreign State or Province: Foreign Country:	\$ 2,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	GEORGE MERRIFIELD EXECUTIVE DIRECTR ST JUDE FOUNDATION 3146 LOUISVILLE KY 40211 Foreign State or Province: Foreign Country:	\$ 2,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SANDY METTS 4014 DUTCHMANS LANE SUITE 15 LOUISVILLE KY 40207 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	METRO LOUISVILLE 601 W JEFFERSON STREET LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ 38,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	TELEPHONE 2600 W BROADWAY LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ 48,631	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	27TH ANNIVERSARY GALA 2600 W BROADWAY LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ 38,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
PROJECT ONE, INC

Employer identification number  
61-1314577

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DR. CHARLES J KING JR 1111 LEDBURY WAY LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	DR. ROBERT PEOPLES 237 N LOWE STREET QUINCY FL 32351 Foreign State or Province: Foreign Country:	\$ 3,717	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	DR. ED WIMBERLY 700 MARTIN LUTHER KING DR SW ATLANTA GA 30314-4113 Foreign State or Province: Foreign Country:	\$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	MRS. ANDREA JACKSON 8505 OLD BAINBRIDGE RD LOUISVILLE KY 40294 Foreign State or Province: Foreign Country:	\$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	PNC FOUNDATION 249 FIFTH AVE ONE PNC PLAZA PITTSBURGH PA 15253 Foreign State or Province: Foreign Country:	\$ 7,500	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	KENTUCKY STATE UNIVERSITY 400 EAST MAIN STREET FRANKFORT KY 40601 Foreign State or Province: Foreign Country:	\$ 15,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  
PROJECT ONE, INC

Employer identification number  
61-1314577

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization <b>PROJECT ONE, INC</b>	Employer identification number 61-1314577
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ For. Prov. _____ Country _____		_____ _____ _____	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ For. Prov. _____ Country _____		_____ _____ _____	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ For. Prov. _____ Country _____		_____ _____ _____	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ For. Prov. _____ Country _____		_____ _____ _____	

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

PROJECT ONE, INC

Employer identification number

61-1314577

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ . . . . .	
4 Number of states where property subject to conservation easement is located ▶ . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ . . . . .	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$
(ii) Assets included in Form 990, Part X . . . . .	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$
b Assets included in Form 990, Part X . . . . .	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	0
e Distributions during the year	
f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21 for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0	0	0
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		
(ii) related organizations		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	0
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	0
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	0

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	0
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	0
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	0

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

PROJECT ONE, INC

Employer identification number

61-1314577

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-tota</b> . . . . .	0	0			0
<b>b Total from continuation sheets to Part I</b> . . . . .	0	0			0
<b>c Totals (add lines 3a and 3b)</b>	0	0			0

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization reported grants and other assistance on Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶
- 3 Enter total number of other organizations or entities . . . . . ▶



**Part III**

**Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					

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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) . . . . .  Yes  No

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**Part V**

**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

PROJECT ONE, INC

Employer identification number

61-1314577

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
<b>Total</b>					0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

KY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		TELETHON (event type)	2ND ANNIVERSAR (event type)	NONE (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts . . . . .	48,631	38,000	0	86,631	
	2	Less: Contributions . . . . .			0	0	
	3	Gross income (line 1 minus line 2) . . . . .	48,631	38,000	0	86,631	
Direct Expenses	4	Cash prizes . . . . .			0	0	
	5	Noncash prizes . . . . .			0	0	
	6	Rent/facility costs . . . . .			0	0	
	7	Food and beverages . . . . .			0	0	
	8	Entertainment . . . . .			0	0	
	9	Other direct expenses . . . . .			0	0	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .					0
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .					86,631

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue . . . . .			0	
Direct Expenses	2	Cash prizes . . . . .			0	
	3	Noncash prizes . . . . .			0	
	4	Rent/facility costs . . . . .			0	
	5	Other direct expenses . . . . .			0	
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				0
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				0

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a		%
b An outside facility	13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ 0

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_ 0

Description of services provided ▶ \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_ 0

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

PROJECT ONE, INC

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) No.
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						

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

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

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

HTA





**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

PROJECT ONE, INC

61-1314577

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . \$

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$	0					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

PROJECT ONE, INC

Employer identification number

61-1314577

Form 990, Part I, Section B, Line 25: FORM 990 PROGRAM AND OUTREACH DEVELOPMENT

CLIENT COPY

Name of the organization

Employer identification number

PROJECT ONE, INC

61-1314577

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### Tax Information Authorization

- ▶ Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.
- ▶ Don't sign this form unless all applicable lines have been completed.
  - ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

Received by:  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date \_\_\_\_\_

**1 Taxpayer Information.** Taxpayer must sign and date this form on line 7.

Taxpayer name and address PROJECT ONE, INC  2600 W BROADWAY, Room 301 LOUISVILLE, KY 40211	Taxpayer identification number 61-1314577  Daytime telephone number (502) 778-1003  Plan number (if applicable)
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**2 Appointee.** If you wish to name more than one appointee, attach a list to this form. Check here if a list of additional appointees is attached

Name and address  DR. ROBERT PEOPLES 121 S. MADISON STREET QUINCY, FL 32351	CAF No. 5005-81460R PTIN P00454846 Telephone No. (850) 875-1554 Fax No. (850) 875-9300 Check if new: Address <input checked="" type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
---	--

**3 Tax Information.** Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec.4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
	990		

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6

**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box
- Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.
- b If you don't want any copies of notices or communications sent to your appointee, check this box

**6 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

- ▶ IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.
- ▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title (if applicable) **CHIEF EXECUTIVE OFF**

**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

		Cash	Noncash
1	Federated Campaigns . . . . .		
2	Membership dues . . . . .		
3	Fundraising events . . . . .	86,631	
4	Related organizations . . . . .		
5	Government grants (contributions) . . . . .	45,000	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	CORPORATE	35,000	
	FOUNDATIONS	157,500	
	CME CHURCH	5,000	
	INDIVIDUAL GIFT	51,717	
	KENTUCKY STATE UNIVERSITY	15,000	
6	Other contributions total . . . . .	314,917	0
7	Total . . . . .	442,848	0

**Part X, Line 3 (990) - Pledges and Grants Receivable**

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	CORPORATION	28,190	35,000		
2	FOUNDATION	138,915	157,500		
3	CHRISTIAN METHODIST EPISCOPAL CH	32,480	52,000		
4	INDIVIDUAL	49,305	51,717		
5	FUND RAISER	30,780	38,000		
6	GOVERNMENTAL	36,130	45,000		
7	KENTUCKY STATE UNIVERSITY		15,000		
8	TELEPHONE	40,250	86,631		
9		0		0	
10		0		0	
11	Total pledges and grants receivable . . . . .	358,050	442,848	0	0

CLIENT COPY

**Part X, Line 7 (990) - Other Notes**

		<b>Total:</b>	130,800	0	0	0
<b>Borrower's name</b>		<b>Original amount</b>	<b>Net balance due beginning of year</b>	<b>Balance due end of year</b>	<b>Allowance for doubtful accounts end of year</b>	
1	DR. CHALRES KING	130,800	0			
2	MRS. A LUCILE MARTIN		0			OPERATION

CLIENT COPY

# ATTACHMENT 4

## ARTICLES OF INCORPORATION OF PROJECT ONE, INC.

RECEIVED & FILED  
FEB 13 8 47 AM 1966  
JOHN W. ...

The undersigned incorporator executes these articles of incorporation for the purpose of forming and does hereby form a non-profit, non-stock corporation for charitable and public purposes pursuant to the provisions of KRS 273.161 et seq., as follows --

### ARTICLE I Name

The name of the corporation is PROJECT ONE, INC.

### ARTICLE II Purposes and Powers

A. The corporation is organized and operated exclusively for charitable and public purposes. In carrying out its corporate purposes, the corporation shall have all the powers enumerated in Chapter 273.171, et. seq., of the Kentucky Revised Statutes.

B. In furtherance of the general purposes of the corporation, the purposes of the corporation are to facilitate the economic, educational and social development of inner city youth through training, educational and job development programs.

### ARTICLE III Duration

The duration of the Corporation shall be perpetual.

### ARTICLE IV Stock

The Corporation shall have no capital stock.

### ARTICLE V Membership

The Corporation shall have no members.



ARTICLE VI  
Directors

The business and affairs of the corporation are to be conducted by a Board of Directors of not more than twenty (20) members. The initial Board of Directors shall consist of three (3) persons who shall serve until the first meeting of the Board of Directors or until his successor is elected and qualified. The name and mailing address of the initial director is:

Name	Address
Charles J. King., Jr.	500 Heyburn Building 332 West Broadway Louisville, Kentucky 40202
William Stone	500 Heyburn Building 332 West Broadway Louisville, Kentucky 40202
John Harston	500 Heyburn Building 332 West Broadway Louisville, Kentucky 40202

ARTICLE VII  
Registered Office and Registered Agent

The street address of the initial registered office of the corporation is 500 Heyburn Building, 332 West Broadway, Louisville, Kentucky 40202.

The name of the initial registered agent at that address is Charles J. King, Jr.

ARTICLE VIII  
Principal Office

The mailing address of the principal office of the corporation is 500 Heyburn Building, 332 West Broadway, Louisville, Kentucky 40202.

ARTICLE IX  
Officers

The bylaws shall identify and provide for the method of election or appointment of the officers of the corporation.

101-20000 1.10

ARTICLE X  
Bylaws

The bylaws of the corporation shall be adopted, and may be amended or repealed, by the Board of Directors.

ARTICLE XI  
Indemnification

Each person who is or was a member, director, trustee, or officer of the corporation, whether elected or appointed, and each person who is or was serving at the request of the corporation as a member, director, trustee, or officer of another corporation, whether elected or appointed, including the heirs, executors, administrators, or estate of any such person, shall be indemnified by the corporation to the full amount against any liability, and the reasonable cost or expense (including attorney fees, monetary or other judgments, fines, excise taxes, or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a member, director, trustee, officer, or employee or arising out of such person's status as a member, director, trustee, officer, or employee; provided, however, no such person shall be indemnified against any such liability, cost, or expense incurred in connection with any action, suit, or proceeding in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person, or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the corporation the reasonable expenses incurred in defending any threatened or pending action, suit, or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this article shall not affect any rights or obligations then existing. If any indemnification payment required by this article is not paid by the corporation within 90 days after a written claim has been received by the corporation, the member, director, trustee, officer, or employee may at any time thereafter bring suit against the corporation to recover the unpaid amount and, if successful in whole or in part, such person shall be entitled to be paid also the expense of prosecuting such claim. The corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost, or expense, whether or not the corporation would have the power to indemnify such person against such liability, cost, or expense under the Kentucky Nonprofit Corporation Acts or under this article, but it shall not be obligated to do so. The indemnification provided by this article shall not be

deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement, statute, vote of members or board of directors, or otherwise. If this article or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this article that shall not have been invalidated or by any other applicable law.

ARTICLE XII  
Limitation of Director Liability

No director shall be personally liable to the corporation for monetary damages for breach of his duties as a director except for liability:

A. For any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation;

B. For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

C. For any transaction from which the director derives an improper personal benefit.

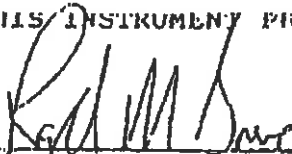
If the Kentucky Revised Statutes are amended after approval of this article to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this article shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.

ARTICLE XIII  
Incorporators

The name and address of the incorporator is: Charles J. King, Jr., 500 Heyburn Building, 332 West Broadway, Louisville, Kentucky 40202.



THIS INSTRUMENT PREPARED BY:




Raymond M. Burse  
7010 New Bern Court  
Prospect, Kentucky 40059  
(502) 228-0841

Z:\DD\CORP\PROJECTS.ART

FILED  
JEFF. CO., KY

MAR 13 1996

Rebecca Jackson, Clerk  
BY  D.C.

# ATTACHMENT 4

## Project One, INC Board of Trustees

### A list of your organization's officers, directors and board members

Mrs. Marita Willis- Co- Chair  
Vice President, PNC

Dr. Allene Gold – Co-Chair  
Director, Talent Center, JCPS

Miss Alice Lucille Martin-Secretary and Treasurer  
Retired Teacher, JCPS

Dr. Charles King  
President and CEO  
Project One, Inc.

Dr. Raymond Burse  
Attorney  
General Electric

Mrs. Kim Sweazy  
Community Relations  
Toyota

Ms. Vickie Greathouse  
Human Resources  
Housing Authority

Dr. Ralph Fitzpatrick  
Vice President  
University of Louisville

Dr. Keith Knapp  
President  
Christian Care Communities

Mr. Greg Nichols  
President  
Automatic Air

Mr. Jim Strickland  
President  
Computer Support

Miss Edith Thrower  
Insurance leader  
Cincinnati, OH

Mrs. CheRhonda Greenlee  
President  
Reality First

# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Project One, Inc**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Other (see instructions) ▶ **Non Profit**  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) **501c3**  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.)  
**2600 West Broadway, Suite 301**

6 City, state, and ZIP code  
**Louisville, Kentucky**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type  
 See Specific Instructions on page 2.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
			-					

OR

Employer identification number									
6	1	-	1	3	1	4	5	7	7

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

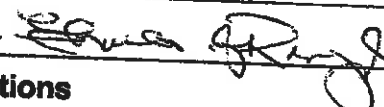
## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ▶ 

Date ▶ March 10, 2016

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## PROJECT ONE, INC.

### General Information

<b>Organization Number</b>	0411813
<b>Name</b>	PROJECT ONE, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	2/13/1996
<b>Organization Date</b>	2/13/1996
<b>Last Annual Report</b>	4/20/2018
<b>Principal Office</b>	% CHARLES J. KING JR 10111 LEDBURY WAY LOUISVILLE, KY 40223
<b>Registered Agent</b>	CHARLES J. KING, JR. 10111 LEDBURY WAY LOUISVILLE, KY 40223

### Current Officers

<b>Chairman</b>	<u>Jonathan Lott</u>
<b>President</b>	<u>Charles J King Jr</u>
<b>Vice Chairman</b>	<u>James Strickland</u>
<b>Secretary</b>	<u>Alice Lucille Martin</u>
<b>Director</b>	<u>SHIRLELY HUDSON</u>
<b>Director</b>	<u>ALICE LUCILLE MARTIN</u>
<b>Director</b>	<u>WILLIAM H STONE</u>
<b>Director</b>	<u>CHARLES J KING, JR.</u>
<b>Director</b>	<u>Allene Gold</u>

### Individuals / Entities listed at time of formation

<b>Director</b>	<u>CHARLES J KING JR</u>
<b>Director</b>	<u>WILLIAM STONE</u>
<b>Director</b>	<u>JOHN HARSTON</u>
<b>Incorporator</b>	<u>CHARLES J KING JR</u>

### Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	4/20/2018	1 page	<u>PDF</u>
<u>Annual Report</u>	5/12/2017	1 page	<u>PDF</u>
<u>Annual Report</u>	4/6/2016	1 page	<u>PDF</u>
<u>Annual Report</u>	5/12/2015	1 page	<u>PDF</u>
<u>Annual Report</u>	4/15/2014	1 page	<u>PDF</u>



<a href="#">Annual Report</a>	6/21/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/19/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/13/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/16/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/4/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/28/2008	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/31/2007	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/30/2006	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/2/2005	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	10/8/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	12/13/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/11/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/7/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/17/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/3/1998	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/24/1998	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	4/2/1997	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	2/13/1996	7 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/20/2018 9:01:29 PM	4/20/2018 9:01:29 PM	
Annual report	5/12/2017 3:03:27 PM	5/12/2017 3:03:27 PM	
Annual report	4/6/2016 10:33:53 AM	4/6/2016 10:33:53 AM	
Annual report	5/12/2015 10:00:45 AM	5/12/2015 10:00:45 AM	
Annual report	4/15/2014 7:18:52 AM	4/15/2014 7:18:52 AM	
Annual report	6/21/2013 8:07:52 PM	6/21/2013 8:07:52 PM	
Annual report	3/19/2012 3:40:20 PM	3/19/2012 3:40:20 PM	
Annual report	4/13/2011 4:46:37 PM	4/13/2011 4:46:37 PM	
Annual report	6/16/2010 7:43:29 PM	6/16/2010 7:43:29 PM	
Annual report	6/4/2009 8:50:36 AM	6/4/2009 8:50:36 AM	
Annual report	6/28/2008 4:16:51 PM	6/28/2008 4:16:51 PM	
Annual report	5/31/2007 6:09:58 PM	5/31/2007 6:09:58 PM	
Annual report	6/30/2006 4:15:00 PM	6/30/2006 4:15:00 PM	

Annual report	7/2/2005	7/2/2005
Annual report	7/1/2004	7/1/2004
Annual report	7/4/2003	7/4/2003
Annual report	6/28/2002	6/28/2002
Annual report	7/14/2000 1:08:06 PM	7/14/2000
Principal office change	7/20/1999	7/20/1999
Registered agent address change	8/24/1998	8/24/1998
Principal office change	7/20/1998	7/20/1998
Amendment - Change purpose	4/2/1997	4/2/1997
Add	2/13/1996	2/13/1996

## Microfilmed Images

**Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.**

Annual Report	12/31/2004 2:10:42 PM	1 page
Annual Report	10/8/2003	1 page
Annual Report	12/13/2002	1 page
Annual Report	9/11/2001	1 page
Annual Report	9/7/2000	1 page
Annual Report	8/17/1999	1 page
Annual Report	9/3/1998	1 page
Statement of Change	8/24/1998	1 page
Annual Report	7/1/1997	1 page
Amendment	4/2/1997	2 pages
Articles of Incorporation	2/13/1996	6 pages