

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)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2008** calendar year, or tax year beginning **2008**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization **Project Discovery**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
340 Lakewood Drive
 City or town, state or country, and ZIP + 4
Bloomfield Hills MI 48304

D Employer identification number
74 3110498

E Telephone number
(248) 563-0016

G Gross receipts \$ **56,021**

F Name and address of principal officer:
Teryl Asher 340 Lakewood Drive Bloomfield Hills MI

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ **www.projectdiscovery.net**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **2003** **M** State of legal domicile: **MI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Project Discovery supports scholarship, research and publication in Armenian archaeology and the preservation of Armenia's archaeological monuments and artifacts. Project Discovery provides grants in furtherance of its mission to discover and preserve the cultural and archaeological legacy of Armenia.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0	
	5	Total number of employees (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	2	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	75,135	53,758
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,584	1,195
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	741	1,068
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,457	56,021	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	58,570	42,947
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,542		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17,320	22,792
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	75,890	65,739
19	Revenue less expenses. Subtract line 18 from line 12	2,567	(9,718)	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	64,529	54,811
	21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances. Subtract line 21 from line 20	64,529	54,811	

Part II Signature Block

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

Sign Here
 Signature of officer: Teryl Asher Date: 1 Feb 24, 2009
 Type or print name and title: TREASURER

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 EIN: _____ Phone no.: () _____

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

