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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	rthe	2009 cal	endar yea	r, or tax year beginning (C Name of organization	7-01-2009 and ending 06	5-30-2010		D Employer ide	entification number
			Please use IRS	Project Harmony Inc					
	dress ch	larige	label or	Doing Business As				22-264455 E Telephone nu	
	me cha		print or type. See	PH INTERNATIONAL				(802) 496-	4545
	ial retu		Specific Instruc-	Number and street (or P O 5197 Main Street Unit 6	box if mail is not delivered to st	reet address)	Room/suite	G Gross receipts	
	mınate		tions.						
	ended			City or town, state or coun Waitsfield, VT 05673	try, and ZIP + 4				
J App	olication	n pending							
			F Nam ANN M	ne and address of princip ARTIN	al officer			ıs a group retur ates?	n for
			5197 M	laın Street Unit 6			allilla	ites	j řes j e No
			Waitsfie	eld,VT 05673			H(b) Are a	ll affiliates includ	led?
———— т Та:	x-exen	npt status	▼ 501(c)	(3) ◀ (insert no)	7(a)(1) or				(see instructions)
					77(4)(1) 01 32)		H(c) Grou	up exemption nu	imber 🟲
			ph-int org				T		
				ion Trust Association	Other -		L Year of fo	rmation 1985	State of legal domicile VT
Ра	rt I			organization's mission	or most significant activitie	<u> </u>			
	1				ITY BY FOSTERING CIVI		SHIP, HAR	NESSING INFO	RMATION
2		TECHNO	LOGY, A	ND FACILITATING CRO	SS CULTURAL LEARNING	G			
Governance									
E									
Š.	2	Check th	nis box 🛏	ıf the organization disc	ontinued its operations or o	disposed of	more than	25% of its net	assets
ن ×ة	3	Number	of voting n	nembers of the governing	body (Part VI, line 1a) .			3	7
8	4	Number	of indepen	dent voting members of	the governing body (Part V	I, line 1b)		. 4	7
Activities	5			nployees (Part V , line 2a				5	14
হ	6			lunteers (estimate if nec				6	22
a,	7a			·	m Part VIII, column (C), lii	ne 12 .		7:	 a 0
		_		ness taxable income fror			71	b 0	
	·							or Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)						4,478,774	4,491,206
를	9							37,496	0
Reveni	10	Investr	nent incon	ne (Part VIII, column (A), lines 3, 4, and 7d) .			5,492	6,612
æ	11	Otherr	evenue (P	art VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 1	.1e)			19,362
	12				ust equal Part VIII, columr			4.521.762	4.517.100
	13				column (A), lines 1-3) .			4,521,762	4,517,180
	13 14			·	column (A), line 4)				0
	15								
82	13	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)						453,489	414,900
Expenses	16a	Profess	ional fund	raising fees (Part IX, col	umn (A), line 11e)			0	
ੜੀ	ь	Total fun	draising expe	enses (Part IX, column (D), lir	e 25) 🕨 0				
_	17	Othere	xpenses (Part IX, column (A), lıne	s 11a-11d, 11f-24f) .			4,047,365	4,219,337
	18	Total ex	xpenses A	odd lines 13–17 (must e	qual Part IX, column (A), lı	ne 25)		4,500,854	4,634,237
	19	Revenu	e less exp	enses Subtract line 18	from line 12			20,908	-117,057
Net Assets or Fund Balances								g of Current	End of Year
Sets afan	20	Total	ccate /Pa-	t X, line 16)			,	1,392,292	1,650,624
A B	21					•		494,374	869,763
2 E	22				21 from line 20			897,918	780,861
	1211		ture Blo		21 110111 11111 20	· ·		097,910	700,801
					amined this return, including acco	ompanving sc	hedules and s	tatements, and to t	the best of my knowledge
					tion of preparer (other than office				
Sian		<u> </u>							
Sign Here		***** Signat	** ture of office	r			2011- Date	-05-06	
		1.							
			or print nam	CUTIVE DIRECTOR e and title					
		Ducara :			Date	Chr	eck if	Preparer's identi	fying number
ار : D		Preparer's signature			Date	self	<u> </u>	(see instructions	
Paid Prop	oror ⁱ -		<u> </u>	h a n		em	polyed 🕨 🦳		
Use (arer's Only	Firm's nar	me (or yours ployed),	Sullivan Powers & Compa	iny			EIN Þ	
U36 (Jilly		and ZIP + 4	77 Barre St PO Box 947					
				Montpelier, VT 05601				Phone no 🕨 (8	302) 223-2352
			thic rotui	n with the preparer show	m shows? /sas instructions	. \			✓ Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO BUILD A STRONG GLOBAL COMMUNITY BY	FOSTERING CIVIC LEADERSHIP, HARNESSING INFORMATION TECHNOLOGY, AND
FACILITATING CROSS CULTURAL LEARNING	

4e	Total program servic	e expenses►\$	4,077,72	9		
	(Expenses \$	472,992 incli) (Revenue \$)
4d	Other program servi	ces (Describe in Sche	dule O) See a	also Additional Data for De		
	with community groups, established and operates exchange, and innovativ which we work, brings in	the Organization incorporate nearly 500 internet access e solutions to community ch ifinite possibilities for educat king As a result, participant	es the internet as sites in Eurasia, a allenges This ac ion, intercultural	s an indispensable tool for creating and facilitates hundreds of online access to information and expressional dialogue and professional develo	ment and training programs Wheti g and nurturing an informed, civil s forums that support professional con, previously unavailable to the t pment Programs focus on practica f media, ready to serve as advoca	society The Organization had development, cross-culture raditionally closed societies al skills development,
4c	(Code) (Expenses \$	1,591,750	including grants of \$) (Revenue \$	0)
	establish academic and c initiatives help prepare y displayed a long-standin implement creative and	community partnerships that oung adults to become busi g commitment to education- innovative projects that sup	encourage explo ness and commu focused initiative port education in	oration of cultural diversity and p inity leaders, while fostering a de es Current programs are enriche a digital world Professional excl	unities for both students and educa rovide the opportunity to share cor sep appreciation of foreign cultures d by utilizing a vast network of tec nange opportunities reinforce online udents and teachers of the United	nmon experiences These The Organization has chical resources to e partnerships, peer tutoring
4b	(Code) (Expenses \$	651,709	ıncludıng grants of \$) (Revenue \$	0)
	United States host comm programs enable delegat included economic devel site visits, hands-on prac experience, and fostering	nunity Participants receive s tes to experience United Sta opment, community policing tice, job shadowing, and co g a mutual sharing of perspe	pecific skills and tes democracy a , environmental llaborative excha ectives and expe	ideas necessary to expand profe nd free enterprise in action in coi protection, youth advocacy, wor ange Host family stays round ou	-on, results-oriented professional t ssional knowledge and expertise mmunities across the United States nen's leadership, arts and culture a t these programs, providing a genu is professional programs that offer inpants	These exchange-based s Program themes have and more Activities include uine United States
4a	(Code) (Expenses \$		including grants of \$) (Revenue \$	0)
4	Section 501(c)(3) an	d 501(c)(4) organizatio	ons and section		est program services by exp equired to report the amount ce reported	
	If "Yes," describe the	se changes on Schedu	le O			
3		cease conducting, or m		t changes in how it conduc	ts, any program	Yes 🔽 No
	If "Yes," describe the	se new services on Sch	nedule O			
2		. 990-EZ?		rvices during the year whice	th were not listed on	Yes 🔽 No

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	Julieuules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other IR	S Filings and	Tax Compliance
--------	------------	-----------	----------	---------------	----------------

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	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?	1 c	Yes	
а	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
a	Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		
3	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	Yes	
b	If "Yes," enter the name of the foreign country <u>LUP</u> , RS, GG, AJ, AM 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?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
)	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N c
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
u	11 Tes, indicate the number of Forms 6262 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
J	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

5197 MAIN STREET UNIT 6 WAITSFIELD, VT 05673

(802) 496-4545

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

Se	ection A. Governing Body and Management			
	etton Ai Governing body und Hanagement		Yes	No
1a	Enter the number of voting members of the governing body 1a 7			
b	Enter the number of voting members that are independent 1b 7]		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was			
_	filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	461		
		16b		
	Let the States with which a copy of this Form 990 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Own website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	DAVID KO ENIG			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffıce	r, director, trustee o	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Charlie Hosford Board Trustee	30	х						0	0	0
Jeanne Keller CO-CHAIR	30	х		Х				0	0	0
Melissa Carr Board Trustee	30	х						0	0	0
Lynn Jondahl Board Trustee	30	х						0	0	0
JIM REARDON SECRETARY	30	х		х				0	0	0
Philip Smith Chair	30	х		х				0	0	0
Lucy M Jilka Board Trustee	30	х						0	0	0
ANN MARTIN Executive Director	40 00			х				71,566	0	5,126

	Total	0		F 426
2				5,126
	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ction B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
_	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\blacktrianglerightarrow 0.000 \)			(2009)

Form 9			f. D					Page 9
Part		Statement of	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated cam	paigns 1a	·				
	Ь	Membership du	ies 1b					
ું.≝	C		ents 1 c					
<u>ਜ਼</u> ੋਰ	d		zations 1d					
Sim.	e	Government grant						
美	f	sımılar amounts no		1,694,940				
記事	g		ibutions included in					
	h		s 1a-1f	▶	4,491,206			
				Business Code				
Program Serwce Revenue	2a							
	ь							
	c							
ž. Z	d							
Program Ser	e							
	f	All other progra	am service revenue					
<u>Ā</u>	g	Total. Add line	s 2a-2f	▶				
	3		ome (including dividen	h				
	١,		ar amounts) stment of tax-exempt bond	1	6,612			6,612
	4 5			· · · · · · · · · · · · · · · · · · ·				
		Koyannes I	(ı) Real	(II) Personal				
	6a	Gross Rents	,,					
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	_c	sales expenses Gain or (loss)						
	d	Net gain or (los	ss)	. ⊳				
e e	8a		rom fundraising					
Other Revenue			s reported on line 1c)					
μ Œ			а					
ţ.	Ь		penses b					
o	c 9a		(loss) from fundraising from gaming activities	events				
			ne 19					
	b c		penses b (loss) from gamıng actı					
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inv	_				
	<u></u>	Miscellaneou		Business Code	10.363	10.000		
	11a	Other Income	- Visa Pr	900,099	19,362	19,362		
	b	-						
	d	All other reven	ue					
	e		s 11a-11d	L				
		,			19,362			
	12	Total revenue.	See Instructions .	•	4,517,180	19,362	0	6,612

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B), (C), and	(D).	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$							
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	70,359		70,359				
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	294,960		294,960				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits	20,844		20,844				
10	Payroll taxes	28,737		28,737	_			
11	Fees for services (non-employees)							
а	Management	2,346		2,346				
b	Legal	1,000		1,000				
С	Accounting	75,727		75,727				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	1,384		1,384				
12	Advertising and promotion							
13	Office expenses	19,397		19,397				
14	Information technology							
15	Royalties							
16	Occupancy	20,550		20,550	_			
17	Travel	16,132		16,132				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	1,034		1,034				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	1,316		1,316				
23	Insurance							
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	INTERNET TECHNOLOGY	1,591,750	1,591,750					
b	PROFESSIONAL Developmen	1,361,278	1,361,278					
c	Education Programs	651,709	651,709					
d	PROGRAM EXPENSE	0						
e	Community Development	472,992	472,992					
f	All other expenses	2,722		2,722	_			
25	Total functional expenses. Add lines 1 through 24f	4,634,237	4,077,729	556,508	0			
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,=5	-3-13				

Part X Balance Sheet (A) (B) Beginning of year End of year 134 137 1 1 Cash—non-interest-bearing 934.611 2 1,219,328 2 Savings and temporary cash investments 295,605 283,944 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 8 Inventories for sale or use 125,649 9 114,510 183,780 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10b 151.075 36.293 32.705 b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 1,392,292 16 1,650,624 Total assets. Add lines 1 through 15 (must equal line 34) . . . 132.967 17 134,246 17 Accounts payable and accrued expenses 18 18 336,390 19 730,685 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 17,096 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 7.921 25 Other liabilities Complete Part X of Schedule D 25 4.832 26 **Total liabilities.** Add lines 17 through 25 494,374 26 869,763 Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 415,160 363,581 27 27 Unrestricted net assets 28 482.758 28 417.280 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 33 897,918 33 780,861 34 Total liabilities and net assets/fund balances 1.392.292 1,650,624 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2000

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization Project Harmony Inc

22-2644556

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Pa	rt I	Reas	<u>on for Pul</u>	olic Charity Stat	us (All org	anızatıons	must comp	lete this pa	art.) See ins	structions	1	
he o	organiz	zatıon ıs	not a private	foundation because	ıtıs (Forlı	nes 1 throu	igh 11, check	only one box	×)			
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of	churches s	section 170(b))(1)(A)(i).				
2	Γ	A scho	ol described	ın section 170(b)(1)	(A)(ii). (Att	tach Schedi	ule E)					
3	Γ	A hospi	tal or a coop	erative hospital serv	vice organiz	atıon descri	bed in sectio i	n 170(b)(1)(A)(iii).			
4			cal research l's name, cit	organization operate y, and state	ed in conjunc	ction with a	hospital desc	rıbed ın sect	ion 170(b)(1)(A)(iii). E	nter the	
5	Г	An orga	nization ope	rated for the benefit	of a college	or universi	tv owned or or	perated by a	governmenta	l unit desc	ribed in	
	•	•	•	\)(iv). (Complete Pa	-		-,		9			
6	Г			ocal government or	•	al unit desc	ribed in sectio	on 170(b)(1)	(A)(v).			
7	<u> </u>	An orga describ	nization tha ed in	t normally receives a	a substantıa					m the gen	eral publ	ıc
_	_			\)(vi) (Complete Pa								
8	<u> </u>			described in section								
9	ļ			t normally receives								oss
				ties related to its ex	-	_		•				
			_	ss investment incom				•		ax) from bu	ısınesse	5
	_	•		anızatıon after June 3	•			•	•			
10	<u> </u>	-	_	anızed and operated	•		•					
11	ļ	one or r	more publicly	anized and operated supported organization ses the type of suppo b Type II	tions descri orting organi	bed in secti zation and o	ion 509(a)(1)	or section 5 11e throug	09(a)(2) See	e section 5). Check
e	Γ	other th	-	x, I certify that the con managers and oth	-		•	-	•	-		
f g		check t	hıs box	eceived a written de 006, has the organiz						I supporti	ng organ	ization,
			g persons?									
				ectly or indirectly co	•			ersons desc	ribed in (ii)	<u> </u>	Yes	No
			, -	joverning body of the		-	ation?			119		+
			•	r of a person describ						11g		
				ed entity of a person						11g	(iii)	
h		Provide	the followin	g information about t	the supporte	d organizat	ion(s)					
	(i) Name suppor rganiza	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e ted in erning ent?	Did you no organiza col (i) o suppo	otify the tion in f your ort?	(vi) Is the organization organi	ne tion in janized JS?	An	(vii) nount of ipport?
				ınstructions))	Yes	No	Yes	No	Yes	No		
										1		
						1						

Total

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

	(Complete only if yo	ou checked the	box on line 5, 7	/, or 8 of Part I	.)			
	ection A. Public Support	1		Г	Т			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	4,620,28	9 7,138,748	5,697,540	4,478,774	4	,491,206	26,426,557
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	4,620,28	9 7,138,748	5,697,540	4,478,774	4	,491,206	26,426,557
5	The portion of total contributions by each person (other than a governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							4,533,785
6	(f) Public Support. Subtract line 5 from line 4							21,892,772
S	ection B. Total Support				·		•	
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
-	beginning in) A mounts from line 4	4,620,289	5,996	5,697,540	4,478,774		,491,206	26,426,557
7 8	Gross income from interest,	4,020,203	3,330	3,037,340	4,470,774		131,200	20,120,337
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,430	5,996	7,221	5,492		6,612	26,751
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	12,981	5,818	18,508	37,496		19,362	94,165
11	Total support (Add lines 7 through 10)					, ,		26,547,473
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		33,134
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	ofth tax year as a s	501(c)(3	;) organız	ation, ▶☐
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200			11 column (fl)		14		82 470 %
15	Public Support Percentage for 200	•		· · · · · · · · · · · · · · · · · · ·		15		89 710 %
	33 1/3% support test—2009. If the	•	•	on line 13 and l	ina 14 is 33 1/20%		check+	
b	and stop here. The organization qual 33 1/3% support test—2008. If the box and stop here. The organization	alifies as a public e organization did n qualifies as a p	ly supported orga not check the box ublicly supported	nızatıon k on line 13 or 16 organızatıon	a, and line 15 is 3	3 1/3%	or more, o	► ✓
17a	10%-facts-and-circumstances test is 10% or more, and if the organiza- in Part IV how the organization me organization	ition meets the "f	acts and circumst	ances" test, chec	ck this box and st e	op here.	Explain	ed •
ь	10%-facts-and-circumstances test	—2008. If the org	anızatıon dıd not o	heck a box on lin	e 13, 16a, 16b, o	r 17a an	d line	- 1
	15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization	ition meets the "f	acts and circumst	ances" test The	organization quali	ıfıes as a	a publicly	► □
18	Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and :	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
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 Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

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

	Ρ.	٠.	 •	.~	•••	

Schedule A, Part II, Line 10, Explanation of Other Income Miscellaneous

Schedule A (Form 990 or 990-EZ) 2009

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As Filed Data

DLN: 93493133003161

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization

Employer identification number Project Harmony Inc 22-2644556 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Tr</u>	easur	es, or O	ther	<u>: Similar As</u> :	sets (continued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	lowing t	that are	a significa	nt us	e of its collect	on	
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ams			
b	Scholarly research		e	Γ	Other	•					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the or	ganızatıon'	s ex	empt purpose 11	ı	
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t									_ Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organı	ızatıon			es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontribu	itions or	r other asse	ets n		_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г		A m	ount	
c	Beginning balance							1c			
d	Additions during the year						-	1d			
e	Distributions during the year 1e										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990 Part V lun	212 م				L	1	Г	Yes	
			.c ∠ 1 ′						l	162	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans	:Wer	ed "Ve	s" to F	orm ggn	Dart	t IV line 10		
FGI	Endownient i unus. complete i	(a)Current Year		Prior			Years Back			(e)Four	Years Back
1a	Beginning of year balance	, ,		-							
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment										
ь	Permanent endowment										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are helo	d and ad	lmınıstered	for t	:he		
	organization by	_								Yes	No
	(i) unrelated organizations							•	3a(i		
	(ii) related organizations								3a(i		
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						٠	3b		
	VI Investments—Land, Buildings					90 Pa	rt V line	1 0			
ΓŒΙ	t vi investments—Land, buildings	s, and Equipme	t. J		a) Cost o	•	(b)Cost or o		(c) Accumulated	\Box	
	Description of investment				isis (inve		basis (other		depreciation	(d)	Book value
	and		•	<u> </u>						$+\!\!-\!\!\!-$	
	Buildings		•	<u> </u>			82	,644	50,9	08	31,736
	easehold improvements		•	<u> </u>						$+\!\!-\!\!\!-$	
d E	Equipment		•				29	,700	29,7	00	0
									1		
	Other		•				71	,436	70,4 ► -	67	969 32,705

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	e Form 990, Part X, line : T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15. Otion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) Should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. otion (5.) (7.) (8.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. otion (5.) (7.) (8.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion (5.) (, line 25. (b) A mount	

orm 990 to Financial Statements	art XII Reconciliation of Change in Net Assets from Form 990 to
1 4,517,180	Total revenue (Form 990, Part VIII, column (A), line 12)
2 4,634,237	Total expenses (Form 990, Part IX, column (A), line 25)
3 -117,057	Excess or (deficit) for the year Subtract line 2 from line 1
4	Net unrealized gains (losses) on investments
5	Donated services and use of facilities
6	Investment expenses
7	Prior period adjustments
8	Other (Describe in Part XIV)
9 0	Total adjustments (net) Add lines 4 - 8
ines 3 and 9 10 -117,057	Excess or (deficit) for the year per financial statements Combine lines 3 and 9
	rt XII Reconciliation of Revenue per Audited Financial Stateme
1	Total revenue, gains, and other support per audited financial statements
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12
2a	Net unrealized gains on investments 2a
2b	Donated services and use of facilities
2c	Recoveries of prior year grants
2d	Other (Describe in Part XIV)
2e 0	Add lines 2a through 2d
3 4,517,180	Subtract line 2e from line 1
: 1	A mounts included on Form 990, Part VIII, line 12, but not on line 1
b . 4a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a
. 4b	Other (Describe in Part XIV) 4b
4c 0	Add lines 4a and 4b
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12
T I	rt XIII Reconciliation of Expenses per Audited Financial Statem
1 4,634,237	Total expenses and losses per audited financial statements
	A mounts included on line 1 but not on Form 990, Part IX, line 25
2a	Donated services and use of facilities
2b	Prior year adjustments
<u>2c</u>	Other losses
I I I	
2d	
2d 2e 0	
2e 0	Other (Describe in Part XIV)
2e 0 	Other (Describe in Part XIV)
2e 0 	Other (Describe in Part XIV)
2e 0 	Other (Describe in Part XIV)
2e 0	Other (Describe in Part XIV)

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

additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133003161

2009

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Totals .

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Internal Revenue Service

	me of the organization ject Harmony Inc					Employer ide	ntification number
PIO	ject Harmony Inc					22-2644550	5
P		rmation on Ac 990, Part IV, lin		de the United States	s. Complete	e if the orgar	nization answered
1				ecords to substantiate	the amount	of the grant	s or
	assistance, the grant	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward
	the grants or assistai	nce?					
2	For grant makers. Descr United States	ribe in Part IV the	organization's pi	ocedures for monitoring th	ne use of gra	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region
	SSIA AND NEWLY DEPENDENT STATES	6	41	PROGRAM SERVICES AND MANAGEMENT AND GENERAL EXPENSES	GRANT REL ACTIVITIE		3,756,952
_							

3,756,952

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	red in Part I, line 2, and any additional information.
Method Used to Acccount for	Returnicelerence	Schedule F, Part I, Line 3 ACCRUAL BASIS OF ACCOUNTING
Expenditures		FOR EXPENSES

Software ID: Software Version:

EIN: 22-2644556

Name: Project Harmony Inc

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133003161

SCHEDULE 0

(Form 990)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Project Harmony Inc

Employer identification number

22-2644556

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE 990 IS REVIEWED BY THE COMPTROLLER AND SIGNED BY THE EXECUTIVE DIRECTOR THE 990 WILL BE SUBMITTED TO BOTH THE FINANCE COMMITTEE AND THE FULL BOARD FOLLOWING REVIEW BY COMPTROLLER AND EXECUTIVE DIRECTOR

Supplemental Information to Form 990

► Attach to Form 990.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT IS REQUIRED TO BE SIGNED AND MAINTAINED BY THE SECRETARY OF THE BOARD FOR EACH INDIVIDUAL BOARD TRUSTEE AND THE KEY EMPLOYEES ARE REQUIRED TO HAVE IN THEIR PERSONNEL FILE

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section B, line 15		THE ORGANIZATION DID NOT PERFORM AN INDEPENDENT REVIEW FOR EITHER TYPE OF ORGANIZATION HOWEVER, THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS ESTABLISHED BY THE BOARD ONCE A YEARLY EVALUATION HAS BEEN COMPLETED FOR THE OFFICERS AND KEY EMPLOYEES ALL INDIVIDUALS HAVE AN ANNUAL EVALUATION WITH THEIR DIRECT SUPERVISOR AND THE COMPENSATION IS APPROVED BY THE EXECUTIVE DIRECTOR		

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		THE ORGANIZATION MAKES ALL OF THESE AVAILABLE UPON THE INDIVIDUAL REQUESTS AND THEN THE FORM 990 IS AVAILABLE ON THE GUIDESTAR WEBSITE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON EACH INDIVIDUAL REQUEST

Additional Data

Software ID: Software Version:

EIN: 22-2644556

Name: Project Harmony Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

illustrate the Organization's vision of empowering individuals of all ages to help build healthier communities

4d. Other program services (Code) (Expenses \$ 472,992 including grants of \$) (Revenue \$ 0) Community Development - The Organization's core values include a belief in strengthening communities and belief in a grassroots approach to solving community problems. Developing an understanding of the rights and responsibilities of democratic citizens while building the capacity, confidence, and skills of program participants is at the heart of the Organization's Community Development. Programs. Through educational workshops, training seminars and hands-on-community development projects, these initiatives build skills in effective communications, political advocacy, democratic leadership and coalition building. Community Development Programs truly

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
INTERNET TECHNOLOGY	1,591,750	1,591,750		
PRO FESSIO NAL Developmen	1,361,278	1,361,278		
Education Programs	651,709	651,709		
PROGRAM EXPENSE	0			
Community Development	472,992	472,992		