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CHANGE OF ACCOUNTING PERIOD

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

mican	El TICYCH	30 00 000	<b>,</b>	-r - 9 - ,	opcotion					
<u> A F</u>	or the	2011 calendar year, or tax year beginning JAN 1, 2011 and	ending	UN 30, 2011						
<b>B</b> c	heck if	C Name of organization		D Employer identific	cation number					
aţ	oplicable	PROJECT REAL (FORMERLY FOUNDATION FOR								
	Addres change	3								
	Name change			43-2	074467					
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite							
F	Termin- ated		THOUSING STATE		388-7527					
-	Amend		l		106,391.					
-	Jretum ∃Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$						
L	Jtion pendin	LAS VEGAS, NV 89101		H(a) Is this a group re						
		F Name and address of principal officer: SHANNON NORDSTROM	0101	for affiliates?	Yes X No					
			9101	H(b) Are all affiliates inc						
		mpt status: X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1)	or 527	7	list. (see instructions)					
		e: ► WWW.RELEVANTLAW.ORG		H(c) Group exemptio						
		organization: X Corporation	L Year	of formation: 2004 N	State of legal domicile: NV					
Pa		Summary	<del></del> -							
a	1 1	Briefly describe the organization's mission or most significant activities: THE	ORGAN:	<u> IZATIONS FOU</u>	R MAIN					
2		PROGRAMS HAVE THE FOLLOWING PURPOSES: (1	.) "FO	JNDATIONS OF	DEMOCRACY"					
Activities & Governance	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	sets.					
o e	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	7					
5	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	7					
SS	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	4					
Ę		Fotal number of volunteers (estimate if necessary)		6	41					
Ę	7 a	Fotal unrelated business revenue from Part VIII, column (C), line 12	•	7a	0.					
⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
				Prior Year	Current Year					
•	8 (	Contributions and grants (Part VIII, line 1h)		282,252.	106,337.					
ž	l	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.					
Revenue	-	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	402.	54.					
æ	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· ·	0.	0.					
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	282,654.	106,391.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	1		- ∵-	0.	0.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)		55,174.	106,786.					
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	' <b>-</b>	<u> </u>	0.					
ë		Professional fundraising fees (Part X) column (A) (Ine 11e)	ا ين	<u> </u>	0.					
ᄍ		Total fundraising expenses (Part X, column (D), line 25)   13,6	004.	201 410	90 710					
_		Other expenses (Part IX, column (A), lines 1 11 11 11 11 12 14 10	·	201,418.	80,710.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	·	<u>256,592.</u>	187,496.					
	19	Revenue less expenses Subtract line 18 from line 12		26,062.						
Net Assets or Fund Balances		Total assets (Part X, line 16) OGDE	<u>                                    </u>	eginning of Current Year	End of Year					
SSe	20		· · ·	154,104.	100,835.					
ad A	21	Total liabilities (Part X, line 26)	.  -	288.	28,124.					
		Net assets or fund balances. Subtract line 21 from line 20		<u> 153,816.</u>	72,711.					
	art II	Signature Block								
	•	ities of perjury, I declare that I have examined this return, including accompanying schedul			ny knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is trased on all information of v	vhich prepare	er has any knowledge.						
,		Marion & Me Mair	Leave	a .   2//	/5/ <del>/2</del>					
Sig	n	Signature of Officer CPA		Date	- /					
Her	е	SHARON MCNAIR, TREASURER								
≥		Type or print name and title		· <u>_</u> ·						
		Print/Type preparer's name Preparer's signature	$\alpha$	Date Check [	PTIN					
Paid	i	MARK A. JOLLEY Mach O. 280	lly	2/14/12 self-emplo	yed P00165185					
Pre	parer	Firm's name BRADSHAW, SMITH AND CO., LLP	0	/ Firm's EIN						
₹Use	Only	Firm's address 5851 W. CHARLESTON BLVD								
Ž.		LAS VEGAS, NV 89146		Phone no. (	702) 878-9788					
Mar	v the IF	RS discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No					

Form **990** (2011)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Other program services (Describe in Schedule O.)

10,067. including grants of \$ 3,244.)(Revenue \$

MORE STUDENTS THE OPPORTUNITY TO SEE THE PLAYS STATEWIDE.

PERFORMANCE AT SEVEN SCHOOLS FOR OVER 2,900 STUDENTS.

87,612 4e

Total program service expenses

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PERFORMANCES OF HOME IS WHERE THE HEART IS...OR IS IT? CONTINUE TO BE VERY POPULAR WITH MIDDLE AND HIGH SCHOOL SOCIAL STUDIES TEACHERS. 01/01/11 THROUGH 06/30/11, OUR STUDENT CAST PERFORMED 36 LIVE

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Part IV | Checklist of Required Schedules

	ŗ		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_	_ <u>X</u>	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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	8		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	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			'
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<del> </del>	X_
C	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	11c	-	X
d	·		1	٠.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b>.</b>
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	ľ	x
_	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<del> </del>	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>                                     </del>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	x
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		x
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 United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19	₩	X
20a		20a	T	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	MAN )	(2011)

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Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
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		├──
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	0.7		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	<u> </u>	^
20	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 IV	28a	-	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<del></del>	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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	-	X
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	X	<u> </u> (2011)

Page 5

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Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			ı
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-	ı
	(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			-
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	<del></del> .
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country: ►			l '
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		'
5a	Was the organization a party to a prohibited tax shelter transaction at any time duning the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٦,
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	_		1 v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b></b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>-</b> -		х
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		- '
e		7 <del>6</del>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>g</u> 7h		
ь 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<del>- ' ' ' -</del>	-	
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
h	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		-	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ŀ	
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		<u>L</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			1
c	Enter the amount of reserves on hand		<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
_		Eorm	agan	(2011)

# PROJECT REAL (FORMERLY FOUNDATION FOR

Form 990 (2011)

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43-2074467 Page 6

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			'
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			<i>ي</i>
	officer, director, trustee, or key employee?	2_		<u> </u>
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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during 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	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l <u></u>	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did 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 by independent		İ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
ь	, , , , , , , , , , , , , , , , , , , ,	15b	<del>                                     </del>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	1
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			<sub>~</sub>
	taxable entity during the year?	16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		-	-
800	exempt status with respect to such arrangements?	16b	L	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NV	1-4		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ÞΙΘ	
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	ıd finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza JANE JENSEN SAINT - 702-388-7527	ition:		
	310 SOUTH FOURTH STREET, LAS VEGAS, NV 89101			
13200 01-23	6	Form	990	(2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C	) :			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box.	oox, unless person is officer and a director/				han	compensation	compensation	amount of
	week (describe	├─		Γ				from the	from related organizations	other compensation
	hours for	ared				-		organization	(W-2/1099-MISC)	from the
	related	10 aa	stee			ırsate		(W-2/1099-MISC)	(1, 2, 100000,	organization
	organizations	Į finst	lal tru		oyee	ed un		,		and related
	ın Schedule	Individual trustee or director	nstitutional trustee	ja j	Key employee	lest c	]E			organizations
	O)	횰	重	Officer	Ş.	Highest compensated employee	윤			
(1) IRWIN MOLASKY										
DIRECTOR	1.50	X						0.	0.	0
(2) SAMUEL S. LIONEL										
DIRECTOR/SECRETARY	1.50	X		X				0.	0.	0
(3) SHANNON NORDSTROM										
DIRECTOR/PRESIDENT	1.50	X		X	L	<u> </u>	<u> </u>	0.	0.	0
(4) RICHARD MORGAN					l					
DIRECTOR	1.50	X						0.	0.	0
(5) SHARON MCNAIR										
DIRECTOR/TREASURER	1.50	X		X			_	0.	0.	0
(6) MARC PICKER						1				
DIRECTOR	1.50	X		<u> </u>				0.	0.	0
(7) THOMAS CLARK										
DIRECTOR/VICE-PRESIDENT	1.50	X	ļ	X		<u> </u>		0.	0.	0
		L					<u> </u>			
						ļ	L			
		l								
		<u> </u>	_							
		İ						ic.		
		<u> </u>	ļ	<u> </u>	L.	_	L_			
				╙		_	L			
· · · · · · · · · · · · · · · · · · ·		_		$oxed{oxed}$	$ldsymbol{f eta}$	_				
·		L.			<u> </u>		1_			
		↓_	<u> </u>	$oxed{oxed}$	<u> </u>	_	_			
		<u> </u>		<u> </u>	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	$oxed{oxed}$	<u></u>			
		L			L					

Officers, Directors, II		ey Linployees, and mignest						Compensated Employ	<del></del>				
(A)	(B)	(C) Position						(D)	<b>(E)</b> Reportable			(F)	
Name and title	Average		not c	heck	more	than o		Reportable			ımated		
	hours per week					is both or/trust		compensation	compensation	i i			
	(describe	$\vdash$						from the	from related organizations			orner Sensat	100
	hours for	direct	ļ			Į,		organization	(W-2/1099-MISC	э I	•	m the	
	related	ĕ	ste			Isate		(W-2/1099-MISC)	(112) 1000 11110	"		ınızatio	
	organizations	trust	al tro		yee	m m		(,			-	relate	
	in Schedule	Individual trustee or director	Institutional trustee	j .	Key employee	Highest compensated employee	ıeı				orga	nızatıo	ns
	O)	Ę	캴	Officer	Key	돌	Former			i			
	1												
										i			
										- 1			
	<del> </del>	1-	_		<u> </u>	t	<u> </u>	<del> </del>					
										- 1			
	1	t	t	$\vdash$	<del>                                     </del>	<del> </del>	<u> </u>	<del> </del>		-			
										- 1			
<del> , ,,,, , , , , _ , _ , , _ , _</del>			$\vdash$							$\overline{}$			
	1	╁	├	-	├	┼─							
	<del></del>	╁	⊢	$\vdash$	H		-			-			
	1												
			<u> </u>			<u> </u>				_			
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part \	/II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but	not limited to ti	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	0,000 of reportable	•			
compensation from the organization													0
										_		Yes	No
3 Did the organization list any former office	r, director, or tr	uste	e, ke	y er	nplo	oyee,	, or	highest compensated e	mployee on		_		
line 1a? If "Yes," complete Schedule J for	such individual	١.						••		L	3		<u> </u>
4 For any individual listed on line 1a, is the	sum of reportat	ole c	omp	ensa	atior	n and	d otl	her compensation from	the organization				
and related organizations greater than \$1	50,000? If "Yes	, " cc	mpl	ete S	Sch	edule	e <i>J 1</i>	for such individual		L	4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion i	from	any	y unr	elat	ed organization or indiv	idual for services	-		1	_
rendered to the organization? If "Yes," co.	mplete Schedu	le J	for s	uch	per	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	oensa	ation fi	om	
the organization Report compensation for	r the calendar y	/ear	end	ıng v	vrth	or w	rthir	n the organization's tax	year.				
(A)								(B)			(C	)	
Name and busines	s address	N	ON	E				Description of	services	C	omper		ו
									]				
						. —							
							1						
								<u> </u>					
O Total number of independent annihilities	(in all release but	n.c. 4						d aboug)t-a	nose than				
2 Total number of independent contractors	-	iot l	iiilite	u (0		_	ຮເອດ	above) who received r	HOIA MISU				
\$100,000 of compensation from the orga	iization >					0		<u> </u>			Form (	200	
													<i>-</i> 11 11 11 11

	T VII	Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
	b	Membership dues	. 1b					
Am Am	C	Fundraising events .	1c					
	d	Related organizations	1d					
S.E	е	Government grants (contribut	tions) <u>1e</u>	42,274.				
ë ë	f	All other contributions, gifts, gran	its, and					
듗		similar amounts not included abo	ve 1f	64,063.			:	
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	3 1a-1f \$	<u>8,473</u> .	404 00-			
<u>5 g</u>	h	Total. Add lines 1a-1f			106,337.			
				Business Code	-			
<u>i</u>	2 a							
Program Service Revenue	ь							
Ye 3	C				×			
Pag-	d					· · · · · · · · · · · · · · · · · · ·		<u> </u>
윤		All other program service reve	enile					
	,	Total, Add lines 2a-2f	,				<b></b>	
$\neg$	3	Investment income (including	dividends, intere					
	_	other similar amounts)	,,	<b>&gt;</b>	54.			54.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	C	, , .				:		_
	d	•		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
İ		and sales expenses						
		Gain or (loss)		<u> </u>				
İ		Net gain or (loss) Gross income from fundraisin	a avanta (nat					
ا <u>و</u>	0 4	including \$	•					
Ş		contributions reported on line						
Other Revenue		Part IV, line 18	a					
ŧ	b	Less: direct expenses	<del>-</del>	-	1			
٥	c	: Net income or (loss) from fun	draising events	<b></b>				
		Gross income from gaming a						
		Part IV, line 19	. а					
	b	Less: direct expenses	b					
		: Net income or (loss) from gan	_					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а			<u> </u>		
		Less: cost of goods sold	. b					
H		Net income or (loss) from sale		<u> ▶</u>		<del></del>		<u> </u>
}		Miscellaneous Revenu		Business Code	*			-
1	11 a				-			<del> </del>
	t					<del> </del>		<del>                                     </del>
	•	: I All other revenue		<u> </u>		<del> </del>	-	<del>                                     </del>
		Total. Add lines 11a-11d						1
	12	Total revenue. See instructions.			106,391.	0.	0.	54.
13200 01-23	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•		Form <b>990</b> (2011)

43-2074467 Page 10

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).

Do r	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	79,013.	36,929.	32,667.	9,417.
7	Other salanes and wages	13,013.		34,007.	J, 41.
8	Pension plan accruals and contributions (include				
9	section 401(k) and section 403(b) employer contributions)  Other employee benefits				
9 10	Payroll taxes	27,773.	10,805.	14,317.	2,651.
11	Fees for services (non-employees):	27,773.	10,003.	14,517.	2,002.
	Management				
b	Т. Т. Т. Т. Т. Т. Т. Т. Т. Т. Т. Т.				
c	Accounting	32,804.	···	32,804.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	8,342.	8,042.	300.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy	6,000.	1,800.	3,600.	600.
17	Travel	323.	323.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50.	50.		
20	Interest	,			
21	Payments to affiliates			93.	
22	Depreciation, depletion, and amortization	93.		33.	<u> </u>
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) LICENSING FEES	10,131.	10,095.	18.	18.
a	DDTMINI	7,125.	7,085.	15.	25.
b	TRANSPORTATION	4,910.	4,910.	13.	23
d	DDOMORTONG	1,667.	1,158.		509.
e		9,265.	6,415.	2,386.	464
25	Total functional expenses. Add lines 1 through 24e	187,496.	87,612.	86,200.	13,684
<u>25</u> 26	Joint costs. Complete this line only if the organization		0.70121	00,200	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	10 01-23-12				Form <b>990</b> (2011

Pai	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		142,281.	1	84,942.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		10,595.	3	14,758.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tr	ustees, key		Ĭ	
		employees, and highest compensated employees. Comp	ete Part II			
		of Schedule L		-	5	
	6	Receivables from other disqualified persons (as defined u	nder section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), an	l l	:	1	
		employers and sponsoring organizations of section 501(c				
		employees' beneficiary organizations (see instructions)	``	-	6	, -
ets	7	Notes and loans receivable, net	·		7	
Assets	8	Inventories for sale or use			8	-
•	9	Prepaid expenses and deferred charges		1,000.	9	1,000.
	10a	Land, buildings, and equipment cost or other				
	.00	basis. Complete Part VI of Schedule D 10a	6,320.			
	ь	Less: accumulated depreciation 10b	6,185.	228.	10c	135.
	11	Investments - publicly traded securities	0,103.		11	155.
	12	Investments - other securities. See Part IV, line 11	•	-	12	
	13	Investments - program-related See Part IV, line 11	ŀ		13	<u>-</u>
	14	Intangible assets			14	
	I	Other assets. See Part IV, line 11	•		15	-
	15		-	154,104.	16	100,835.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	-	288.	17	28,124.
	17	Accounts payable and accrued expenses		200.	18	20,124.
	18 19	Grants payable Deferred revenue		19	-	
			·		20	
	20	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of	Sabadula D		21	
Liabilities	21	Payables to current and former officers, directors, trustee	Г	-	21	
Ē	22					
Lia		highest compensated employees, and disqualified person of Schedule L	is. Complete Part II	r n		
		•			22	
	23	Secured mortgages and notes payable to unrelated third			24	
	24	Unsecured notes and loans payable to unrelated third pa Other liabilities (including federal income tax, payables to			24	
	25	parties, and other liabilities not included on lines 17-24).				
		Schedule D	Joinpiete Fait A of		25	
	000	Total liabilities. Add lines 17 through 25	}	288.	26	28,124.
	26	Organizations that follow SFAS 117, check here	Y and complete	200.	20	20,124.
<b>/</b> 0		lines 27 through 29, and lines 33 and 34.	and complete			
ĕ		Unrestricted net assets		105,009.	27	1,788.
lan	27	•		48,807.	28	70,923.
8	28	Temporarily restricted net assets  Permanently restricted net assets	<u> </u>	40,007.	29	10,323.
딕	29	•			29	
Ē		Organizations that do not follow SFAS 117, check her	e ▶ L and			
Š		complete lines 30 through 34.				,
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment	Г		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	otner tunds	152 016	32	70 711
_	33	Total net assets or fund balances	}	153,816.	33	72,711.
	34	Total liabilities and net assets/fund balances	l	154,104.	34	100,835.

Form **990** (2011)

Both consolidated and separate 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

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.

За

Х

Separate basis Consolidated basis

Act and OMB Circular A-133?

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Inspection

Employer identification number

Name of t	he organization		REAL (FORME				FOR	E		dentification		nber
B		RELEVAN	T EDUCATION	<u>ABOUT</u>	THE	LAW)			<u>43</u>	<u>-2074</u>	<u>467</u>	
Part I			ty Status (All organiz					ructions.				
			pecause it is: (For lines 1	-		-	•					
1	•		s, or association of churc		nbed in se	ction 170	(b)(1)(A)(i)	•				
2			0(b)(1)(A)(ii). (Attach Sc									
3 ├			al service organization of									
4 📖			pperated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	s nam	е,
<u> </u>	city, and state		penefit of a college or ur	an compt of	wood or on	orated by	2 201/2007	nontal uni	t december	d in		
3	_	(b)(1)(A)(iv). (Comple	_	iiversity Ov	wiled of op	erated by	a govern	nena un	t describe	u III		
6 🗌			ent or governmental unit	t described	d in sectio	n 170/b)/1	ΥΑ)(v).					
· -			eives a substantial part					r from the	general p	ublic desci	nbed (	n
_	section 170(b)(1)(A)(vi). (Complete Part II)											
8 🔲			ection 170(b)(1)(A)(vi). (	(Complete	Part II)							
9 🔲			eives. (1) more than 33 1			om contri	butions, m	embershi	p fees, and	d gross red	eipts	from
	_		octions - subject to certa						-	-	-	
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	inization at	fter June 3	0, 197	5.
	See section	<b>509(a)(2).</b> (Complete	Part III.)									
10	An organizati	on organized and op	erated exclusively to te	st for publi	ic safety. S	ee sectio	n 509(a)(4	l).				
11	An organizati	on organized and op	erated exclusively for th	ne benefit (	of, to perfo	rm the fur	octions of,	or to carr	y out the p	ourposes o	f one o	or
	more publicly	supported organiza	tions described in section	on 509(a)(1	1) or section	n 509(a)(2	). See <b>se</b> c	tion 509(	<b>a)(3).</b> Che	ck the box	that	
		_ · · · <u>_ · · </u>	organization and comple	ete lines 1	1e through	11h.						
	a L Type I	b L	_ Type II d	: Тур	e III - Func	tionally int	egrated		d L	Type III - C	)ther	
e 📖		•	t the organization is not		-	-	-					n
			han one or more publicly		=				9(a)(1) or s	ection 509	(a)(2).	
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	9 111				
		rganization, check th	•									
g	-		rganization accepted ar			•						
			rectly controls, either al	one or tog	etner with	persons a	escribea i	n (II) and (	iii) Delow,	44-0	Yes	No
	-	• •	upported organization? n described in (i) above?						•	11g(i)		
			person described in (i) above?		a-2	•	•	•		11g(ii) 11g(iii)		
h	• •	•	about the supported or					• •		11900	L	
••	1 104100 1110 11	onowing information	about the supported of	garnzation	(3).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did voi	notify the	(vi) ls	the	(vii) Am	nount o	
	anization	(11) = 111	organization (described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	organizáti (i) organiz	on in col.   red in the		port	•
ū			above or IRC section	governing	document?	(i) of your	support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
												·
					ļ	ļ						
				ļ					<b>├</b>			
				ļ				<del></del>	<del> </del>			<u> </u>
				<del> </del>			ļ	<del> </del>	<del>  </del>			
				<del>                                     </del>		<del> </del>	<del> </del>	<del> </del>	<del>  </del>			
Total									1 1			
Total	Onenwark Pa	dustion Ast Nation	 , see the Instructions f	<u></u>		L	<u>.                                    </u>	Cabada	<u> </u>	. 000 00	<u> </u>	0044
	ahei Malk Ke	COLUMN ACT MOTICE	, see uie instructions t	ŲĪ				ocneau:	IS W (LOLL	1 990 or 99	~-⊏∠)	2011

Form 990 or 990-EZ.

#### PROJECT REAL (FORMERLY FOUNDATION FOR

Schedule A (Form 990 or 990 EZ) 2011 RELEVANT EDUCATION ABOUT THE LAW) 43-2074467 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")	249,725.	307,927.	284,449.	282,252.	106,390.	1,230,743.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	i					
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	249,725.	307,927.	284,449.	282,252.	106,390.	1,230,743.
5	The portion of total contributions	-					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				1		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						662,577.
	Public support. Subtract line 5 from line 4						568,166.
	ction B. Total Support	<del></del>			T		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	249,725.	307,927.	284,449.	282,252.	106,390.	1,230,743.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources						
9							
	activities, whether or not the				1		
40	business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)		1				
44	Total support. Add lines 7 through 10						1,230,743,
		etc (see instruction	12	1,230,793,			
	Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						
	organization, check this box and stop	=	,	2, 104111, 01 11111		00 .(0)(0)	
Se	ction C. Computation of Publ	ic Support Pe	rcentage	•	<del></del> -		
14	Public support percentage for 2011 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	46.16 %
15	Public support percentage from 2010 Schedule A, Part II, line 14					15	60.42 %
16a	6a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							$\triangleright \mathbf{X}$
							nis box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation .			▶□
17a	10% -facts-and-circumstances tes	it - 2011. If the org	anization did not o	check a box on line	e 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							nization
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
t	b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the						
	organization meets the "facts-and-cir		•	•		•	
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17		-	
					Scho	edule A (Form 990	or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	ow, please comp	olete Part II.)	<del> </del>					
	(=) 2007	(F) 2008	(a) 2000	(4) 2010	(=) 2011	/O Total		
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")				<del></del>	<del> </del>			
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								
3 Gross receipts from activities that	ļ							
are not an unrelated trade or bus-								
iness under section 513					<u>                                     </u>			
4 Tax revenues levied for the organ-			-					
ization'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								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c Add lines 7a and 7b						· · · · · · · · · · · · · · · · · · ·		
8 Public support (Subtract line 7c from line 6)								
Section B. Total Support								
Calendar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
9 Amounts from line 6								
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
<b>b</b> Unrelated business taxable income								
(less section 511 taxes) from businesses acquired after June 30, 1975								
c 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 IV.)								
13 Total support (Add lines 9, 10c, 11, and 12)								
14 First five years. If the Form 990 is for	the organization's	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,		
check this box and stop here					( )(=) = · g	<b>▶</b> □		
Section C. Computation of Publi	ic Support Pe	rcentage						
15 Public support percentage for 2011 (I			column (f))		15	%		
16 Public support percentage from 2010					16	%		
Section D. Computation of Inves			1		1.5			
	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))							
18 Investment income percentage from 2			17 % 18 %					
-	. If the organization did not check the box on line 14, and line 15 is more than							
more than 33 1/3%, check this box a	-				· ·			
b 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,			
		•	•			<b>*</b>   <b>*</b>		
20 Private foundation. If the organizatio	n ald not check a	DOX OR HING 14, 19	a, or 190, check t	nis dox and see ii	<u>istructions</u>	▶∟		

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions. Inspection

Open to Public

OMB No 1545-0047

Name of the organization

PROJECT REAL (FORMERLY FOUNDATION FOR RELEVANT EDUCATION ABOUT THE LAW)

**Employer identification number** 43-2074467

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line				
		(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 that the assets held in donor advi	sed funds		
	are the organization's property, subject to the organization's		☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, and donor a	•	e used only		
	for chantable purposes and not for the benefit of the donor of		-		
	impermissible private benefit?		Yes No		
Par	1	ganization answered "Yes" to Form 990,			
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or		storically important land area		
	Protection of natural habitat	<del></del>	tified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last		
	day of the tax year.				
			Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax		
	year ▶				
4	Number of states where property subject to conservation ea	asement is located >			
5	Does the organization have a written policy regarding the pe	enodic monitoring, inspection, handling of	<u></u>		
	violations, and enforcement of the conservation easements	rt holds?	. Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year 🕨		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year 🕨 \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	0(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expens	se statement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for		
	conservation easements				
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.		
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·			
1a	If the organization elected, as permitted under SFAS 116 (A	•			
	historical treasures, or other similar assets held for public ex	khibition, education, or research in further	ance of public service, provide, in Part XIV,		
	the text of the footnote to its financial statements that descri	ribes these items.			
þ	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic 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				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	al gain, provide		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:			
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$		

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

Schedule D (Form 990) 2011

20

### PROJECT REAL (FORMERLY FOUNDATION FOR

		EDUCATIO						<u>3-207446</u>	
Par	t III   Organizations Maintaining C	<u>ollections of Ar</u>	rt, Histo	rical Tre	asures, c	or Other	Similar	Assets (con:	tinued)
3	Using the organization's acquisition, accession	on, and other record	ls, check a	ny of the f	ollowing tha	t are a sigi	nificant use	e of its collection	n items
	(check all that apply)								
а	Public exhibition	d	ᅟᆜᆜᅝ	an or exch	ange progra	ams			
b	Scholarly research	е	Ot	her					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they	further th	e organizati	on's exem	pt purpose	in Part XIV.	
5	During the year, did the organization solicit or	receive donations	of art, histo	oncal treas	ures, or oth	er sımılar a	ssets		
	to be sold to raise funds rather than to be ma							Yes	<u>No</u>
Par	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	ete if the o	rganızatıor	answered	"Yes" to F	orm 990, P	Part IV, line 9, o	r
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ntributions	or other as	sets not ir	ncluded		
	on Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing tal	ole:					
								Amour	nt
C	Beginning balance						1c		
d	Additions during the year				•		1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes	∟ No
	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete if	the organization an	swered "Y	es" to For	m 990, Part	IV, line 10			
		(a) Current year	(b) Pric	r year	(c) Two yea	rs back (c	i) Three yea	rs back (e) Fou	ır years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and 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 curr	ent year end baland	e (line 1g,	column (a)	) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporanly restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held ar	id administe	ered for the	ə organızat	tion	
	by:								Yes No
	(i) unrelated organizations				•			3a(i)	<del>                                     </del>
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedu	le R?				<u>3b</u>	
4	Describe in Part XIV the intended uses of the							·	
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	0, Part X, I	ne 10.					
	Description of property	(a) Cost or o		(b) Cost		, , ,	cumulated	(d) Bo	ok value
		basis (investr	ment)	basis (	other)	depr	eciation		
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment								
е	Other	.			6,320.		6,18	5.	135.
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column	(B), line 1	0(c).)		]		135.

Schedule D (Form 990) 2011

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PROJECT REAL (FORMERLY FOUNDATION FOR RELEVANT EDUCATION ABOUT THE LAW) 43-2074467 Page 4 Schedule D (Form 990) 2011 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments Donated services and use of facilities 6 Investment expenses 6 7 Pnor penod adjustments 8 Other (Describe in Part XIV) 8 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments b Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIV) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIV.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 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 **b** Prior year adjustments Other losses C 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2011

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

PROJECT REAL (FORMERLY FOUNDATION FOR RELEVANT\_EDUCATION ABOUT THE LAW)

Employer identification number 43-2074467

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IS SPECIFICALLY TARGETED AT ELEMENTARY SCHOOL AGED CHILDREN TO TEACH
BASIC PRINCIPLES OF LIVING IN A DEMOCRATIC SOCIETY: (2) "YOUR DAY IN
COURT" SPONSORS TOURS TO THE US DISTRICT COURT AND STATE COURT FOR 5TH
TO 12TH GRADE STUDENTS; (3) "REAL DRAMA" TEACHES MIDDLE AND HIGH SCHOOL
STUDENTS ABOUT RELEVANT AND CONTROVERSIAL SUBJECTS THROUGH THE MEDIUM
OF DRAMA; (4) "PLAY BY THE RULES" UTILIZES TEAMS OF TEACHERS AND LAW
ENFORCEMENT OFFICERS TO PRESENT NEVADA LAW TO MIDDLE SCHOOL STUDENTS.
ALL PROGRAMS ARE OFFERED AT NO COST TO ANY SCHOOL IN NEVADA THAT
DESIRES TO INCORPORATE PROJECT REAL'S PROGRAMMING INTO THEIR
CURRICULUM.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FOUNDATIONS OF DEMOCRACY AND OTHER PROGRAMS
EXPENSES \$ 10,067. INCLUDING GRANTS OF \$ 3,244. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD TREASURER REVIEWS THE 990
IN DETAIL WITH THE PREPARER BEFORE SUBMISSION TO THE BOARD OF DIRECTORS AND
IRS. THE BOARD TREASURER PRESENTS THE FORM 990 TO THE BOARD OF DIRECTORS
FOR THEIR REVIEW AND APPROVAL PRIOR TO ITS FINAL SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C: AT THE BEGINNING OF THE NEW FISCAL
YEAR BOARD AND STAFF SIGN CONFLICT OF INTEREST STATEMENTS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

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

Schedule O (Form 990 or 990-EZ) (2011)

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Schedule O (Form 990 or 9	990-EZ) (2011)	Page 2
Name of the organization	PROJECT REAL (FORMERLY FOUNDATION FOR	Employer identification number
•	RELEVANT EDUCATION ABOUT THE LAW)	43-2074467
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