

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RETURNING VETERANS PROJECT Number and street (or P O box, if mail is not delivered to street address) Room/suite 833 SE MAIN BOX 122 City or town, state or country, and ZIP + 4 PORTLAND, OR 97214	D Employer identification number 20-4034255 E Telephone number (503) 933-4996 F Group Exemption Number
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G Accounting Method Cash Accrual Other (specify) _____

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

I Website: WWW.RETURNINGVETERANS.ORG

J Tax-exempt status (check only one) 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 145,225**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	141,611
	2 Program service revenue including government fees and contracts	2	3,614
	3 Membership dues and assessments	3	
	4 Investment income	4	
	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)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	145,225	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	103,672
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	31,244
17 Total expenses. Add lines 10 through 16	17	134,916	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,309
	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	56,154
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	66,463

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	53,153	22	64,480
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	10,078	24	10,634
25 Total assets	63,231	25	75,114
26 Total liabilities (describe in Schedule O)	7,077	26	8,651
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,154	27	66,463

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

RETURNING VETERANS PROJECT (RVP) IS AN EIGHT YEAR OLD NONPROFIT ORGANIZATION COMPRISED OF POLITICALLY UNAFFILIATED AND INDEPENDENT HEALTH CARE PRACTITIONERS WHO OFFER FREE AND CONFIDENTIAL SERVICES TO RETURNING VETNS, NATIONAL GUARD, RESERVES AND ACTIVE DUTY SERVICE MEMBERS OF THE CURRENT IRAQ AND AFGHANISTAN CAMPAINGS AND THEIR FAMILIES, IN OREGON AND SOUTHWEST WASHINGTON OUR VOLUNTEERS ARE LICENSED AND INSURED MENTAL HEALTH PROFESSIONALS, ACUPUNCTURISTS, NATUROPATHS, CHIROPRACTORS, AND MASSAGE THERAPISTS WE BELIEVE IT IS OUR COLLECTIVE RESPONSIBILITY TO OFFER SUPPORT AND HEALING FOR THE SHORT AND LONG-TERM REPERCUSSIONS OF WARZONE SERVICE ON VERTERANS AND THEIR FAMILIES

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 IN 2012, 142 PROFESSIONAL PRACTITIONERS VOLUNTEERED THEIR TIME AND CARE TO THOSE WE SERVE ACROSS THE PORTLAND METRO AND MID-WILLAMETTE VALLEY REGION, IN THREE COASTAL CITIES, IN THE COLUMBIA GORGE, CENTRAL AND SOUTHERN OREGON AND CLARK COUNTY WASHINGTON COLLECTIVELY IN 2012, OUR PROFESSIONAL VOLUNTEER SERVICE NETWORK DELIVERED 3000 HOURS OF DONATED CARE TO 401 OEF/OIF/OND VETERANS, NATIONAL GUARD, RESERVE AND ACTIVE DUTY SERVICE MEMBERS, MILITARY SPOUSES, CHILDREN AND PARENTS SERVICES DELIVERED INCLUDED INDIVIDUAL, COUPLES, CHILD AND FAMILY COUNSELING, ACUPUNCTURE, MASSAGE, CHIROPRACTIC AND NATUROPATHIC CARE OUTREACH ACTIVITIES WE ATTENDED 11 OREGON NATIONAL GUARD "YELLOW RIBBON EVENTS" (PRE AND POST DEPLOYMENT) AND HOSTED THREE CONTINUING-EDUCATION TRAININGS FREE TO OUR PROVIDERS AND PARTNERS AT THE PORTLAND VAMC 2012 TRAININGS TOPICS WERE USING AN ARTS-BASED ASSESSMENT TO TEACH COPING STRATEGIES TO TRAUMATIZED RETURNING VETERANS AND THEIR HEALTH PROFESSIONALS, (PROF JULIE CWIKEL, BEN GURION UNIVERSITY OF THE NEGEV, ISRAEL), THE HEART AND SCIENCE OF TREATING TRAUMATIC RESPONSE IN VETERANS (DR LIVIA D'ANDREA OF UNIVERSITY OF NEVADA AT RENO), AND TREATING MILITARY SEXUAL TRAUMA (ELIZABETH STINSON, LMFT) WE CO-SPONSORED A FOURTH TRAINING WITH THE INSTITUTE OF CONTEMPORARY PSYCHOANALYSIS IN PORTLAND, TITLED, TWO WAR-TORN SOLDIERS COMBAT-RELATED TRAUMA THROUGH AN INTER-SUBJECTIVE LENS (DR RUSSELL CARR, NAVY PSYCHIATRIST AT WALTER REED) INFORMATION REFERRAL SERVICES WE ALSO RESPONDED TO 207 INFORMATION/REFERRAL REQUESTS RECEIVED FROM CURRENT AND OTHER ERA VETERANS AND FAMILY MEMBERS, NONPROFIT, MILITARY AND FAITH ORGANIZATIONS MOST WHO CONTACTED US WERE SEEKING REFERRALS FOR COUNSELING IN OREGON AND AROUND THE COUNTRY HIGH NUMBERS NEEDED BASIC-NEEDS ASSISTANCE SERVICES AND SUPPORT FOR EMPLOYMENT AND JOB TRAINING PROGRAMS, HOMELESS AND HOUSING PROGRAMS, SUBSTANCE ABUSE TREATMENT, AND FREE LEGAL AND FINANCIAL ASSISTANCE COMMUNITY EDUCATION WE FACILITATED 21 COMMUNITY-EDUCATION PRESENTATIONS ABOUT RVP AND THE NEEDS OF OREGON'S RETURNING VETERANS AND THEIR FAMILIES TO AUDIENCES THAT INCLUDED THE PORTLAND ROTARY, THE OREGON PROFESSIONAL WOMEN'S NETWORK, WESTERN STATES UNIVERSITY, AND THE MENTAL HEALTH TRIAGE NURSING TEAM AT THE PORTLAND VA AND VANCOUVER (WASHINGTON) VA
(Grants \$) If this amount includes foreign grants, check here

28a 128,198

29
(Grants \$) If this amount includes foreign grants, check here

29a

30
(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a) **32** 128,198

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2012) questions 33-45b regarding organizational activities, financial accounts, and controlled entities.

	Yes	No
46		No

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

Part VI Section 501(c)(3) organizations only

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

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

	Yes	No
47		No
48		No
49a		No
49b		

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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here ***** Signature of officer Date 2013-08-01
 BELLE LANDAU EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature SUSAN O HJORT Date 2013-08-05 Check if self-employed PTIN
 Firm's name OHANESIAN CPA PC Firm's EIN
 Firm's address 9011 SW BEAVERTON HILLSDALE HWY STE PORTLAND, OR 972252452 Phone no (503) 477-7773

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization
RETURNING VETERANS PROJECT

Employer identification number

20-4034255

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 (For lines 1 through 11, check only one box)

- 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)**.
- 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 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 Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 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 - Non-functionally integrated
- 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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	31,692	93,225	85,086	131,618	141,611	483,232
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 through 3	31,692	93,225	85,086	131,618	141,611	483,232
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)						
6 Public support. Subtract line 5 from line 4						483,232

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	31,692	93,225	85,086	131,618	141,611	483,232
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)						483,232
12 Gross receipts from related activities, etc (see instructions)					12	3,614
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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 <input type="checkbox"/>		
b 33 1/3% support test—2011. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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

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

Facts And Circumstances Test
Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
RETURNING VETERANS PROJECT

Employer identification number

20-4034255

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES FUNDRAISING 1,145 TRAINING 2,199 OUTREACH 1,348 EVENTS 937 PROFESSIONAL DEVELOPMENT 635 CEU EXPENSE 95 PAYROLL SERVICE FEES 830 BANK FEES 519 BOARD OF DIRECTORS EXP 1,175 INSURANCE 247 INTERNET 1,461 LICENSES & TAXES 131 MISCELLANEOUS FEES 82 OFFICE SUPPLIES 3,145 POSTAGE 1,527 PRINTING & COPIES 1,287 PROFESSIONAL SERVICES 5,127 RENT 7,715 TELEPHONE 1,398 TRAVEL & LODGING 241 TOTAL 31,244
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PLEDGES RECEIVABLE 0 9,644 PREPAID EXPENSES AND DEFERRED CHARGES 0 990 10,078 0 TOTAL 10,078 10,634
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 7,077 8,651
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	RETURNING VETERANS PROJECT (RVP) IS AN EIGHT YEAR OLD NONPROFIT ORGANIZATION COMPRISED OF POLITICALLY UNAFFILIATED AND INDEPENDENT HEALTH CARE PRACTITIONERS WHO OFFER FREE AND CONFIDENTIAL SERVICES TO RETURNING VETNS, NATIONAL GUARD, RESERVES AND ACTIVE DUTY SERVICE MEMBERS OF THE CURRENT IRAQ AND AFGHANISTAN CAMPAIGNS AND THEIR FAMILIES, IN OREGON AND SOUTHWEST WASHINGTON OUR VOLUNTEERS ARE LICENSED AND INSURED MENTAL HEALTH PROFESSIONALS, ACUPUNCTURISTS, NATUROPATHS, CHIROPRACTORS, AND MASSAGE THERAPISTS WE BELIEVE IT IS OUR COLLECTIVE RESPONSIBILITY TO OFFER SUPPORT AND HEALING FOR THE SHORT AND LONG-TERM REPERCUSSIONS OF WARZONE SERVICE ON VERTERANS AND THEIR FAMILIES
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	IN 2012, 142 PROFESSIONAL PRACTITIONERS VOLUNTEERED THEIR TIME AND CARE TO THOSE WE SERVE ACROSS THE PORTLAND METRO AND MID-WILLAMETTE VALLEY REGION, IN THREE COASTAL CITIES, IN THE COLUMBIA GORGE, CENTRAL AND SOUTHERN OREGON AND CLARK COUNTY WASHINGTON COLLECTIVELY IN 2012, OUR PROFESSIONAL VOLUNTEER SERVICE NETWORK DELIVERED 3000 HOURS OF DONATED CARE TO 401 OEF/OIF/OND VETERANS, NATIONAL GUARD, RESERVE AND ACTIVE DUTY SERVICE MEMBERS, MILITARY SPOUSES, CHILDREN AND PARENTS SERVICES DELIVERED INCLUDED INDIVIDUAL, COUPLES, CHILD AND FAMILY COUNSELING, ACUPUNCTURE, MASSAGE, CHIROPRACTIC AND NATUROPATHIC CARE OUTREACH ACTIVITIES WE ATTENDED 11 OREGON NATIONAL GUARD 'YELLOW RIBBON EVENTS' (PRE AND POST DEPLOYMENT) AND HOSTED THREE CONTINUING-EDUCATION TRAININGS FREE TO OUR PROVIDERS AND PARTNERS AT THE PORTLAND VAMC 2012 TRAININGS TOPICS WERE USING AN ARTS-BASED ASSESSMENT TO TEACH COPING STRATEGIES TO TRAUMATIZED RETURNING VETERANS AND THEIR HEALTH PROFESSIONALS, (PROF JULIE CWIKEL, BEN GURION UNIVERSITY OF THE NEGEV, ISRAEL), THE HEART AND SCIENCE OF TREATING TRAUMATIC RESPONSE IN VETERANS (DR LIVIA D'ANDREA OF UNIVERSITY OF NEVADA AT RENO), AND TREATING MILITARY SEXUAL TRAUMA (ELIZABETH STINSON, LMFT) WE CO-SPONSORED A FOURTH TRAINING WITH THE INSTITUTE OF CONTEMPORARY PSYCHOANALYSIS IN PORTLAND, TITLED, TWO WAR-TORN SOLDIERS COMBAT-RELATED TRAUMA THROUGH AN INTER-SUBJECTIVE LENS (DR RUSSELL CARR, NAVY PSYCHIATRIST AT WALTER REED) INFORMATION REFERRAL SERVICES WE ALSO RESPONDED TO 207 INFORMATION/REFERRAL REQUESTS RECEIVED FROM CURRENT AND OTHER ERA VETERANS AND FAMILY MEMBERS, NONPROFIT, MILITARY AND FAITH ORGANIZATIONS MOST WHO CONTACTED US WERE SEEKING REFERRALS FOR COUNSELING IN OREGON AND AROUND THE COUNTRY HIGH NUMBERS NEEDED BASIC-NEEDS ASSISTANCE SERVICES AND SUPPORT FOR EMPLOYMENT AND JOB TRAINING PROGRAMS, HOMELESS AND HOUSING PROGRAMS, SUBSTANCE ABUSE TREATMENT, AND FREE LEGAL AND FINANCIAL ASSISTANCE COMMUNITY EDUCATION WE FACILITATED 21 COMMUNITY-EDUCATION PRESENTATIONS ABOUT RVP AND THE NEEDS OF OREGON'S RETURNING VETERANS AND THEIR FAMILIES TO AUDIENCES THAT INCLUDED THE PORTLAND ROTARY, THE OREGON PROFESSIONAL WOMEN'S NETWORK, WESTERN STATES UNIVERSITY, AND THE MENTAL HEALTH TRIAGE NURSING TEAM AT THE PORTLAND VA AND VANCOUVER (WASHINGTON) VA

TY 2012 Compensation Explanation

Name: RETURNING VETERANS PROJECT











EIN: 20-4034255

Person Name	Explanation
CAROL LEVINE	
SHANNON PERNETTI	
GUY BURSTEIN	
MARGARITA MOLINA	
MARISSA RIVERA	
BELLE LANDAU	
BOB DURSTON	
MICHAEL MAXWELL MS	
MONTE AKERS	
JOHN CIMRAL	

Additional Data

Software ID:
Software Version:
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Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CAROL LEVINE  FOUNDER/BOAR	12 00	0		
SHANNON PERNETTI  BOARD MEMBER	5 00	0		
GUY BURSTEIN  BOARD MEMBER	5 00	0		
MARGARITA MOLINA  BOARD MEMBER	5 00	0		
MARISSA RIVERA  BOARD MEMBER	5 00	0		
BELLE LANDAU  EXECUTIVE DI	40 00	50,750		
BOB DURSTON  BOARD TREASU	5 00	0		
MICHAEL MAXWELL MS  BOARD SECRET	5 00	0		
MONTE AKERS  BOARD TREASU	5 00	0		
JOHN CIMRAL  BOARD MEMBER	5 00	0		