

**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)

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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.

**Open to Public Inspection**

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

<p><b>B</b> Check if applicable:</p> <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> THE BOX PROJECT, INC.                  P.O. BOX 2266                  DAYTONA BEACH, FL 32115-2266</p>	<p><b>D</b> Employer identification number 06-0854618</p> <p><b>E</b> Telephone number 386-258-6083</p> <p><b>F</b> Group Exemption Number..... ▶</p>
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• 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.BOXPROJECT.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. ▶ \$ 87,582.

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

	<b>1</b> Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	84,314.
	<b>2</b> Program service revenue including government fees and contracts .....	<b>2</b>	650.
	<b>3</b> Membership dues and assessments .....	<b>3</b>	
	<b>4</b> Investment income .....	<b>4</b>	2,618.
REVENUE	<b>5a</b> Gross amount from sale of assets other than inventory .....	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch) .....	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here .....		<input type="checkbox"/>
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) .....	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses .....	<b>6b</b>	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .....	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances .....	<b>7a</b>	
	<b>b</b> Less: cost of goods sold .....	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>	
	<b>8</b> Other revenue (describe ▶ _____) .....	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) .....	<b>9</b>	87,582.
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule) .....	<b>10</b>	
	<b>11</b> Benefits paid to or for members .....	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits .....	<b>12</b>	101,098.
	<b>13</b> Professional fees and other payments to independent contractors .....	<b>13</b>	5,628.
	<b>14</b> Occupancy, rent, utilities, and maintenance .....	<b>14</b>	7,033.
	<b>15</b> Printing, publications, postage, and shipping .....	<b>15</b>	6,039.
	<b>16</b> Other expenses (describe ▶ SEE STATEMENT 1 _____) .....	<b>16</b>	23,443.
	<b>17 Total expenses</b> (add lines 10 through 16) .....	<b>17</b>	143,241.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	-55,659.
ASSETS	<b>19</b> 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) .....	<b>19</b>	100,848.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) .....	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 .....	<b>21</b>	45,189.

**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
<b>22</b> Cash, savings, and investments .....	112,203.	60,007.
<b>23</b> Land and buildings .....		
<b>24</b> Other assets (describe ▶ SEE STATEMENT 2 _____) .....	3,442.	510.
<b>25 Total assets</b> .....	115,645.	60,517.
<b>26 Total liabilities</b> (describe ▶ SEE STATEMENT 3 _____) .....	14,797.	15,328.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	100,848.	45,189.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.**

Form **990-EZ** (2008)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
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.			
<b>28</b>	<b>SEE STATEMENT 5</b> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>28 a</b>	110,293.
<b>29</b>	<b>SEE STATEMENT 6</b> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>29 a</b>	2,865.
<b>30</b>	<b>SEE STATEMENT 7</b> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>30 a</b>	
<b>31</b>	Other program services (attach schedule) <b>SEE STATEMENT 8</b> (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>31 a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	113,158.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
RACHEL SANTA 64 MEADOW SWEET TRAIL SAUNDERSTOWN, RI 02874	PRESIDENT 4.00	0.	0.	0.
MARY CLARE O'GRADY 1 CITIZENS PLAZA DRIVE PROVIDENCE, RI 02903	VICE PRESIDENT 4.00	0.	0.	0.
JOYCE SAGAL 142 OXBOW DRIVE WILLIMANTIC, CT 06226	SECRETARY 4.00	0.	0.	0.
DEBORAH ARROWSMITH 8842 ROCK DOVE RD LEWIS CENTER, OH 43035	TREASURER 0	0.	0.	0.
MATTHEW ALLEN 100004 CARLSBAD DR. SHREVEPORT, LA 71115	DIRECTOR 4.00	0.	0.	0.
AMY MALDONADO 2848 STRAND CIRCLE OVEIDO, FL 32765	DIRECTOR 4.00	0.	0.	0.
SUE LAWRENCE 285 LENOX RD. ATHENS, GA 30606	DIRECTOR 4.00	0.	0.	0.
SUE PATNEAUDE P.O. BOX 2266 DAYTONA BEACH, FL 32115-2266	EXECUTIVE DIREC 40.00	53,151.	0.	0.
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**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b>	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.		X
<b>35</b>	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.		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0.		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	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?		X
<b>38b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
<b>39</b>	501(c)(7) organizations. Enter:		
<b>39a</b>	Initiation fees and capital contributions included on line 9. N/A		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities. N/A		
<b>40a</b>	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>40b</b>	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.		X
<b>40c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
<b>40d</b>	Enter amount of tax on line 40c reimbursed by the organization. 0.		
<b>40e</b>	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.		X
<b>41</b>	List the states with which a copy of this return is filed ▶ SEE		

**42a** The books are in care of ▶ SUE PATNEAUDE Telephone no. ▶ 386-258-6083  
 Located at ▶ 525 S RIDGEWOOD, SUITE B DAYTONA BEACH FL ZIP + 4 ▶ 32114

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

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

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b>	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.		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. SEE STATEMENT 9

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

**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 and 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.'

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

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 \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: **MICHAEL J. DURANCEAU** Date: **5/14/09** Check if self-employed:  Preparer's Identifying Number (See instructions): **N/A**

Firm's name (or yours if self-employed), address, and ZIP + 4: **WESTON, GREGORY & DURANCEAU, P.A.**  
**100 LA COSTA LANE, SUITE 100**  
**DAYTONA BEACH, FL 32114-8158** EIN: **N/A** Phone no.: **(386) 274-2747**

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



**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 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .						
4 <b>Total.</b> Add lines 1-3. . . . .						
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 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**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. . . . .						
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 <b>Total support.</b> Add lines 7 through 10. . . . .						
12 Gross receipts from related activities, etc. (see instructions). . . . .					12	
13 <b>First five years.</b> 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. . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). . . . .	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. . . . .	15	%
16a <b>33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the 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 type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</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"/>		
17a <b>10%-facts-and-circumstances test – 2008.</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 – 2007.</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"/>		
18 <b>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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	153,791.	165,723.	155,888.	133,381.	84,314.	693,097.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1-5	153,791.	165,723.	155,888.	133,381.	84,314.	693,097.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</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	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						693,097.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	153,791.	165,723.	155,888.	133,381.	84,314.	693,097.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	272.	494.	4,728.	4,363.	2,618.	12,475.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	272.	494.	4,728.	4,363.	2,618.	12,475.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	18.					18.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						705,590.

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	98.2 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	99.1 %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	1.8 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0.9 %

**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 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 III, LINE 12 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
OTHER INCOME					<u>18.</u>
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 18.</u>

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**THE BOX PROJECT, INC.**

Identifying number

**06-0854618**

Business or activity to which this form relates

**FORM 990/990-PF**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29. . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8. . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . . . .	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12. . . . .	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	1,194.

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008. . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. . . . .	<input type="checkbox"/>	

**Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property. . . . .						
b 5-year property. . . . .						
c 7-year property. . . . .						
d 10-year property. . . . .						
e 15-year property. . . . .						
f 20-year property. . . . .						
g 25-year property. . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			39 yrs	MM	S/L	

**Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life . . . . .					S/L	
b 12-year. . . . .			12 yrs		S/L	
c 40-year. . . . .			40 yrs	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions . . . . .	22	1,194.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>THE BOX PROJECT, INC.</b>	Employer identification number <b>06-0854618</b>
	File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>P.O. BOX 2266</b>
		City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DAYTONA BEACH, FL 32115-2266</b>

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

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

● The books are in the care of ▶ SUE PATNEAUDE -----

Telephone No. ▶ 386-258-6083 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 8/15, 2009, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:  
▶  calendar year 2008 or  
▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3a</b>	\$	0.
<b>b</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 .....	<b>3b</b>	\$	0.
<b>c Balance Due.</b> 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 .....	<b>3c</b>	\$	0.

**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.

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

Form **8868** (Rev. 4-2008)

THE BOX PROJECT, INC.

06-0854618

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING.....	\$	130.
BANK CHARGES.....		1,802.
COMPUTER EXPENSES.....		1,252.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		1,077.
DEPRECIATION.....		1,194.
DUES AND SUBSCRIPTIONS.....		1,656.
INFORMATION TECHNOLOGY.....		7,044.
INSURANCE.....		3,715.
LICENSES AND PERMITS.....		2,220.
OFFICE EXPENSES.....		1,622.
TRAVEL.....		1,731.
	TOTAL \$	<u>23,443.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
DEPOSITS.....	\$ 600.	\$ 0.
FURNITURE AND FIXTURES.....	1.	0.
MACHINERY AND EQUIPMENT.....	1,703.	510.
PREPAID EXPENSES AND DEFERRED CHARGES.....	1,138.	0.
	TOTAL \$ <u>3,442.</u>	\$ <u>510.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 14,797.	\$ 15,328.
	TOTAL \$ <u>14,797.</u>	\$ <u>15,328.</u>

**STATEMENT 4**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO ENCOURAGE AND ENRICH THE LIVES OF FAMILIES AND INDIVIDUALS LIVING IN POVERTY IN RURAL AMERICA BY ESTABLISHING MEANINGFUL RELATIONSHIPS, PROMOTING EDUCATION AND OFFERING MATERIAL AID.

**STATEMENT 5  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

MATCHING PROGRAMS: FAMILY MATCH: CREATES A LONG-TERM MATCH DIRECTLY BETWEEN A SPONSOR AND RECIPIENT. SPONSORS PROVIDE ENCOURAGEMENT, ADVICE, AND BOXES OF NEEDED SUPPLIES ABOUT ONCE A MONTH. BOTH FAMILIES COMMUNICATE WITH ONE ANOTHER, AND AS THE FAMILIES COME TO KNOW EACH OTHER, TRUST AND FRIENDSHIPS GROW. HOLIDAY MATCH: CREATES A SHORT-TERM MATCH BETWEEN A SPONSOR AND RECIPIENT FOR JUST ONE WINTER HOLIDAY SEASON. SPONSORS PROVIDE GIFTS, FOOD, OR SUPPLIES TO MAKE THE HOLIDAY POSSIBLE FOR A FAMILY IN POVERTY. THE BOX PROJECT ALSO OFFERS A HOLIDAY FUND FOR DONORS WHO WISH TO HELP WITHOUT ADOPTING A FAMILY FOR THE HOLIDAYS. CENTER MATCH: CREATES A LONG-TERM MATCH BETWEEN A SPONSOR OR SPONSOR GROUP AND A RURAL COMMUNITY CENTER THAT SERVES PEOPLE IN POVERTY DIRECTLY IN ONE OF THE AREAS THAT WE SERVE.

**STATEMENT 6  
FORM 990-EZ, PART III, LINE 29  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

EDUCATION INITIATIVES: EDUCATIONAL FUND: PROVIDES EDUCATIONAL AWARDS TO RECIPIENT FAMILY MEMBERS TO HELP REMOVE BARRIERS TO ACQUIRING HIGHER EDUCATION. EACH YEAR THE BOX PROJECT ALLOCATES HALF OF THE INTEREST IN AN INVESTMENT FUND TO EDUCATIONAL AWARDS WHILE PUTTING THE REMAINDER BACK INTO THE FUND TO ALLOW FOR GROWTH. WE ARE ALWAYS SEEKING WAYS TO BUILD THE FUND AND BELIEVE THAT EDUCATION IS A SURE WAY TO LIFT A FAMILY OUT OF POVERTY. BACK TO SCHOOL FUND: PROVIDES A PER CHILD ALLOCATION FOR SCHOOL SUPPLIES OR UNIFORMS TO HELP ENSURE STUDENTS HAVE WHAT THEY NEED TO GO TO SCHOOL. THIS FUND IS AVAILABLE TO APPROVED RECIPIENT FAMILIES WAITING FOR A MATCH.

**STATEMENT 7  
FORM 990-EZ, PART III, LINE 30  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

EMERGENCY SUPPORT: EMERGENCY FUND: PROVIDES LIMITED FUNDING TO RECIPIENT MEMBERS FOR UNEXPECTED EMERGENCIES LIKE HOUSE FIRES, EXTRAORDINARY HEALTH NEEDS, THREATS TO HOMELESSNESS, HUNGER OR BASIC WELL-BEING. RECIPIENTS MAY ACCESS THIS FUND THROUGH A SIMPLE APPLICATION PROCESS WITH AN UPPER LIMIT OF \$300.

**STATEMENT 8  
FORM 990-EZ, PART III, LINE 31  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
SPONSOR INFORMATION, REFERRAL AND SUPPORT: THE NEWS BOX IS A QUARTERLY NEWSLETTER THAT PROVIDES SPONSORS AND RECIPIENT FAMILIES WITH INFORMATION THEY NEED TO MAINTAIN A SUCCESSFUL HELPING RELATIONSHIP. CHATTERBOX IS A FREE ONLINE DISCUSSION GROUP. IN THIS GROUP INDIVIDUALS CAN COMMUNICATE WITH OTHER SPONSORS TO ASK QUESTIONS, GET		

**STATEMENT 8 (CONTINUED)**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
ADVICE, PICK UP USEFUL BOX IDEAS AND EVEN HEAR ABOUT DISCOUNTS AND WAYS TO SAVE MONEY ON MAILING AND CONTENTS. AN ARCHIVE OF MESSAGES, FILES, AND PHOTOS IS ALSO AVAILABLE.		
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 0.

**STATEMENT 9**  
**FORM 990-EZ, PART VI**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

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

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

FORM 990, PAGE 7, QUESTION 90:  
LIST THE STATES WITH WHICH A COPY OF THIS RETURN IS FILED:

ALABAMA  
ALASKA  
ARIZONA  
ARKANSAS  
CALIFORNIA  
COLORADO  
CONNECTICUT  
D. C.  
FLORIDA  
GEORGIA  
ILLINOIS  
KANSAS  
KENTUCKY  
MARYLAND  
MASSACHUSETTS  
MICHIGAN  
MINNESOTA  
MISSISSIPPI  
N. CAROLINA  
NEW HAMPSHIRE  
NEW JERSEY  
NEW MEXICO  
NEW YORK  
OHIO  
OKLAHOMA  
OREGON  
PENNSYLVANIA  
RHODE ISLAND  
S. CAROLINA  
TENNESSEE  
UTAH  
VIRGINIA  
WASHINGTON  
WEST VIRGINIA  
WISCONSIN