

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PROJECT RETURN, INC.		D Employer identification number 62-1058325
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1200 DIVISION STREET 200		E Telephone number (615) 327-9654
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37203		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).		

G Website: ▶ **WWW.PROJECTRETURNINC.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **753,414.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	207,049.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	544,581.	
	d Total (add lines 1a through 1c) (cash \$ 751,630. noncash \$)	1d	751,630.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	502.	
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7			
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a	8b	
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11 Other revenue (from Part VII, line 103)	11	1,282.	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	753,414.	
	Expenses	13 Program services (from line 44, column (B))	13	506,486.
14 Management and general (from line 44, column (C))		14	62,664.	
15 Fundraising (from line 44, column (D))		15	60,197.	
16 Payments to affiliates (attach schedule)		16		
17 Total expenses (add lines 16 and 44, column (A))		17	629,347.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	124,067.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	35,039.	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	159,106.	

423001 01-13-05 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	146,000.	116,426.	13,407.	16,167.
26	Other salaries and wages	200,339.	159,757.	18,397.	22,185.
27	Pension plan contributions				
28	Other employee benefits	62,164.	49,572.	5,708.	6,884.
29	Payroll taxes	30,932.	24,667.	2,840.	3,425.
30	Professional fundraising fees				
31	Accounting fees	22,861.	13,395.	9,466.	
32	Legal fees				
33	Supplies	5,298.	4,262.	518.	518.
34	Telephone	5,938.	4,679.	482.	777.
35	Postage and shipping	597.	359.	44.	194.
36	Occupancy	39,600.	31,680.	3,960.	3,960.
37	Equipment rental and maintenance	6,326.	4,588.	570.	1,168.
38	Printing and publications	494.	332.	129.	33.
39	Travel	19,743.	17,864.	217.	1,662.
40	Conferences, conventions, and meetings	359.		359.	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	3,232.	2,586.	323.	323.
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 2	85,464.	76,319.	6,244.	2,901.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	629,347.	506,486.	62,664.	60,197.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ►

COUNSELING AND TEACHING OF JOB SKILLS TO PRISONERS.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	SEE STATEMENT 3	
	(Grants and allocations \$ _____)	506,486.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	506,486.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	6,330.	45	14,917.
	46 Savings and temporary cash investments	6,408.	46	11,464.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a	151,893.	
	b Less: allowance for doubtful accounts	48b	48c	151,893.
	49 Grants receivable	56,633.	49	44,550.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,519.	53	2,545.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a	41,924.	
	b Less: accumulated depreciation	55b	27,890.	55c
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe ►		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	85,956.	59	239,403.	
Liabilities	60 Accounts payable and accrued expenses	50,917.	60	32,712.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 4	64b	47,585.
	65 Other liabilities (describe ►		65	
66 Total liabilities (add lines 60 through 65)	50,917.	66	80,297.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	17,833.	67	<22,978.>
	68 Temporarily restricted	17,206.	68	182,084.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	35,039.	73	159,106.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	85,956.	74	239,403.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a Total revenue, gains, and other support per audited financial statements	a 753,414.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify): \$	
Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 753,414.
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): \$	
Add amounts on lines (1) and (2)	d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 753,414.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements	a 629,347.
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify): \$	
Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 629,347.
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): \$	
Add amounts on lines (1) and (2)	d 0.
e Total expenses per line 17, Form 990 (line c plus line d)	e 629,347.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
C. DAVID DELBRIDGE 1200 DIVISION STREET, SUITE 200 NASHVILLE, TN 37203	EXECUTIVE DIRECTOR 37.5 HRS/WEEK	50,000.	0.	0.
NANCY JOHNSON 1200 DIVISION STREET, SUITE 200 NASHVILLE, TN 37203	ASSOC. EXECUTIVE DIRECTOR 37.5 HRS/WEEK	30,000.	5,672.	0.
BOBBY DANIELS 1200 DIVISION STREET, SUITE 200 NASHVILLE, TN 37203	DIRECTOR OF DEVELOPMENT 37.5 HRS/WEEK	35,000.	5,672.	0.
THOMAS HUNTER 1200 DIVISION STREET, SUITE 200 NASHVILLE, TN 37203	DIRECTOR OF CLIENT SERVICE 37.5 HRS/WEEK	31,000.	5,672.	0.
SEE ATTACHED LIST OF NONCOMPENSATED OFFICERS/DIRECTORS	5 HRS/MONTH	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> TENNESSEE		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	11
91	The books are in care of <input type="checkbox"/> C. DAVID DELBRIDGE Telephone no. <input type="checkbox"/> 615-327-9654		

Located at ☐ 1200 DIVISION STREET, STE #200 - NASHVILLE, TN ZIP + 4 ☐ 37203

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 92 ☐ N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	502.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME					1,282.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		502.	1,282.
105 Total (add line 104, columns (B), (D), and (E))					1,784.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103A INCOME FROM PROGRAM SERVICE RELATED ACTIVITIES USED TO SUPPORT THE ORGANIZATIONS MANY ACTIVITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.	
	Signature of officer	Date
Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN
423161 01-13-05	KRAFTCEAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310	EIN Phone no. (615) 242-7351

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization

PROJECT RETURN, INC.

Employer identification number

62: 1058325

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d X	
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ 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 charitable, etc., 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 section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	478,399.	374,880.	235,453.	277,907.	1,366,639.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	764.	1,968.	607.	3,668.	7,007.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		1,144.	SEE STATEMENT 5	2,552.	3,696.
23 Total of lines 15 through 22	479,163.	377,992.	236,060.	284,127.	1,377,342.
24 Line 23 minus line 17	479,163.	377,992.	236,060.	284,127.	1,377,342.
25 Enter 1% of line 23	4,792.	3,780.	2,361.	2,841.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					27,547.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,377,342.
d Add: Amounts from column (e) for lines: 18 7,007. 19 22 3,696. 26b					10,703.
e Public support (line 26c minus line 26d total)					1,366,639.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.2229%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** If the organization belongs to an affiliated group.Check ☐ **b** If you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

PROJECT RETURN, INC.

Employer identification number

62-1058325

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

PROJECT RETURN, INC.

62-1058325

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FOOTNOTES

STATEMENT 1

FORM 990, PART II, LINE 42 "DEPRECIATION"

FURNITURE AND EQUIPMENT CONSISTED OF THE FOLLOWING
AT JUNE 30, 2005:

FURNITURE AND EQUIPMENT	41,924.
LESS: ACCUMULATED DEPRECIATION	<27,890.>
	<hr/>
TOTAL - NET	14,034.
	<hr/>

FURNITURE AND EQUIPMENT ARE STATED AT ACQUISITION COST OR
AT ESTIMATED FAIR MARKET VALUE AT THE TIME OF THE GIFT, IF
DONATED. DEPRECIATION ON FURNITURE AND EQUIPMENT IS
CALCULATED BY THE STRAIGHT-LINE METHOD OVER AN ESTIMATED
USEFUL LIFE OF FIVE TO TEN YEARS.

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	572.	403.		169.
AID TO CLIENTS	57,889.	57,889.		
DUES & MEMBERSHIPS	1,188.		280.	908.
FUNDRAISING EXPENSE	469.			469.
INSURANCE	12,735.	6,368.	5,094.	1,273.
LIVING EXPENSES - FULL TIME VOLUNTEER	11,644.	11,644.		
MISCELLANEOUS	121.		121.	
STAFF DEVELOPMENT FEES	15.	15.		
SUBSCRIPTIONS	82.			82.
TAXS & LICENSES	749.		749.	
TOTAL TO FM 990, LN 43	85,464.	76,319.	6,244.	2,901.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

PROVIDE COUNSELING AND THE TEACHING OF JOB SKILLS TO PRISONERS IN CONJUNCTION WITH THEIR RELEASE FROM INSTITUTIONAL CUSTODY AND RETURN TO SOCIETY. PROGRAM SERVICES CONSIST OF AN ADULT PROGRAM AND A YOUTH PROGRAM, BOTH OF WHICH PROVIDE DIRECT REFERRALS TO EMPLOYMENT SOURCES, EDUCATE THE PUBLIC REGARDING CRIMINAL JUSTICE ISSUES, AND SUPPORT SUCCESSFUL TRANSITIONS BACK INTO THE COMMUNITY THROUGH LIFE SKILLS TRAINING.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		506,486.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	4
----------	-------------------------------	-----------	---

LENDER'S NAME	TERMS OF REPAYMENT
---------------	--------------------

SUNTRUST	MONTHLY
----------	---------

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
08/20/01	VARIOUS	65,000.	7.25%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
-------------------------------	-----------------

AGENCY ASSETS	LINE OF CREDIT
---------------	----------------

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
N/A	0.	47,585.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	47,585.
--	---------

SCHEDULE A	OTHER INCOME	STATEMENT	5
------------	--------------	-----------	---

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER INCOME	0.	1,144.	0.	2,552.
TOTAL TO SCHEDULE A, LINE 22	0.	1,144.	0.	2,552.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization PROJECT RETURN, INC.	Employer identification number 62-1058325
	Number, street, and room or suite no. If a P.O. box, see instructions. 1200 DIVISION STREET, NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **C. DAVID DELBRIDGE**
Telephone No. ► **615-327-9654** FAX No. ► _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 12-2004)

KraftCPAs
Project Return, Inc.
Programs Overview

Scope of Services & Population Served

PRI has developed a holistic combination of workshops, exercises, job placement services and follow-up that has proven to be effective in matching former offenders with jobs that provide adequate pay and opportunity for advancement. Services are provided free to anyone with a juvenile or criminal record who has been incarcerated or is currently imprisoned and planning for his or her release. Because the agency recognizes that an ex-offender's needs may often far exceed just locating suitable employment, assistance is offered with securing proper identification (birth certificates, ID cards, drivers license and Social Security cards), housing and clothing referrals, emergency food distribution, and bus passes for transportation to and from the workplace. In calendar year 2004, PRI provided 5,414 direct services to 1,941 adult walk-in clients. As our programs strive to teach personal accountability and responsibility, bridges are built — bridges that will strengthen the lives of adjudicated youth and former adult offenders.

Bridge to the Future: The agency's adult pre-release program, provided to inmates prior to their release from area prisons and/or detention centers. Designed to afford participants with an opportunity to learn and practice the skills necessary to successfully reintegrate back into the community, the program is based on Survival Skills, Career Development and Job Readiness Training models. (480 participants completed the program in calendar year 2004.)

Jobs and Futures: Upon release from an incarcerated setting, client service counselors assess the specific needs of each client and an offender reentry plan is developed to help them successfully transition from incarceration to self-reliance in the community. In addition to job-training and employment assistance components, this multiphase action program provides referrals to other essential support services, follow-up counseling, mentoring, and direct aid. (831 clients enrolled in the agency's Job Readiness classes in 2004.)

Project Success: This program was implemented in August 1999 and works with adjudicated youth incarcerated at the Woodland Hills Youth Development Center, Nashville Transition Center and the Davidson County Juvenile Detention Center. The program's goal is "to prevent the juvenile offenders of today from becoming the adult offenders of tomorrow." (PRI facilitated Survival Skills/Career Development classes for 621 juvenile offenders in calendar year 2004.)

Tennessee Bridges: A federally funded partnership with the state Department of Correction and Board of Probation & Parole (BOPP) that begins working with offenders one year prior to release. The initiative is designed to decrease the number of offenders returning to prison through intensive training and needs assessments, and collaboration with law enforcement and the community. (Since the program's February 2003 implementation, 257 participants have paroled to the program.)

GED/Adult Literacy Program: In October 2002, PRI formally collaborated with the Nashville Adult Literacy Council and extended its partnership with the BOPP to develop and facilitate an innovative GED/Adult Literacy Program. Instruction is learner-focused and tailored to meet the individual needs and goals of the participants. Classes are facilitated weekly at both BOPP Nashville-based Community Resource Centers. (As of June 2005, 279 participants have enrolled in the classes.)

PROJECT RETURN, INC.

Board of Directors

Brice Henderson

Chairman

Advance Pay Solutions

Technical Support

1719 West End Avenue, Suite 400-W

Nashville, TN 37203

Home: 615-824-2411 - Mobile: 615-973-0013

Work: 615-777-5020

113 River Bend Road*

Hendersonville, TN 37075

Email: bricedh@bellsouth.net

Reverend William L. Barnes, Retired

Vice Chairman

Community Volunteer

1023 Battlefield Drive*

Nashville, TN 37204

Home: 615-297-3973

Email: Iamacog@comcast.net

Donald Weidknecht

Treasurer

General Manager - Foodstuff

115 17th Avenue South

Nashville, TN 37203

Work: 615-254-8400 - Fax: 615-254-4800

Pager: 615-402-4001 - Home: 615-754-6581

Pager: 615-518-4025 (Personal)

4636 Brown Leaf Drive*

Old Hickory, TN 37138

Email: Dweidknecht@hotmail.com

Patricia Weiland

Secretary

Executive Director - TRICOR

240 Great Circle Road, Suite 310

Nashville, TN 37228-1734

Work: 615-741-5705, Ext. 108

Mobile: 615-308-0020 - Fax: 615-741-2696

Email: Pat.Weiland@state.tn.us

Dr. Carol Creswell-Betsch

Community Volunteer

910 17th Avenue North*

Nashville, TN 37208

Home: 615-329-9238

Mobile: 615-364-4594

Email: ccreswellbetsch@aol.com

Reverend Saul Eady, Jr.

Tennesseans for Fair Taxation

1103 Chapel Avenue

Nashville, TN 37206

Home: 615-793-5497 - Work: 615-226-1665

Mobile: 615-482-1852 - Fax: 615-226-1656

202 Chilton Street*

Nashville, TN 37211

Email: saul@yourtax.org

truehouseofpraise@yahoo.com

E. Elliott Garrett, Jr.

Metropolitan Health Department

311 23rd Avenue North

Nashville, TN 37203

Work: 615-340-5686 - Fax: 615-340-2110

1039 Draughton Avenue*

Nashville, TN 37204

Home: 615-298-3228

Email: elliott.garrett@nashville.gov

Louise Gilchrist

Corrections Corporation of America

10 Burton Hills Boulevard

Nashville, TN 37215

Work: 615-263-3106 - Fax: 615-263-3110

Mobile: 615-289-4298

4200 Jamesborough Place*

Nashville, TN 37215

Email: Louise.Gilchrist@correctionscorp.com

Terrance B. Horgan
Catholic Charities
Woodbine Community Organization
222 Oriel Avenue
Nashville, TN 37210
Home: 615-385-4716 - Work: 615-850-3449
Mobile: 615-300-5417 - Fax: 615-833-9727
835 Acklen Avenue*
Nashville, TN 37203
Email: terry_horgan@yahoo.com

Darleen H. McClung
Davidson County Sheriff's
Correctional Complex
5113 Harding Place
Nashville, TN 37211
Home: 615-837-8522 - Work: 615-880-3872
Mobile: 615-310-6949 - Fax: 615-862-8590
201 Brittany Park Circle*
Nashville, TN 37013
Email: dmcclung@dcso.nashville.org

William B. Neill
J.C. Penney Company
5260 Hickory Hollow Parkway
Antioch, TN 37013
Home: 615-907-2700 - Work: 615-731-6180
Mobile: 615-504-2383 - Fax: 615-731-3975
1504 Monticello Court*
Murfreesboro, TN 37129
Email: bneill@jcpenney.com

James Settles
Aphesis House, Inc.
1124 Fourth Avenue South
Nashville, TN 37210
Work: 615-742-3463 - Mobile: 615-525-7359
Home: 615-865-7884 - Fax: 615-254-5405
727 Falcon Drive*
Madison, TN 37115
Email: jsettles2002@yahoo.com

James G. Thomas, Esquire
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