Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: PROJECT RETURN, INC.

Number and street (or P.O. box, if mail is not delivered to street address): 1200 DIVISION STREET — Room/suite: 200

City or town, state or country, and ZIP + 4: NASHVILLE, TN 37203

D Employer identification number: 62-1058325

E Telephone number: (615)327-9654

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.PROJECTRETURNINC.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 649,501.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	648,609.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	537.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶ MISCELLANEOUS)			8	355.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	649,501.
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	344,571.
	13	Professional fees and other payments to independent contractors			13	59,757.
	14	Occupancy, rent, utilities, and maintenance			14	54,775.
	15	Printing, publications, postage, and shipping			15	2,686.
	16	Other expenses (describe ▶ SEE STATEMENT 1)			16	142,119.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	603,908.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	45,593.
	19	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)			19	<13,607.>
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	31,986.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	27,745.	22	52,225.
23	Land and buildings	0.	23	0.
24	Other assets (describe ▶ SEE STATEMENT 2)	34,357.	24	82,722.
25	**Total assets**	62,102.	25	134,947.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	75,709.	26	102,961.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	<13,607.>	27	31,986.

832171 12-17-08 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** Form **990-EZ** (2008)

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

	Description	Line	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	SEE STATEMENT 6		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	415,906.
29	SEE STATEMENT 7		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	111,276.
30			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	527,182.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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
SEE STATEMENT 5		186,000.	47,386.	

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and (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," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	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	40e		X

41 List the states with which a copy of this return is filed. ▶ TN

42a The books are in care of ▶ C. DAVID DELBRIDGE Telephone no. ▶ 615-327-9654

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

			Yes	No
b	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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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."

(a) Name and address of each employee paid more than $100,000	(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 $100,000 ▶				

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

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

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.

▶ C. David Delbridge — Signature of officer — Date 02/08/10

▶ C. DAVID DELBRIDGE — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ Kevin J. Dostaler, CPA — Date 02/05/10 — Check if self-employed ▶ [X] — Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD
NASHVILLE, TN 37228

EIN ▶

Phone no. ▶ (615)242-7351

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: PROJECT RETURN, INC.

Employer identification number: 62-1058325

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] 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 **section 509(a)(2).** (Complete the Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] 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 **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

e [ ] 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).

f 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 [ ]

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

		Yes	No
(i) 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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section (**see instructions**))	**(iv)** Is the organization in col. **(i)** listed in your governing document?		**(v)** Did you notify the organization in col. **(i)** of your support?		**(vi)** Is the organization in col. **(i)** organized in the U.S.?		**(vii)** Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	751,630.	425,792.	486,040.	404,499.	648,609.	2716570.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	751,630.	425,792.	486,040.	404,499.	648,609.	2716570.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						43,169.
6 **Public Support.** Subtract line 5 from line 4.						2673401.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	751,630.	425,792.	486,040.	404,499.	648,609.	2716570.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						2716570.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 7,234.

13 **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 here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 98.41 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f ..... 15 | 99.74 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 %

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f)) 17 %

18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h 18 %

19a **33 1/3% support tests - 2008.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

2008

Name of the organization	Employer identification number
PROJECT RETURN, INC.	62-1058325

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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 **(1)** $5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1

DESCRIPTION	AMOUNT
AID TO CLIENTS	86,945.
DONATED FOOD FOR PROGRAM CLIENTS	4,250.
DUES/MEMBERSHIPS	1,069.
FUNDRAISING EXPENSE	1,298.
INSURANCE	12,083.
INTEREST	1,160.
MEETINGS	2,004.
MISCELLANEOUS	201.
OFFICE SUPPLIES	8,508.
STAFF DEVELOPMENT	275.
LIVING EXPENSES - FULL-TIME VOLUNTEER	11,490.
TAXES AND LICENSES	270.
TRAVEL	8,565.
DEPRECIATION	4,001.
TOTAL TO FORM 990-EZ, LINE 16	142,119.

FORM 990-EZ	OTHER ASSETS	STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE	10,290.	22,504.
GRANTS RECEIVABLE	15,298.	29,350.
PREPAID EXPENSES	8,769.	10,872.
OTHER DEPRECIABLE ASSETS	0.	19,996.
TOTAL TO FORM 990-EZ, LINE 24	34,357.	82,722.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	5,629.	15,272.
LINE OF CREDIT	30,848.	33,002.
CAPITAL LEASE OBLIGATION	4,702.	12,117.
ACCRUED EXPENSES	34,530.	42,570.
TOTAL TO FORM 990-EZ, LINE 26	75,709.	102,961.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
C. DAVID DELBRIDGE, 6606 EUDAILEY - COVINGTON, COLLEGE GROVE, TN 37046	EXECUTIVE DIRECTOR 40.00	50,000.	4,935.	0.
ROBERT C. DANIELS 333 ARENA AVENUE, NASHVILLE, TN 37203	DIRECTOR OF DEVELOPMENT 40.00	43,000.	13,713.	0.
NANCY C. JOHNSON, 1116 MARY EVELYN COURT, NASHVILLE, TN 37217	EMPLOYMENT PROGRAM DIRECTOR 40.00	33,000.	12,710.	0.
LYNDA HASSELL-TAYLOR, 1382 RURAL HILL ROAD, #110, NASHVILLE, TN 37013	YOUTH SPECIALIST 40.00	30,000.	12,483.	0.
ANN E. RICE, 104 CANDLEWICK PLACE, HENDERSONVILLE, TN 37075	CLIENT SERVICES COUNSELOR 40.00	30,000.	3,545.	0.
JAMES G. THOMAS, 150 FOURTH AVENUE NORTH, NASHVILLE, TN 37219	CHAIRMAN BOARD OF DIRECTORS 0.50	0.	0.	0.
DR. CAROL CRESWELL-BETSCH, 910 17TH AVENUE NORTH, NASHVILLE, TN 37208	VICE-CHAIR BOARD OF DIRECTORS 0.50	0.	0.	0.
REVEREND SAUL EADY, JR. 435 RANDAL LANE, LAVERGNE, TN 37086	TREASURER BOARD OF DIRECTORS 0.50	0.	0.	0.
BOB GREEN, 4205-B UTAH AVENUE, NASHVILLE, TN 37209	SECRETARY BOARD OF DIRECTORS 0.50	0.	0.	0.
REVEREND WILLIAM L. BARNES, 1023 BATTLEFIELD DRIVE, NASHVILLE, TN	BOARD MEMBER 0.50	0.	0.	0.
JOHN ALEXANDER EVANS, 1211 CHOCTAW TRAIL, BRENTWOOD, TN 37027	BOARD MEMBER 0.50	0.	0.	0.
LOUISE GRANT 4918 TYNE VALLEY, NASHVILLE, TN 37220	BOARD MEMBER 0.50	0.	0.	0.
MAURICE HARRIS, 3800 SCOTTWOOD DRIVE, NASHVILLE, TN 37211	BOARD MEMBER 0.50	0.	0.	0.
TERRANCE B. HORGAN, 835 ACKLEN AVENUE, NASHVILLE, TN 37203	BOARD MEMBER 0.50	0.	0.	0.

BARBARA JACKSON, 3103 VAILVIEW DRIVE, NASHVILLE, TN 37207	BOARD MEMBER 0.50	0.	0.	0.
DARLEEN H. MCCLUNG, 201 BRITTANY PARK CIRCLE, NASHVILLE, TN 37013	BOARD MEMBER 0.50	0.	0.	0.
JOHN STERN, 6052 PORT ANADARKO TRAIL, NASHVILLE, TN 37076	BOARD MEMBER 0.50	0.	0.	0.
LEWIS GARY TULLOCK, 103 BOMAR BOULEVARD, NASHVILLE, TN 37209	BOARD MEMBER 0.50	0.	0.	0.
PATRICIA WEILAND, 240 GREAT CIRCLE ROAD, SUITE 310, NASHVILLE, TN 37228	BOARD MEMBER 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		186,000.	47,386.	0.

990-EZ PG 2 STATEMENT 6

ADULT PROGRAMS - BRIDGE TO THE FUTURE IS THE AGENCY'S ADULT PRE-RELEASE PROGRAM AND IS 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.

UPON RELEASE FROM AN INCARCERATED SETTING, CLIENTS PARTICIPATE IN PRI'S JOBS AND FUTURES PROGRAM. 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.

THEN AGENCY'S GED/ADULT LITERACY PROGRAM, IN COLLABORATION WITH THE STATE BOARD OF PROBATION AND PAROLE, IS A FORMAL PARTNERSHIP WITH THE NASHVILLE ADULT LITERACY COUNCIL. BECAUSE ILLITERACY TENDS TO BE INVISIBLE (NO ONE ADMITS TO IT), ADULTS TEND TO TRY AND COVER IT UP, WHICH POSES DISTINCT PROBLEMS WHEN EX-OFFENDERS EMBARK ON A JOB SEARCH. CLASSES ARE TAUGHT BY PAID, PROFESSIONAL TEACHERS, FOCUSED ON INCREASING THE READING SKILLS OF THOSE CLIENTS WHO READ AT LESS THAN A 6TH GRADE PROFICIENCY, AS WELL AS PROVIDING PREPARATION FOR THE GED TEST. INSTRUCTION IS LEARNER-FOCUSED AND TAILORED TO MEET THE INDIVIDUAL NEEDS AND GOALS OF THE PARTICIPANTS.

990-EZ PG 2 STATEMENT 7

YOUTH PROGRAMS - PROJECT SUCCESS WAS IMPLEMENTED IN AUGUST 1999 AND WORKS WITH ADJUDICATED YOUTH INCARCERATED AT THE WOODLAND HILLS YOUTH DEVELOPMENT CENTER (WHYDC), NASHVILLE TRANSITION CENTER (NTC), AND DAVIDSON COUNTY JUVENILE DETENTION CENTER. BOTH WHYDC AND NTC ARE UNDER THE GUIDANCE OF THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES. THROUGH A SURVIVAL SKILLS FOR YOUTH MODEL, THIS PROGRAM OFFERS EXTENSIVE TRAINING AND PRACTICE IN LIFE SKILLS, CONFLICT RESOLUTION, JOB READINESS, MENTORING AND ROLE MODELING, AND MANHOOD/WOMANHOOD DEVELOPMENT. THE PROGRAM'S CAREER DEVELOPMENT COMPONENT PROVIDES AN EXTENSIVE LOOK INTO THE STUDENTS' PRIOR WORK HISTORY, INTEREST AND CURRENT JOB DUTIES IN THE INSTITUTION, AND HELPS THEM TO BETTER DEVELOP A CAREER PATH.

THE LEGACY PROGRAM, THE NEWEST COMPONENT OF OUR YOUTH PROGRAM, WORKS WITH ADJUDICATED YOUTH DEEMED "SERIOUS AND HABITUAL JUVENILE OFFENDERS." THE AGENCY PARTNERS WITH FAMILY EMPOWERMENT SERVICES TO PROVIDE PREVENTION AND STRATEGIC INTERVENTION SERVICES FOR PROGRAM PARTICIPANTS, AND THE HOPE INSTITUTE FOR YOUTH ENHANCEMENT PROVIDES MENTORING SERVICES FOR THE PROGRAM. THE LEGACY PROGRAM'S GOAL IS "TO EMPOWER ADJUDICATED YOUTH WITH A SENSE OF HOPE AND SELF-RESPONSIBILITY, ENABLING THEM TO SHAPE THEIR OWN POSITIVE DESTINY."

990-EZ PG 2 STATEMENT 8

COUNSELING AND TEACHING OF JOB SKILLS TO PRISONERS.

Form **8868** (Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
	PROJECT RETURN, INC.	62-1058325
File by the due date for filing your return. See instructions.	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):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ C. DAVID DELBRIDGE 1200 DIVISION STREET, STE #200 - NASHVILLE, TN - 37203
  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 corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

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.	3a	$
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.	3b	$
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.	3c	$ 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.