

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Department of the Treasury
Internal Revenue Service

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Name of organization PROJECT ENLIGHTEN, INC.		26-0424123
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		Telephone number
	1425 W WESTON TRAIL		(530) 515-9504
	City or town state or country ZIP + 4	Group Exemption Number ▶	
	FLAGSTAFF AZ 86005		

Accounting Method: Cash Accrual Other (specify) ▶ _____
 ▶ www.projectenlighten.org
 (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

Check if the organization is required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

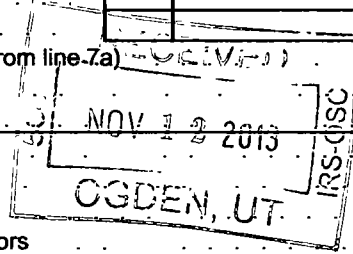
Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization its gross receipts are normally more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 31,459

(see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	Contributions, gifts, grants, and similar amounts received		30,909
	Program service revenue including government fees and contracts		
	Membership dues and assessments		
	Investment income		
	Gross amount from sale of assets other than inventory		
	Less: cost or other basis and sales expenses		
	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		0
	Gaming and fundraising events		
	Gross income from gaming (attach Schedule G if greater than \$15,000)	550	
	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	Less: direct expenses from gaming and fundraising events	225	
	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		325
	Gross sales of inventory, less returns and allowances		
Less: cost of goods sold			
Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		0	
Other revenue (describe in Schedule O)			
Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		31,234	
Expenses	Grants and similar amounts paid (list in Schedule O)		38,779
	Benefits paid to or for members		
	Salaries, other compensation, and employee benefits		
	Professional fees and other payments to independent contractors		962
	Occupancy, rent, utilities, and maintenance		
	Printing, publications, postage, and shipping		
	Other expenses (describe in Schedule O)		1,971
Add lines 10 through 16		41,712	
Net Assets	Excess or (deficit) for the year (Subtract line 17 from line 9)		-10,478
	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		40,759
	Other changes in net assets or fund balances (explain in Schedule O)		
	Net assets or fund balances at end of year. Combine lines 18 through 20		30,281



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(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	Beginning of year	End of year
Cash, savings, and investments	39,058	28,422
Land and buildings		
Other assets (describe in Schedule O)	1,701	1,859
(describe in Schedule O)	40,759	30,281
(line 27 of column (B) agree with line 21)	40,759	30,281

(see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? Promote education and humanitarian aid
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Provided charitable giving grants to various schools in Cambodia and Laos including providing materials and labor for school construction. Provided charitable giving grants to other 501(c)(3) organizations working in Cambodia.

(Grants \$ 31,279) If this amount includes foreign grants, check here 31,639

Provided funding for 4 student scholarships in Cambodia

(Grants \$ 7,500) If this amount includes foreign grants, check here 7,590

(Grants \$) If this amount includes foreign grants, check here

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

(add lines 28a through 31a) 39,229

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

Name and title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Asad Rahman President	Hr/WK 20.00	0		
Olivia Lorge Secretary	Hr/WK 10.00	0		
Matt Keyes Director	Hr/WK 5.00	0		
Riva Duncan Director	Hr/WK 5.00	0		
Mike Carroll Director	Hr/WK 5.00	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

(Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.			X
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).			X
Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			X
If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.			
Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.			X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.			X
Enter amount of political expenditures, direct or indirect, as described in the instructions.			
Did the organization file _____ for this year?			X
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved.			X
Section 501(c)(7) organizations. Enter:			
Initiation fees and capital contributions included on line 9			
Gross receipts, included on line 9, for public use of club facilities			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
section 4911 _____; section 4912 _____, section 4955 _____			
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.			X
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.			X
List the states with which a copy of this return is filed <input type="checkbox"/> CA			
The organization's books are in care of <input type="checkbox"/> Asad Rahman Telephone no <input type="checkbox"/> (530) 515-9504			
Located at <input type="checkbox"/> 1425 W Weston Trail City Flagstaff ST AZ ZIP + 4 <input type="checkbox"/> 86005			
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)? If "Yes," enter the name of the foreign country. <input type="checkbox"/>			X
See the instructions for exceptions and filing requirements for			
At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/>			X
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of _____ Check here <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>			
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.			X
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.			X
Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?			X
Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).			X

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

		X
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All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

		X
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Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

		X
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Did the organization make any transfers to an exempt non-charitable related organization?

		X
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If "Yes," was the related organization a section 527 organization?

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Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Name and title of each employee paid more than \$100,000	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			

Total number of other employees paid over \$100,000

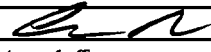
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Name and address of each independent contractor paid more than \$100,000	Type of service	Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

Total number of other independent contractors each receiving over \$100,000

Did the organization complete Schedule A? All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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

	10/30/13
Signature of officer	Date
ASAD RAHMAN	PRESIDENT
Type or print name and title	

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
CHRIS JOHNSON	CHRIS JOHNSON	10/30/2013		P01405830
Firm's name	Firm's EIN		Firm's address	
JOHNSON'S BOOKKEEPING	20-8343347		810 DALTON HOLLOW RD, HARTSVILLE, TN 37074	
Firm's address	Phone no			
810 DALTON HOLLOW RD, HARTSVILLE, TN 37074	(615) 587-0939			

May the IRS discuss this return with the preparer shown above? See instructions.

Department of the Treasury
Internal Revenue Service

PROJECT ENLIGHTEN, INC

26-0424123

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- A church, convention of churches, or association of churches described in
- A school described in (Attach Schedule E.)
- A hospital or a cooperative hospital service organization described in
- A medical research organization operated in conjunction with a hospital described in Enter the hospital's name, city, and state -----
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in (Complete Part II.)
- A federal, state, or local government or governmental unit described in
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in (Complete Part II)
- A community trust described in (Complete Part II.)
- An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See (Complete Part III)
- An organization organized and operated exclusively to test for public safety See
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See
Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 Type I Type II Type III—Functionally integrated Type III—Non-functionally integrated
- By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- A family member of a person described in (i) above?
- A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

Name of supported organization	EIN	Type of organization (described on lines 1-9 above or IRC section)	Is the organization in col. listed in your governing document?		Did you notify the organization in col of your support?		Is the organization in col. organized in the U S ?		(vii) Amount of monetary support

(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.)

	2008	2009	2010	2011	2012	Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	25,082	34,041	51,944	44,435	30,909	186,411
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
Add lines 1 through 3	25,082	34,041	51,944	44,435	30,909	186,411
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
Subtract line 5 from line 4.						186,411

	2008	2009	2010	2011	2012	Total
Amounts from line 4	25,082	34,041	51,944	44,435	30,909	186,411
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
Net income from unrelated business activities, whether or not the business is regularly carried on						0
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
Add lines 7 through 10						186,411
Gross receipts from related activities, etc. (see instructions)						325

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

Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	100.00%
Public support percentage from 2011 Schedule A, Part II, line 14	100.00%

If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and The organization qualifies as a publicly supported organization

If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and The organization qualifies as a publicly supported organization

If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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 Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(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 below, please complete Part II.)

	2008	2009	2010	2011	2012	Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
Gross receipts from activities that are not an unrelated trade or business under section 513						0
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
Add lines 1 through 5	0	0	0	0	0	0
Amounts included on lines 1, 2, and 3 received from disqualified persons						0
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
Add lines 7a and 7b	0	0	0	0	0	0
(Subtract line 7c from line 6.)						0

	2008	2009	2010	2011	2012	Total
Amounts from line 6	0	0	0	0	0	0
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
Add lines 10a and 10b	0	0	0	0	0	0
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
(Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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

Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))		0.00%
Public support percentage from 2011 Schedule A, Part III, line 15		0.00%

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

If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and The organization qualifies as a publicly supported organization.

If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and The organization qualifies as a publicly supported organization.

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



Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for providing explanations.

Department of the Treasury
Internal Revenue Service

Name of the organization

PROJECT ENLIGHTEN, INC.

26-0424123

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: CHARITABLE GIVING, Grantee: Giant Puppet

Project Cambodia, Cash Grant: 13,443, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: CHARITABLE GIVING, Grantee: VDPCA

Children's School Cambodia, Cash Grant: 7,500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIPS, Grantee: 4 Students at BBU

Cambodia, Cash Grant: 7,500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: CHARITABLE GIVING, Grantee: Laos School

Laos, Cash Grant: 5,836, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 43

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 524

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 64

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Service Charges: 471

Form 990-EZ, Part I, Line 16, Other Expenses: Licenses, Fees: 143

Form 990-EZ, Part I, Line 16, Other Expenses: Information Technology: 726

Form 990-EZ, Part II, Line 24, Other Assets: Projector: Beginning of year: 455, End of year:

263

Form 990-EZ, Part II, Line 24, Other Assets: Computer: Beginning of year: 1,246, End of year:

914

Form 990-EZ, Part II, Line 24, Other Assets: Projector & speaker system: Beginning of year: 0,

End of year: 682

Name of the organization

PROJECT ENLIGHTEN, INC

26-0424123

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