Department of the Treasury Internal Revenue Service

Drganization Exempt From Incol

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2008 Open to Public Inspection

			ear, or tax year be		01/08 , and end	ding 6,	/30/09					
	Check if applicated Address change	use IRS	į.		r reflect,	INC.			D Emplo	yer identif	ication n	umber
三	Name change	label or print or	Doing Business A						62-	15638	41	
\equiv	Initial return	type.	1	•	delivered to street address)	-	Room/s	suite	E Teleph	one numbe	г	
\equiv		See Specific		RICK CHUR								
Ħ	Termination	instruc-	City or town, st	ate or country, and ZIF ਜ ਜ ਦਾ		27207			G Gross rece	ipts\$	2,394	,225
〓	Amended return	F 11	NASHVI ne and address of pr		TN	37207			U(a) la thia		£4	
Ш	Application pen	iding F Nam	e and address of pr	incipal officer:					H(a) Is this affiliate	· · · · · · · · · · · · · · · · · · ·	_	X No
									H(b) Are all include	affiliates	Yes	No
										attach a list.	 (see instruct	ions)
	Tax-exempt) ◀ (insert no.)	4947(а)(1) ог	527						
				FLECT.ORG					H(c) Group			
-		zation: X Co		Association	Other ►		L Year of for	rmation: 20	003	M State of I	egal domicil	e: TN
	art I	Summa		n mission or most s	ignificant activities:							
		ny describe DUCATIO		s mission or most s	significant activities:	•		• • • • • • • • •				• • • • • • •
Activities & Governance	·		7 1			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •				
rna								• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	
ove.	2 Chec	ck this box	▶ ☐ if the org	anization discontin	ued its operations or	disposed of	more than 25% o	f its asset	S.		• • • • • • • •	
ශ්	3 Num	ber of votin	g members of the	e governing body (F	Part VI, line 1a)				3	21		
es	4 Num	ber of indep	pendent voting m	embers of the gove	erning body (Part VI, I	ine 1b)			. 4	0		
ivit	5 Tota	ıl number of	employees (Part	V, line 2a)					. 5	38		
Act	6 Tota	ıl number of	volunteers (estin	nate if necessary)					6	450		
					III, line 12, column (C							
_	b Net	unrelated bu	usiness taxable in	icome from Form 9	990-T, line 34			Prior Yea		Cu	rrent Year	. 0
Φ	8 Conf	tributions ar	nd grants (Part VI	II, line 1h)				1,944			,390,	
nge	9 Prog	gram service	revenue (Part V	III, line 2g)		· • • • • • • • • • • • • • • • • • • •		•				
Revenue	10 Inve	ram service revenue (Part VIII, line 2g) stment income (Part VIII, column (A), lines 3, 4, and 7d)						859			68	
22	11 Othe	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							2,837			<u>,847</u>
					Part VIII, column (A),			1,948	3,060	2	,394	<u>,225</u>
					A), lines 1-3)							
				(Part IX, column (A)				1,725	120	1	752	170
ses					art IX, column (A), lin			1,125	3,130		,752	,410
benses				IX, column (D), line	ine 11e)							
Ä		•	• •		, 11f-24f)			404	1,124		370	,238
	18 Tota	al expenses.	Add lines 13-17	(must equal Part I)	K, column (A), line 25)		2,129		2	,122	
					12			-181	1,202		271	,509
Net Assets or	200		_					Beginning of			nd of Year	
\sset	20 Tota							1,549	1,499	<u> </u>	,773	
Net /	21 lota		Part X, line 26)	ntroot line Od from I	ine 20				5,013	7	,326	, 607 522
	art II		ing balances, sur ire Block	Stract line 21 from 1	ine 20 ,	 		<u> </u>	<i>,</i> (15)		, 320	,
D DOM:	er ton			clare that I have exam	ined this return, including	n accompanyin	on schedules and sta	atements, a	nd to the he	st of my kn	owledge	
		and belief,	it is true, correct, an	d complete. Declaration	on of preparer (other than	officer) is bas	sed on all information	n of which p	oreparer has	any knowle	edge.	
Sig	gn											
He	ere		ure of officer						Date			
		I III		SMITHSON			PRESIDEN	T & C	EO			
		Type o	or print name and titl	е			T			December	de identifica	
Pa	iid	Preparer's	delle.	y A. Ber	tile		Date	Check self-	if ${\color{red} { extstyle {\extstyle { extstyle {\extstyle {\extstyle { extstyle {\extstyle {\extstyle$	ı (see inst	r's identifying tructions)	_
	eparer's	signature	7 11	9	/)	· ·	12/28/09	9 employ			1564	
	se Only	Firm's nam	ie (oi yours		BETZLER & I		MEKY PLL	<u>. </u>	EIN	▶ 26	<u>-245</u>	<u> 1997</u>
-	•	if self-empl address, ar	3	.2 CADILLA RENTWOOD,	C DR STE 2: TN 37027	10			Phone	615-	016-	3100
Ma	v the IRS d	<u> </u>			re? (see instructions)		· · · · · · · · · · · · · · · · · · ·		j no. 🟲	010-	Yes	$\overline{}$
,,,,,,,	.,		pi	- ₁ 5. 55 GDOV	(<i></i>			

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

Total program service expenses

841 461

Form 990 (2008) PROJECT REFLECT, Part IV Checklist of Required Sche Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	88		X
9 ົ	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
0	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
2	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
7	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<u> </u>	X
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			٠.
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	l		.,
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			,,
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Form 990 (2008) PROJECT REFLECT, INC. Part IV Checklist of Required Schedules (continued)

2000000	Officeriat of Required Officeduces (Cofficial Cod)		V	NI-
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		Yes	No
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
а	· · · · · · · · · · · · · · · · · · ·			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	5.2.2.51		X
	Part IV	28a		
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			37
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		'	
	Part i	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
00	organization? If "Voc." complete Schodule P. Bart V. line ?	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33	 	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	and that is treated as a partitionally for rederal income tax purposes? If it es, complete schedule K, Part	37		x
	VI, vi		<u> </u>	

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 32 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any guid pro guo contribution of more than X \$75? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? X Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? X 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008) PROJECT REFLECT, INC. 62-1563841 F

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management						
						Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe	the			ř.		
	circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body	1a	21				
b	Enter the number of voting members that are independent	1b	0				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with					~~
	any other officer, director, trustee, or key employee?				2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the						
	supervision of officers, directors or trustees, or key employees to a management company or other pe				3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior For				4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets				5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more men	nbers					
	of the governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	•			7b	Signal Cold	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken de	uring					
	the year by the following:						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b		X
9a	Does the organization have local chapters, branches, or affiliates?				9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such characteristics.						
	affiliates, and branches to ensure their operations are consistent with those of the organization? \dots				9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All org		ions				
	must describe in Schedule O the process, if any, the organization uses to review the Form 990 \dots		·		10	X	<u> </u>
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re-						l
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· · · · · ·			11	<u> </u>	<u> </u>
<u>Sec</u>	tion B. Policies						
						Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that coul	d give			١		37
	rise to conflicts?				12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es,"				-	
	describe in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approval	-					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and					37	
а	The organization's CEO, Executive Director, or top management official?				15a	X	-
b	Other officers or key employees of the organization?				15b	10000000	X
	Describe the process in Schedule O. (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent					
	with a taxable entity during the year?				16a	(3,20,550	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to saf	-					
	the organization's exempt status with respect to such arrangements?				16b	<u> </u>	<u></u>
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T	(501(c	;)(3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest				
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books an						
	organization: ► MARY ANN LEWELLYN 3307 BRICK						
N	ASHVILLE	'N 3	37207	615	5-35	6-5	961
						200	•

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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 <u>compensated employees</u>; and former such persons.

Check this box if the o	rganization did not comp	ensat	e an	y offi	cer,	direc	ctor,	trustee, or key employee.		
(A)	(B)	L		(((D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer	al Key employee	Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SANDRA SMITH	SON									
EXEC. DIR.		X		X				30,000	0	8,668
JAMES R. KNI PRESIDENT	GHT	x		x				0	0	0
	RANT									
VICE PRES.		X	j	x				0	. 0	. 0
VERLEON POPE	1	37		**					0	0
TREASURER GENEVIEVE ZO	AMMOT 7	X	 	X		├	ļ	0	0	0
SECRETARY	TIOLA	$ \mathbf{x} $		x				0	0	. 0
THOMAS CAPRA	RA									
BOARD MEMBER		X			<u>. </u>			0	0	0
WILLIAM DYCU BOARD MEMBER	JS	x						. 0	0	0
CASSANDRA GI	IGGS									
BOARD MEMBER		X	ļ		_	├—	<u> </u>	0	0	0
SAMUEL HOWAR BOARD MEMBER	(D	x						o	. 0	0
DELORSE LEWI BOARD MEMBER	s	x						0	0	0
STEPHEN MACI	EY SR.				<u> </u>					
BOARD MEMBER		<u> </u>	ļ.,					0	0	0
CHARLES POPI BOARD MEMBER	G	X						0	o	0
SHARON ROBEI	SON	Ī						_		
BOARD MEMBER	DT E	X	 	 	-	_	-	. 0	0	0
SHERMAN TRII BOARD MEMBER	 PDTE	x						0	o	0
CLAUDE WHAT	EY			Γ		1				
BOARD MEMBER		<u> </u>	_	1	<u> </u>		ļ	0	0	0
ALDOROTHY WI BOARD MEMBER	RIGHT	x						o	o	0
MARK DORAIS					T	1	† -			
BOARD MEMBER		X						0	0	0

	A. Officers, Directors, Trus	stees	<u>. ن.</u> s, Ke		nplo	yees	s, ar	nd Highest Compensated		Pag
(A) Name and title	(B) Average hours per			checl		hat a₁		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MARY ANN DUI BOARD MEMBER	IN	x						0	0	
DAVE LEFEVE BOARD MEMBER		x						0	0	
LEE MOLETTE BOARD MEMBER		x						0	0	
PATRICK NOLA BOARD MEMBER	N	x						0	0	
PATRICK SPEA BOARD MEMBER	IR	x						0	0	
•										
• • • • • • • • • • • • • • • • • • • •										
					<u> </u>		<u></u>			
• • • • • • • • • • • • • • • • • • • •										
· · · · · · · · · · · · · · · · · · ·	ividuals (including those in					 I mor	e th	an \$100,000 in reportable of	compensation from the	8,6
employee on line 1a	a? If "Yes," complete Sche	dule	J for	suc	h ind	dividu	ual	oyee, or highest compensa		Yes 3
the organization an individual	d related organizations gre	ater	than	\$15 	0,00	0? If	"Ye	on and other compensation es," complete Schedule J fo	r such	4
5 Did any person liste services rendered t	ed on line 1a receive or acc o the organization? If "Yes	crue	com	pens	atio	n froi	m ar	ny unrelated organization for such person	or	
Section B. Independent Complete this table compensation from	for your five highest comp	ensa	ated	inde	pend	dent	cont	tractors that received more	than \$100,000 of	
- Compensation nom	(A) Name and business address						-	Descrip	(B) stion of services	(C) Compensatio
							-	· · · · · · · · · · · · · · · · · · ·		
							-	······································	·	
2 Total number of inc	dependent contractors (inc	udin	a the	se i	n 1)	who	rece	eived more than \$100,000 i	n	
	the organization							, , .	· · · · · · · · · · · · · · · · · · ·	0 Form 990 (

Pa	rt VI	II Statement of Rev	<u>enu</u>	е					
				13. 13.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a						0,12,0,10,0,0,1
E		Membership dues	1b		~~~~				
g,e		Fundraising events	1c						
# F		Related organizations	1d						
s, c		Government grants (contributions)	1e	2,2	07,386				
roi		All other contributions, gifts, grants,			· · · · · · · · · · · · · · · · · · ·				
tag:		and similar amounts not included above	1f	1	82,924				
들읭	g	Noncash contributions included in lines							
ဒ္ဓင	•	Total. Add lines 1a-1f				2,390,310	4.0		
Program Service Revenue Contributions, gifts, grants					Busn. Code				
ē	2a								
Re.	b								
ice	С	С							
Ser	d								
Ē	е								
ogra	f	All other program service rev							
P.		Total. Add lines 2a-2f			▶		4.0		100
		Investment income (including							
		other similar amounts)				68	68		
	4	Income from investment of t	ax-exe	mpt bond p	roceeds >				
	5	Royalties	<u></u>	<u></u>	>				
		(i) Rea	l	(ii) F	Personal				
	6a	Gross Rents							
	b	Less: rental exps.							
	С	Rental inc. or (loss)							
		Net rental income or (loss)							
	7a	Gross amount from sales of assets (i) Securit	ties	(ii)) Other				
		other than inventory		<u> </u>					
	b	Less: cost or other							
		basis & sales exps.							
	С	Gain or (loss)							
	d	Net gain or (loss)		·· ·····	<u> </u>		·		
	8a	Gross income from fundraising e	vents						
Ĕ		(not including \$							
Ver		of contributions reported on line	1c).						
8		See Part IV, line 18		a					
Other Revenu		Less: direct expenses		b					
ŏ	h	Net income or (loss) from fu		ing events .	<u></u>				
	9a	Gross income from gaming activ							
		See Part IV, line 19		a		-			
	,	Less: direct expenses		b [_		
		Net income or (loss) from ga		activities	<u> </u>				
	10a	Gross sales of inventory, les	SS		0 =1=				
	Ι.	returns and allowances		a	3,517	4		Processing to the second	
		Less: cost of goods sold		b					2 519
	ြင	Net income or (loss) from sa Miscellaneous Rever		inventory .	Busn. Code	3,517			3,517
	11-				Busii. Code	330	330		130
		11a MISCELLANEOUS INCOME		330	330	<u> </u>	·		
	b								
	d All other revenue					-			
	1	Total. Add lines 11a–11d				330		710035-3368-03860	
	1	Total Revenue. Add lines 1		3 4 5 6d		330	The second section of		
	'-	9c, 10c, and 11e				2,394,225	398	d	3,517

Form 990 (2008)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o	<u> </u>	<u> </u>		<u> </u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	38,668		38,668	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				'
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,374,844	1,300,020	74,824	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	38,369	37,859	510	
9	Other employee benefits	220,528	213,540	6,988	
10	Payroll taxes	80,069	74,344	5,725	
11	Fees for services (non-employees):				
а	Management		,		
b	Legal	18,155	5,300	12,855	
С	Accounting	9,300	·	9,300	
d	Lobbying				
·e	Professional fundraising services. See Part IV, line 17				
· f	Investment management fees				
g	Other				
12	Advertising and promotion	5,306		5,306	
13	Office expenses				
14	Information technology	***************************************			
15	Royalties	-			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		•		
19	Conferences, conventions, and meetings				
20	Interest	20,340		20,340	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,207		56,207	
23	Insurance	45,518	34,138	11,380	
20		-5,526	21,200	==/555	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	LATER ACTIVE THE	55,984	55,984		
- b	UTILITIES	48,216		11,090	
	TRANSPORTATION	38,958			
C	SUPPLIES	16,380			
ď	REPAIRS & MAINTENANCE	13,657	12,291		
e		42,217	20,926		
f				281,255	
25	Total functional expenses. Add lines 1 through 24f	2,122,110	1,841,461	201,255	'
26	Joint Costs. Check here Jif following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	!			
	fundraising solicitation				

Page 11

Pε	art >	Balance Sheet							
					(A)		(B)		
					Beginning of year		End of ye		
	1	Cash—non-interest bearing			127,338	1	26	7,3	84
ŀ	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net				3	2!	5,6	05
	4	Accounts receivable, net				4		2,5	00
	5	Receivables from current and former officers, directors, t	trustees	kev	-				
	-	employees, or other related parties. Complete Part II of S		· i		5			
İ	6	Receivables from other disqualified persons (as defined				1259A			7.55
	٠	4958(f)(1)) and persons described in section 4958(c)(3)(l		1		ž ŽŽŽ			
						6			
	-					7	<u> </u>		
et l	7	Notes and loans receivable, net			181		<u> </u>	1	81
Assets	8	Inventories for sale or use			5,987	8			
∢	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis	T		5,981	9	1.	0,8	<u> </u>
			10a	1,979,314					
	b	Less: accumulated depreciation. Complete		F10 600	1 414 006				
l		Part VI of Schedule D	10b	512,693	1,416,006	10c	1,46	6,6	21
ı	11					11			
ı	12	Investments—other securities. See Part IV, line 11				12			
	13	Investments—program-related. See Part IV, line 11				13			
	14	Intangible assets				14			
1	15	Other assets. See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equal line 34			1,549,512	16	1,77	3,1	.29
	17	Accounts payable and accrued expenses			5,256	17			
	18	Grants payable		18					
- {	19	Deferred revenue	• • • • • • • •			19			
	20	Tax-exempt bond liabilities		20					
ties	21	Escrow account liability. Complete Part IV of Schedule D	<i></i>			21			
	22	Payables to current and former officers, directors, trustee							
		employees, highest compensated employees, and disqu							
E.		0 11 0 11 10 1 11 1				22			
_	23	Secured mortgages and notes payable to unrelated third	23						
			24	11	0,8	52			
	24	Unsecured notes and loans payable			$\frac{5}{5}, 7$				
	25	Other liabilities. Complete Part X of Schedule D			816 494,499			5,, 6,6	
	26	Total liabilities. Add lines 17 through 25			494,499	26	44	ο, τ	<u> </u>
nces		Organizations that follow SFAS 117, check here	and						
JUE		complete lines 27 through 29, and lines 33 and 34.			1 055 010		1 01		
Bala	27	Unrestricted net assets			1,055,013	27	1,21		
l B	28	Temporarily restricted net assets				28	11	5,5	43
ınc	29	Permanently restricted net assets	<u></u>	,		29	Control and the control of the Control	\$4\$6.00£.00.000	oscowoci i i i i i i i
Fund		Organizations that do not follow SFAS 117, check her	re▶ L	l e					
ō		and complete lines 30 through 34.				القائلة الدا			
	30	Capital stock or trust principal, or current funds				30			
ssets	31	Paid-in or capital surplus, or land, building, or equipment	t fund			31			
As	32	Retained earnings, endowment, accumulated income, or				32			
et/	33				1,055,013	33	1,32	6,5	22
ž	34	Total liabilities and net assets/fund balances			1,549,512			3,1	29
P	art 2								
		<u> </u>		7.	***		,	Yes	No
1	Ac	counting method used to prepare the Form 990:	Cash [X Accrual 0	ther				
2		ere the organization's financial statements compiled or rev					2a	marketting) (f.)	X
-\ k		ere the organization's financial statements audited by an i						х	_ - _
		"Yes" to lines 2a or 2b, does the organization have a communication by an incommunication by an incommunicatio			for oversight of	• • • • •			
,		ne audit, review, or compilation of its financial statements a			anni internto		2c	x	
9.		s a result of a federal award, was the organization required				• • • • •			
37							0.		X
	(I)	e Single Audit Act and OMB Circular A-133?					3a		
	ון נ	"Yes," did the organization undergo the required audit or a	เนนแร <i>้</i>	<u> </u>	 	<u></u>	3b	1	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PROJECT REFLECT, INC.

Employer identification number 62-1563841

Pa	art I	Reaso	on for Public Charity	Status (All organizations	must c	omplet	e this p	part.) (see ir	struct	ions)			
The	orga	nization is not	a private foundation becaus	e it is: (Please check only one o	organizati	on.)								
1		A church, cor	nvention of churches, or ass	ociation of churches described i	in section	170(b)(1)(A)(i).							
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	П	A hospital or	a cooperative hospital servi	ce organization described in sec	ction 170	b)(1)(A)(i	ii). (Atta	ch Sche	dule H.)				
4	П	A medical res	search organization operated	d in conjunction with a hospital o	described	in section	n 170(b)	(1)(A)(ii	i). Ente	r the ho	spital's	name,		
	_	city, and state	9:											
5		An organization		of a college or university owned				ntal unit	descri	oed in				
	_	section 170(l	b)(1)(A)(iv). (Complete Part	11.)										
6	П	A federal, sta	te, or local government or g	overnmental unit described in s	ection 17	0(b)(1)(A)	(v).							
7	X	An organizati	on that normally receives a	substantial part of its support fro	om a gove	ernmental	unit or f	rom the	genera	l public				
		described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II.)					-	•				
8		A community	trust described in section 1	i70(b)(1)(A)(vi). (Complete Part	II.)									
9	П	An organizati	on that normally receives: (1) more than 33 1/3 % of its sup	port from	contributi	ons, me	mbersh	ip fees,	and gro	SS			
		receipts from	activities related to its exen	npt functions—subject to certain	exceptio	ns, and (2) no mo	re than	33 1/3 '	% of its				
		support from	gross investment income ar	nd unrelated business taxable ir	come (les	ss section	511 tax) from b	usiness	ses				
		acquired by the	he organization after June 3	0, 1975. See section 509(a)(2) .	(Comple	te Part III.)							
10		An organizati	on organized and operated	exclusively to test for public safe	ety. See s	ection 50	9(a)(4).	(see ins	struction	ıs)				
11		•		exclusively for the benefit of, to										
		purposes of o	one or more publicly support	ed organizations described in s	ection 509	9(a)(1) or	section (509(a)(2	?). See	section				
			_	he type of supporting organizati			nes 11e	through	11h.					
		a L Type		c Type III–Function			d [e III–Ot					
е	Ш	-	-	ganization is not controlled direc	-									
		persons other	r than foundation managers	and other than one or more put	olicly supp	orted org	anizatio	ns desc	ribed in	section				
		. ,. ,	section 509(a)(2).				_							
f				ermination from the IRS that it is	a Type I,	Type II, o	or Type I	III suppo	orting					
		_	check this box											
g			and the second s	tion accepted any gift or contrib	ution from	any of th	ie							
		following per			***	,		•••						
				ontrols, either alone or together								14. (1)	Yes	No
				of the supported organization?						• • • • • • •		11g(i)		-
			member of a person descri									11g(ii)		
1.				described in (i) or (ii) above?								11g(iii)		L
n		Provide the i	rollowing information about t	the organizations the organization	1			<u> </u>						
(i)		e of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization		ou notify nization in		is the ion in col.	(vii) Amo supp		
	Οίξ	ganization	•	above or IRC section		sted in your document?		of your	1 -	zed in the		Supp	J11	
				(see instructions))			supp	port?	U.	S.?				
					Yes	No	Yes	No	Yes	No				
		•												
					 									
		-			-									
	_				ļ									
												<u>-</u>		
					1.00									
Tot	al													

Page 2

	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			,				
Sec	tion A. Public Support										
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,650,969	1,856,765	1,887,820	1,983,039	2,362,204	9,740,797				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1-3	1,650,969	1,856,765	1,887,820	1,983,039	2,362,204	9,740,797				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	Public support. Subtract line 5 from line 4						9,740,797				
	tion B. Total Support										
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
7	Amounts from line 4	1,650,969	1,856,765	1,887,820	1,983,039	2,362,204	9,740,797				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,609	14,083	1,315	859	68	18,934				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,000	1,787		1,100	330	6,217 9,765,948				
12	Gross receipts from related activities, etc.					12	22,491				
13	First five years. If the Form 990 is for the	•			ar as a section 501						
	organization, check this box and stop her						▶ □				
Sec	tion C. Computation of Public S	upport Percen	tage								
14	Public support percentage for 2008 (line 6			n (f))		14	99.7425 %				
15	Public support percentage from 2007 Sch	edule A, Part IV-A.	line 26f			15	99.4407 %				
16a	33 1/3 % support test—2008. If the organ						·				
	and stop here. The organization qualifies	as a publicly supp	orted organization	•			▶ X				
b	33 1/3 % support test—2007. If the organ		-								
	box and stop here. The organization qual						>				
17a	box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. 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 IV how the										
	organization meets the "facts-and-circum			_	·		▶ □				
b	10%-facts-and-circumstances test—20										
	more, and if the organization meets the "f						,				
	organization meets the "facts-and-circum	stances" test. The	organization qualif	ies as a publicly su	upported organizati	on	▶ ∟				
18	Private foundation. If the organization di						▶ ∟				
	· · · · · · · · · · · · · · · · · · ·					Cohodulo A (Corro O	00 000 F7) 0000				

62-1563841

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 5 furnished by a governmental unit to the organization without charge Total.. Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (f) Total (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 33 1/3 % support tests—2008. 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 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

	orm 990 or 990)-EZ) 2008 PROJ	JECT REFLE	CT, INC.		62-1563841	Page 4
Part IV	Suppleme	ental Information	n. Complete thi	s part to provide	de the explanation	required by Part II, line 10;	`
	Part II, IIn	3 17a Or 17b; Or	Part III, line 12	. Provide any c	uler additional inic	ormation. (see instructions)	<u> </u>
PART I	I. LINE	10 - OTHE	R INCOME I	DETAIL			

				\$	6,217	**************************	
• • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·		•••••	• • • • • • • • • • • • • • • • • • • •
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						***************************************	• • • • • • • • • • • • • • • • • • • •
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

2008

62-1563841 PROJECT REFLECT, INC. Organization type (check one): Filers of: Section: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008) Page 1 of 1of Part I Name of organization Employer identification number PROJECT REFLECT, INC. 62-1563841 Part I Contributors (see instructions) (a) (c) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution SCHOOL SISTERS OF ST. FRANCIS . 1... Person 1501 SOUTH LAYTON BLVD. Payroll 50,000 Noncash MILWAUKEE WI 53215 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 Aggregate contributions No. Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (b) (c) (a) (d)

Person Payroll Noncash

Type of contribution

(Complete Part II if there is a noncash contribution.)

Aggregate contributions

No.

Name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Pl	ROJECT REFLECT, INC.		62-1563841
cere in a positio	organizations Maintaining Donor Advised Fu	nds or Other Similar Funds	
	the organization answered "Yes" to Form 990,		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing tha		П., П.,
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	used only for charitable purposes and not for the benefit of the donor o		п. п.
	impermissible private benefit?		Yes No
	Conservation Easements. Complete if the orga		Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	. [7]	H. C.
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historica	
	Protection of natural habitat	Preservation of certified his	IONG STRUCTURE
_	Preservation of open space	and the standard for the forms of a second	-11
2	Complete lines 2a–2d if the organization held a qualified conservation on the last day of the tax year.	contribution in the form of a conserv	ation easement
	on the last day of the tax year.		Held at the End of the Year
	Total number of concentation easements		
a	Total number of conservation easements Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic structure incl		
C			
d	Number of conservation easements included in (c) acquired after 8/17/2 Number of conservation easements modified, transferred, released, ex		
3	the taxable year	unguished, or terminated by the org	anization during
4		located .	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mon		☐ Yes ☐ No
	enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	ag occomente during the year	.,
6	Amount of expenses incurred in monitoring, inspecting, and enforcing	-	
7	Does each conservation easement reported on line 2(d) above satisfy		
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
٥	In Part XIV, describe how the organization reports conservation easem		
9	balance sheet, and include, if applicable, the text of the footnote to the	· · · · · · · · · · · · · · · · · · ·	
	the organization's accounting for conservation easements.	organization o interioris statements	that docomboo
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report	t in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibitio	n, education, or research in furthera	nce of public service,
	provide, in Part XIV, the text of the footnote to its financial statements	that describes these items.	
		:	
b	If the organization elected, as permitted under SFAS 116, to report in it	ts revenue statement and balance s	sheet works of art,
	historical treasures, or other similar assets held for public exhibition, e		
	provide the following amounts relating to these items:		•
	(i) Revenues included in 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, o	r other similar assets for financial oa	nin, provide the
	following amounts required to be reported under SFAS 116 relating to	-	•
а			> \$
b			
		· · · · · · · · · · · · · · · · · · ·	

COLF COM	dule D (Form 990) 2008 PROJECT R				62-156			Page 2
	rt III Organizations Maintaining						sets (contin	lued)
3	Using the organization's accession and other items (check all that apply):	records, check any of the	following that are a	significat	nt use of its c	collection		
а	Public exhibition	d Loan o	or exchange program	าร				
b	Scholarly research	e Other						
С	Preservation for future generations							
4	Provide a description of the organization's col Part XIV.	lections and explain how t	hey further the organ	nization's	s exempt pur	pose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, l	nistorical treasures, o	or other	similar		Yes	□No
Da	irt IV Trust, Escrow and Custodi					d "Vee" to		
ГС	Part IV, line 9, or reported a	_				u 165 lo		
1a	Is the organization an agent, trustee, custodia	n or other intermediary fo	r contributions or oth	ner asset	s not		<u></u>	
	included on Form 990, Part X?						Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	g table:					
							Amoun	nt .
С	Beginning balance					1c		
d	Additions during the year							
	Distributions during the year							
	Ending balance							
2a	Did the organization include an amount on Fo	rm 990 Part X line 21?					Yes	No
	If "Yes," explain the arrangement in Part XIV.	m 500, 1 a.t., m 521.		• • • • • • • •			☐ 162	
	rt V Endowment Funds. Compl	ete if organization a	nswered "Yes" t	o Form	990 Par	t IV line 1	<u>n</u>	
. I .C	Lindownient i dinas: compi	(a) Current year	(b) Prior year			(d) Three years	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	r years back
4-	Designing of year balance	(a) Garrent year	(B) i noi year	(0) 100	yours baok	(a) Thee years	y back (c) roc	ii years baok
ıa	Beginning of year balance				-			
Q	Contributions							
C	Investment earnings or losses						-	
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	end balance held as:						
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
С	Term endowment ▶ %							
3a	Are there endowment funds not in the posses	sion of the organization th	nat are held and adm	ninistered	for the			
	organization by:							Yes No
	(i) unrelated organizations						3a(i)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sch	edule R?					
	Describe in Part XIV the intended uses of the							·
	art VI Investments—Land, Buildi			0 Part	X line 10			 -
5500 - 850	Description of investment	(a) Cost or other basis	(b) Cost or oth		(c) Depi		(d) Bool	k value
	2000 page of invocations	(investment)	basis (other		(a) papi		(3) 200	
A -	land	· · · · · · · · · · · · · · · ·		,000			2	05,000
	Land		1,120			.89,910		30,946
	Buildings							
	Leasehold improvements			,234		17,425		5,809
	Equipment			,148		<u>805,358</u>		23,790
	Other			,076				01,076
Tota	I. Add lines 1a-1e. (Column (d) should equal F	orm 990, Part X, column	(B), line 10(c).)	. <i></i>			1,4	66,621

\neg	~-	. •	
ra	uŧ	: 0	

Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		<u> </u>
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-yea	r market value
Financial derivatives and other financial products			7-4-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7
Closely-held equity interests			
Other			
			··············
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)) Dort V line 12		
Part VIII Investments—Program Related. See Form 990		/a) Mathad at	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
		Cost of enq-of-year	ai market value
			·
			··
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.	L		
(a) Description			(b) Book value
- Annual Control of the Control of t			
		· · · · · · · · · · · · · · · · · · ·	
		,	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		>	
Part X Other Liabilities. See Form 990, Part X, line 25	5.		
(a) Description of liability	(b) Amount		
Federal income taxes			
	5,75	<u>5</u>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	5,75	174-4-40-5-4-5	
In Part XIV, provide the text of the footnote to the organization's financial sta	tements that reports the	organization's liability for	

20116	dule D (Form 990) 2008 FROUECT REFINECT, INC.			Faye 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			2,394,225
2	Total expenses (Form 990, Part IX, column (A), line 25)			2,122,716
3	Excess or (deficit) for the year. Subtract line 2 from line 1			271,509
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities			
6	Investment expenses		6	
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4-8			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			271,509
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme			- 400 000
1	Total revenue, gains, and other support per audited financial statements $\dots \dots \dots$		<u>1</u>	2,420,877
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains on investments	2a		•
b	Donated services and use of facilities	2b	26,652	
C.	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d			26,652
3	Subtract line 2e from line 1			2,394,225
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)			2,394,225
Pa	** VIII Deconciliation of Evnances per Audited Financial Statem	\A/!4I-		
100000000000000000000000000000000000000	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents with	Expenses per Retur	
1	Total expenses and losses per audited financial statements	ents with	Expenses per Retur	n 2,149,368
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
1	Total expenses and losses per audited financial statements	2a	26,652	
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	1	
1 2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	1	
1 2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	1	2,149,368
1 2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25	2a 2b 2c 2d	26,652	2,149,368
1 2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	26,652 2e	2,149,368
1 2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d	2a 2b 2c 2d	26,652 2e	2,149,368
1 2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	26,652 2e	2,149,368
1 2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	26,652 2e	2,149,368
1 2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	2a 2b 2c 2d 4a 4b	26,652 2e 3	2,149,368
1 2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	2a 2b 2c 2d 4a 4b	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	2a 2b 2c 2d 4a 4b	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716
1 2 a b c d e 3 4 a b c 5 Per Com	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	2a 2b 2c 2d 4a 4b ines 1a and 4	26,652 2e 3	2,149,368 26,652 2,122,716

Schedule D (F	orm 990	0) 2008	E	PRC	JE	CT	RE	FL	EC:	Г,	IN	1C.							- 6	<u> 52-</u>	156	538	341	•					Р	age 5	i
Schedule D (F Part XIV	Sup	pleme	enta	l Int	forn	nati	on (d	contir	nued)																					•
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization

PROJECT REFLECT, INC.

Employer identification number 62-1563841

1110101 101101 101101
FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION
CURRENTLY, COMMITTEE MEETING MINUTES ARE NOT MAINTAINED. INDIVIDUAL
COMMITTEES CANNOT MAKE FINAL DECISIONS FOR THE ORGANIZATION; THEREFORE,
MINUTES OF THESE COMMITTEE MEETINGS ARE NOT DEEMED NECESSARY. ONLY THE
GOVERNING BODY CAN MAKE FINAL DECISIONS FOR THE ORGANIZATION.
FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
THE FINANCE COMMITTEE REVIEWS THE FORM 990 FIRST, AND THEN THE FULL BOARD
REVIEWS AND APPROVES IT.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE GOVERNING BODY AND CEO MONITOR COMPLIANCE AND
ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY ON AN ONGOING BASIS.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
CEO'S COMPENSATION IS REVIEWED BY THE GOVERNING BODY ON AN ANNUAL BASIS.

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

2008

ttachment equence No. 67

Identifying number Name(s) shown on return PROJECT REFLECT, INC. 62-1563841 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . (a) Description of property 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 56,207 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction year placed in period service only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property S/L h Residential rental 27.5 vrs. MM property S/L 27.5 yrs MM MM S/L Nonresidential real 39 vrs. property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System Class life 20a 12 yrs. S/L b 12-year 40-year Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs......

62-1563841 FYE: 6/30/2009

PROREFL PROJECT REFLECT, S. Federal Asset Report Form 990, Page 1

12/21/2009 2:35 PM

<u>Ass</u>	setDescription	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	ner Depreciation: 1 LAND 2 SCA BUILDING 3 BUILDING IMPROVEMENTS 4 LEASEHOLD IMPROVEMENTS 5 EQUIPMENT 6 FURNITURE & FIXTURES 7 VEHICLES 8 FURNITURE & FIXTURES 9 FURNITURE & FIXTURES 10 EQUIPMENT 11 EQUIPMENT 12 EQUIPMENT 13 COMPUTER EQUIPMENT 14 FURNITURE & FIXTURES 15 BUILDING IMPROVEMENTS 16 PLAYGROUND EQUIPMENT 17 BUILDING IMPROVEMENTS 18 RANGE 19 SCHOOL BUS 19 SCHOOL BUS 19 SCHOOL BUS 19 1996 SCHOOL BUS 1996 SCHOOL BUS 10 CANON CAMERA 10 CLASSROOM BOOKS - MIDDLE SCHOOL	12/01/03 12/01/03 1/01/04 1/01/03 1/01/09 1/01/00 7/01/00 3/01/03 2/01/04 11/15/04 8/01/04 9/01/96 12/01/02 10/01/01 7/01/04 1/01/06 4/01/07 10/01/06 3/01/07 5/20/08 8/30/07 5/20/08 8/30/07 8/08/08 6/26/09 6/20/09	305,000 1,099,927 6,469 23,234 76,323 15,991 78,845 36,274 559 92,945 629 31,391 7,103 970 3,200 69,440 11,260 493 3,800 2,500 630 5,510 4,800 230 420 101,075		305,000 1,099,927 6,469 23,234 76,323 15,991 78,845 36,274 559 92,945 629 31,391 7,103 970 3,200 69,440 11,260 493 3,800 2,500 630 5,510 4,800 230 420 101,075	10 MO S/L 10 MO S/L 10 MO S/L 7 MO S/L 7 MO S/L	0 154,073 3,558 15,102 67,685 15,991 78,845 31,765 488 28,820 496 31,391 7,103 970 1,280 15,624 1,408 86 724 417 5 656 0	0 27,498 647 2,323 4,017 0 0 4,509 71 6,197 126 0 0 320 6,944 1,126 50 543 357 63 787 629 0
	Total Other Depreciation		1,979,018	-	1,979,018		456,487	56,207
	Total ACRS and Other Depres	ciation =	1,979,018		1,979,018		456,487	56,207
	Grand Totals Less: Dispositions Less: Start-up/Org Expense	-	1,979,018	· ·	1,979,018 0 0		456,487 0 0	56,207 0 0
	Net Grand Totals	=	1,979,018		1,979,018		456,487	56,207

PROREFL PROJECT REFLECT, ().

62-1563841

FYE: 6/30/2009

TN Asset Report Form 990, Page 1

Asset	Description	Date I <u>n Service</u>	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
.								
Other	Depreciation:	10/01/02	205.000	205.000	^	0	0	0
1	LAND	12/01/03	305,000	305,000	0 126,033	27.400	0 27 408	0
2	SCA BUILDING	12/01/03 1/01/04	1,099,927	1,099,927		27,499 647	27,498 647	-1
3	BUILDING IMPROVEMENTS	1/01/04	6,469 23,234	6,469 23,234	2,911 12,779	2,323	2,323	0
4 5	LEASEHOLD IMPROVEMENTS EOUIPMENT	1/01/03	76,323	76,323	62,264	4,017	4,017	
6	FURNITURE & FIXTURES	1/01/93	15,991	15,991	15,991	4,017	4,017	0
7	VEHICLES	7/01/00	78,845	78,845	78,845	0	0	0
8	FURNITURE & FIXTURES	3/01/03	36,274	36,274	36,274	0	4,509	4,509
9	FURNITURE & FIXTURES	2/01/04	559	559	494	65	71	4,505
10	EOUIPMENT	11/15/04	92,945	92,945	22,720	6,196	6,197	1
11	EQUIPMENT - DONATED	8/01/04	629	629	493	125	126	î
12	EOUIPMENT	9/01/96	31,391	31,391	31,391	0	0	Ô
13	COMPUTER EQUIPMENT	12/01/02	7,103	7,103	7,103	ŏ	ŏ	Ŏ
14	FURNITURE & FIXTURES	10/01/01	970	970	970	Ö	Õ	Ö
15	BUILDING IMPROVEMENTS	7/01/04	3,200	3,200	1,280	320	320	Ô
16	PLAYGROUND EQUIPMENT	1/01/06	69,440	69,440	17,360	6,944	6,944	0
17	BUILDING IMPROVEMENTS	4/01/07	11,260	11,260	1,408	1,126	1,126	0
18	RANGE	10/01/06	493	493	86	50	50	0
19	SCHOOL BUS	3/01/07	3,800	3,800	724	543	543	0
20	CHEVY CAVALIER	5/01/07	2,500	2,500	417	357	357	0
21	REFRIGERATOR	5/20/08	630	630	5	63	63	0
22	SCHOOL BUS	8/30/07	5,510	5,510	656	787	787	0
23	1996 SCHOOL BUS	8/08/08	4,800	4,800	0	629	629	0.
24	CANON CAMERA	6/26/09	230	230	0	0	0	0
25	COMPUTER TABLES (2)	6/17/09	420	420	0	0	0	0
26	CLASSROOM BOOKS - MIDDLE SCHOO	6/20/09	101,075	101,075	0	0	0	0
	Total Other Depreciation	· _	1,979,018	1,979,018	420,204	51,691	56,207	4,516
	•							
	Total ACRS and Other Deprec	iation	1,979,018	1,979,018	420,204	51,691	56,207	4,516
		=						
	Grand Totals		1,979,018	1,979,018	420,204	51,691	56,207	4,516
	Less: Dispositions		1,979,018	1,979,018	720,204	01,001	20,207	-+,510
	Less: Start-up/Org Expense		· 0	0		0	0	
	Net Grand Totals	· · · _	1,979,018	1,979,018	420,204	51,691	56,207	4,516

PROREFL PROJECT REFLECT,

62-1563841

FYE: 6/30/2009

AMT Asset Report Form 990, Page 1

12/21/2009 2:35 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	SCA BUILDING BUILDING IMPROVEMENTS LEASEHOLD IMPROVEMENTS EQUIPMENT FURNITURE & FIXTURES VEHICLES FURNITURE & FIXTURES FURNITURE & FIXTURES EQUIPMENT EQUIPMENT EQUIPMENT - DONATED EQUIPMENT COMPUTER EQUIPMENT FURNITURE & FIXTURES BUILDING IMPROVEMENTS PLAYGROUND EQUIPMENT BUILDING IMPROVEMENTS	12/01/03 12/01/03 1/01/04 1/01/03 1/01/00 7/01/00 3/01/03 2/01/04 11/15/04 8/01/04 9/01/96 12/01/02 10/01/01 7/01/04 1/01/06 4/01/07 10/01/06 3/01/07 5/20/08 8/30/07 8/08/08 6/26/09 6/17/09 6/20/09	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 HY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Total ACRS and Other Depreci	iation =	106,525	-	- 1	106,525		0	629
	Grand Totals Less: Dispositions	· _	106,525		-	106,525		0 0	629
	Net Grand Totals	=	106,525			106,525		0	629

PROREFL PROJECT REFLECT,

LECT, D. Depreciation Adjustment Report

62-1563841 FYE: 6/30/2009

All Business Activities

AMT Adjustments/ Preferences

12/21/2009 2:35 PM

Form Unit Asset

Description

AMT

There are no assets that meet the criteria of this report

PROREFL PROJECT REFLECT, I

12/21/2009 2:35 PM **FYE: 6/30/10**

62-1563841

FYE: 6/30/2009

Future Depreciation Report

Form 990, Page 1

Date in Description Cost Tax **AMT** Service Asset Other Depreciation: LAND 12/01/03 305,000 2 SCA BUILDING 12/01/03 1,099,927 27,498 **BUILDING IMPROVEMENTS** 1/01/04 6,469 647 23,234 LEASEHOLD IMPROVEMENTS 1/01/03 2,324 EQUIPMENT 1/01/93 76,323 4,017 15,991 **FURNITURE & FIXTURES** 1/01/00 **VEHICLES** 7/01/00 78,845 0 3/01/03 0 **FURNITURE & FIXTURES** 36,274 FURNITURE & FIXTURES 2/01/04 559 0 10 11/15/04 92,945 6,196 **EQUIPMENT** 11 **EOUIPMENT - DONATED** 8/01/04 629 **EQUIPMENT** 31,391 Ò 12 9/01/96 COMPUTER EQUIPMENT 12/01/02 7,103 0 13 14 **FURNITURE & FIXTURES** 10/01/01 970 15 **BUILDING IMPROVEMENTS** 3,200 320 7/01/04 16 17 PLAYGROUND EOUIPMENT 1/01/06 69,440 6,944 **BUILDING IMPROVEMENTS** 4/01/07 11,260 1,126 49 18 **RANGE** 10/01/06 493 19 20 SCHOOL BUS CHEVY CAVALIER 3,800 543 3/01/07 357 5/01/07 2,500 21 22 23 24 REFRIGERATOR 5/20/08 630 63 5,510 Ō SCHOOL BUS 8/30/07 787 685 1996 SCHOOL BUS 8/08/08 4,800 685 **CANON CAMERA** 6/26/09 230 23 23 25 26 COMPUTER TABLES (2) 6/17/09 42 420 42 CLASSROOM BOOKS - MIDDLE SCHOOL 20,215 6/20/09 101,075 20,215 **Total Other Depreciation** 1,979,018 71,843 20,965 Total ACRS and Other Depreciation 1,979,018 71,843 20,965 **Grand Totals** 1,979,018 71,843 20,965

PROREFL PROJECT REFLECT, D. 62-1563841 TN Future Depreciation Report

FYE: 6/30/2009

Form 990, Page 1

12/21/2009 2:35 PM FYE: 6/30/10

Asset	Description	Date In Service	Cost	TN
Other I	Depreciation:			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	LAND SCA BUILDING BUILDING IMPROVEMENTS LEASEHOLD IMPROVEMENTS EQUIPMENT FURNITURE & FIXTURES VEHICLES FURNITURE & FIXTURES FURNITURE & FIXTURES EQUIPMENT EQUIPMENT - DONATED EQUIPMENT COMPUTER EQUIPMENT FURNITURE & FIXTURES BUILDING IMPROVEMENTS PLAYGROUND EQUIPMENT BUILDING IMPROVEMENTS RANGE SCHOOL BUS CHEVY CAVALIER REFRIGERATOR SCHOOL BUS 1996 SCHOOL BUS CANON CAMERA COMPUTER TABLES (2) CLASSROOM BOOKS - MIDDLE SCHOOL	12/01/03 12/01/03 1/01/04 1/01/03 1/01/09 1/01/00 7/01/00 3/01/03 2/01/04 11/15/04 8/01/04 9/01/96 12/01/02 10/01/01 7/01/06 4/01/07 10/01/06 3/01/07 5/01/07 5/01/07 5/01/07 8/08/08 8/30/07 8/08/08 6/26/09 6/17/09 6/20/09	305,000 1,099,927 6,469 23,234 76,323 15,991 78,845 36,274 559 92,945 629 31,391 7,103 970 3,200 69,440 11,260 493 3,800 2,500 630 5,510 4,800 230 420 101,075 1,979,018	0 27,498 647 2,323 4,017 0 0 0 0 6,196 11 0 0 0 320 6,944 1,126 49 543 357 63 787 685 23 42 20,215
	Total ACRS and Other Depreciation		1,979,018	71,846
	Grand Totals		1,979,018	71,846

PROREFL PROJECT REFLECT, (

Federal Statements

12/21/2009 2:35 PM

62-1563841 FYE: 6/30/2009

TOTAL

Taxable Interest on Investments

Unrelated Exclusion Postal Description Amount **Business Code** Code Code 68 68

\$

>				0	
12/21/2009 2:35 PM		Fund Raising	∽	٠	
		Management & General	2,839 7,663 7,663 5,301 2,663 1,489 252 50	21,291	
		Mar	ν-	₩.	
ts	All Other Expenses	Program Service	8,518 266 5,423 5,682 749 44 244	20,926	
atemen	24f - All Oth		· vs	φ.	
Federal Statements	Part IX, Line 24	Total Expenses	11, 357 7, 929 5, 708 5, 682 3, 412 1, 489 244 244	42,217	
Ľ.	Form 990, P	Ш	w	S.	
, INC.					
PROREFL PROJECT REFLECT, INC. 62-1563841 FYE: 6/30/2009		Description	COMMUNICATIONS MISCELLANEOUS SECURITY AND MONITORING SCHOLARSHIPS PRINTING FOOD AND RELATED SUPPLIES POSTAGE BANK FEES TAXES AND LICENSES DUES AND SUBSCRIPTIONS DONATIONS	TOTAL	

Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning 7/01/08, and ending 6/30/09

62-1563841

PROJECT REFLECT, INC.

Net Asset / Fund Balance at Beginn	ing of Year			1,055,013
Revenue Contributions Program service revenue Investment income Capital gain / loss Special events:	2,3 	68		
Gross revenue Direct expenses Net income Other income Total revenue Expenses			394,225	
Program services Management and general Fundraising Total expenses Excess / (deficit)		341,461 281,255 	122,71 <u>6</u> —	271,509
Other changes Net Asset / Fund Ba	lance at End of Year			1,326,522
Reconciliation of Re Total revenue per financial statements Less:		Total expenses pe Less:	Reconciliation of Experiments _	2,149,368
Unrealized gains Donated services Recoveries Other	26,652	Donated servi Prior year adju Losses Other	-	26,652
Plus: Investment expenses Other Total revenue per return	2,394,225	Plus: Investment ex Other Total exp	penses - enses per return -	2,122,716
Assets Liabilities	Beginning 1,549,512 494,499 1,055,013	Balance Sheet Ending 1,773,129 446,607 1,326,522	Differences	
Net assets	Miscellaneous I Amended return Return / extended due date Failure to file penalty	information		