

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, 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 province, country, and ZIP or foreign postal code: PORTLAND, OR 97214

D Employer identification number: 20-4034255. E Telephone number: (503) 933-4996. F Group Exemption Number

G Accounting Method: [X] 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): [X] 501(c)(3) [ ] 501(c) ( ) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 172,766

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 168,090, 4,676, 117,087, 44,347, 161,434, 11,332, 66,463, 77,795.

**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  |
|---|-----------------------|------------------|
| <b>22</b> Cash, savings, and investments . . . . .  | 64,480                | <b>22</b> 73,572 |
| <b>23</b> Land and buildings . . . . .  |                       | <b>23</b>        |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                                       | 10,634                | <b>24</b> 17,427 |
| <b>25</b> Total assets . . . . .  | 75,114                | <b>25</b> 90,999 |
| <b>26</b> Total liabilities (describe in Schedule O) . . . . .                                  | 8,651                 | <b>26</b> 13,204 |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . . | 66,463                | <b>27</b> 77,795 |

**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

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

What is the organization's primary exempt purpose?

RETURNING VETERANS PROJECT (RVP) IS AN OREGON NONPROFIT COMPRISED OF INDEPENDENT HEALTH CARE PRACTITIONERS WHO OFFER FREE AND CONFIDENTIAL SERVICES TO RETURNING VETERANS AND SERVICE MEMBERS OF THE CURRENT IRAQ AND AFGHANISTAN CAMPAIGNS, AND THEIR FAMILIES. OUR VOLUNTEERS INCLUDE 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 VETERANS AND THEIR FAMILIES.

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 2013, 153 LICENSED COMMUNITY BASED PRACTITIONERS ACROSS OREGON AND IN VANCOUVER, WASHINGTON COLLECTIVELY DELIVERED 3843 HOURS OF FREE, CONFIDENTIAL COUNSELING, CHIROPRACTIC & NATUROPATHIC CARE, ACUPUNCTURE AND MASSAGE TO 394 VETERANS, RESERVISTS AND ACTIVE DUTY SERVICE MEMBERS OF THE CURRENT CAMPAIGNS IN IRAQ AND AFGHANISTAN AND 160 SPOUSES/PARTNERS, CHILDREN, PARENTS, AND OTHER CLOSE RELATIVES IMPACTED BY THEIR VETERAN'S EMPLOYMENT(S), INJURIES AND OTHER REINTEGRATION CHALLENGES. RVP RESPONDED TO 255 INFORMATION/REFERRAL REQUESTS FROM CURRENT WAR AND OTHER ERA VETERANS AND FAMILY MEMBERS, SOCIAL SERVICE, GOVERNMENT AND FAITH-BASED ORGANIZATIONS, IN OREGON AND WASHINGTON, AND OTHER STATES INCLUDING NEW YORK, MARYLAND, NEBRASKA, VIRGINIA AND TEXAS. RVP HOSTED FIVE CLINICAL TRAININGS IN 2013, IN THE PORTLAND METRO AREA AND IN SOUTHERN OREGON AND SUPPORTED THE SECOND ANNUAL CONFERENCE FOR CAREGIVERS OF DISABLED VETERANS. TWO TRAININGS WERE HELD IN PARTNERSHIP WITH TEAMS AT THE PORTLAND VAMC, RESULTING IN PRESENTATIONS BY NATIONALLY KNOWN EXPERTS AND ATTENDANCE BY 400 PRACTITIONERS, SOCIAL SERVICE EMPLOYEES, MILITARY MEMBERS AND FIRST RESPONDERS. TRAINING TOPICS INCLUDED "SEXUAL TRAUMA AND VETERANS SUPPORTING TRANSFORMATION AND HEALING," "AN OVERVIEW OF MILITARY CULTURE & THE NEEDS OF RETURNING VETERANS AND THEIR FAMILIES," "AN INTEGRATED MIND-BODY APPROACH TO WORKING WITH STRESS AND TRAUMA REACTIONS," AND THE "THIRD ANNUAL VETERAN'S SUICIDE PREVENTION CONFERENCE"

(Grants \$ ) If this amount includes foreign grants, check here  **28a** 96,669

**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** 96,669

**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 (2013) 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 | (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 business address of each independent contractor | (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 2014-08-05  
 BELLE LANDAU EXECUTIVE DIRECTOR Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name SUSAN O HJORT Preparer's signature Date 2014-08-05 Check  if self-employed PTIN P00275967  
 Firm's name OHANESIAN CPA PC Firm's EIN 93-1086120  
 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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-4034255  
**Name:** RETURNING VETERANS PROJECT

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|------------------------------------|--|--|---|--|
| CAROL LEVINE<br>FOUNDER/BOAR       | 12 00  | 0  |   |  |
| SHANNON PERNETTI<br>BOARD MEMBER   | 5 00   | 0  |   |  |
| GUY BURSTEIN LCSW<br>BOARD MEMBER  | 5 00   | 0  |   |  |
| MARISSA RIVERA<br>BOARD MEMBER     | 5 00   | 0  |   |  |
| BELLE LANDAU<br>EXECUTIVE DI       | 40 00  | 53,000                                     |   |  |
| MICHAEL MAXWELL MS<br>BOARD SECRET | 5 00   | 0  |   |  |
| MONTE AKERS<br>BOARD TREASU        | 5 00   | 0  |   |  |
| JOHN CIMRAL<br>BOARD MEMBER        | 5 00   | 0  |   |  |
| ABE COHEN DC<br>BOARD MEMBER       | 5 00   | 0  |   |  |
| BUFFY LEE RIDER<br>BOARD MEMBER    | 5 00   | 0  |   |  |

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

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.  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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?

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

**(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)

| (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 |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |  |  |    |   |    |  |    |                                  |

**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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 93,225   | 85,086   | 131,618  | 141,611  | 168,090  | 619,630   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  | 93,225   | 85,086   | 131,618  | 141,611  | 168,090  | 619,630   |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 619,630   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4   | 93,225   | 85,086   | 131,618  | 141,611  | 168,090   | 619,630                  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |           |                          |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )   |          |          |          |          |           |                          |
| <b>11 Total support</b> (Add lines 7 through 10)   |          |          |          |          |           | 619,630                  |
| <b>12</b> Gross receipts from related activities, etc (see instructions)   |          |          |          |          | <b>12</b> | 4,676                    |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> | 100.000 %                           |
| <b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14   | <b>15</b> |                                     |
| <b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization   |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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**

Return Reference

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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization  
RETURNING VETERANS PROJECT

Employer identification number

20-4034255

**990 Schedule O, Supplemental Information**

| Return Reference               | Explanation   |
|--------------------------------|---|
| FORM 990-EZ, PART I, LINE 16   | EXPENSES FUNDRAISING 1,763 TRAINING 6,638 OUTREACH 3,191 EVENTS 188 PROFESSIONAL DEVELOPMENT 1,303 PAYROLL SERVICE FEES 795 BANK FEES 544 ACCOUNTING 4,200 BOARD OF DIRECTORS EXP 1,425 INSURANCE 236 INTERNET 1,759 LICENSES & TAXES 247 MISCELLANEOUS FEES 13 OFFICE SUPPLIES 3,162 POSTAGE 834 PRINTING & COPIES 1,668 PROFESSIONAL SERVICES 6,454 RENT 8,890 TELEPHONE 1,037 TOTAL 44,347   |
| FORM 990-EZ, PART II, LINE 24  | PLEDGES RECEIVABLE 9,644 16,102 PREPAID EXPENSES AND DEFERRED CHARGES 990 1,325 TOTAL 10,634 17,427   |
| FORM 990-EZ, PART II, LINE 26  | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 8,651 13,204  |
| FORM 990-EZ, PART III          | RETURNING VETERANS PROJECT (RVP) IS AN OREGON NONPROFIT COMPRISED OF INDEPENDENT HEALTH CARE PRACTITIONERS WHO OFFER FREE AND CONFIDENTIAL SERVICES TO RETURNING VETERANS AND SERVICE MEMBERS OF THE CURRENT IRAQ AND AFGHANISTAN CAMPAIGNS, AND THEIR FAMILIES OUR VOLUNTEERS INCLUDE 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 VETERANS AND THEIR FAMILIES   |
| FORM 990-EZ, PART III, LINE 28 | IN 2013, 153 LICENSED COMMUNITY BASED PRACTITIONERS ACROSS OREGON AND IN VANCOUVER, WASHINGTON COLLECTIVELY DELIVERED 3843 HOURS OF FREE, CONFIDENTIAL COUNSELING, CHIROPRACTIC & NATUROPATHIC CARE, ACUPUNCTURE AND MASSAGE TO 394 VETERANS, RESERVISTS AND ACTIVE DUTY SERVICE MEMBERS OF THE CURRENT CAMPAIGNS IN IRAQ AND AFGHANISTAN AND 160 SPOUSES/PARTNERS, CHILDREN, PARENTS, AND OTHER CLOSE RELATIVES IMPACTED BY THEIR VETERAN'S EMPLOYMENT(S), INJURIES AND OTHER REINTEGRATION CHALLENGES RVP RESPONDED TO 255 INFORMATION/REFERRAL REQUESTS FROM CURRENT WAR AND OTHER ERA VETERANS AND FAMILY MEMBERS, SOCIAL SERVICE, GOVERNMENT AND FAITH-BASED ORGANIZATIONS, IN OREGON AND WASHINGTON, AND OTHER STATES INCLUDING NEW YORK, MARYLAND, NEBRASKA, VIRGINIA AND TEXAS RVP HOSTED FIVE CLINICAL TRAININGS IN 2013, IN THE PORTLAND METRO AREA AND IN SOUTHERN OREGON AND SUPPORTED THE SECOND ANNUAL CONFERENCE FOR CAREGIVERS OF DISABLED VETERANS TWO TRAININGS WERE HELD IN PARTNERSHIP WITH TEAMS AT THE PORTLAND VAMC, RESULTING IN PRESENTATIONS BY NATIONALLY KNOWN EXPERTS AND ATTENDANCE BY 400 PRACTITIONERS, SOCIAL SERVICE EMPLOYEES, MILITARY MEMBERS AND FIRST RESPONDERS TRAINING TOPICS INCLUDED "SEXUAL TRAUMA AND VETERANS SUPPORTING TRANSFORMATION AND HEALING," "AN OVERVIEW OF MILITARY CULTURE & THE NEEDS OF RETURNING VETERANS AND THEIR FAMILIES," "AN INTEGRATED MIND-BODY APPROACH TO WORKING WITH STRESS AND TRAUMA REACTIONS," AND THE "THIRD ANNUAL VETERAN'S SUICIDE PREVENTION CONFERENCE" |

# TY 2013 Compensation Explanation

**Name:** RETURNING VETERANS PROJECT

**EIN:** 20-4034255

| Person Name        | Explanation |
|--------------------|-------------|
| CAROL LEVINE       |             |
| SHANNON PERNETTI   |             |
| GUY BURSTEIN LCSW  |             |
| MARISSA RIVERA     |             |
| BELLE LANDAU       |             |
| MICHAEL MAXWELL MS |             |
| MONTE AKERS        |             |
| JOHN CIMRAL        |             |
| ABE COHEN DC       |             |
| BUFFY LEE RIDER    |             |