EXTENSION GRANTED THROUGH 05/17/2010

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

C Name of organization: FAMILY SERVICE OF RHODE ISLAND, INC.

Doing Business As

Number and street (or P.O box if mail is not delivered to street address) / Room/suite: P.O. BOX 6688

City or town, state or country, and ZIP + 4: PROVIDENCE, RI 02940-6688

D Employer identification number: 05-0258858

E Telephone number: (401) 331-1350

G Gross receipts $ 19,930,819.

F Name and address of principal officer: MARGARET HOLLAND MCDUFF SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c) (3)◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.FAMILYSERVICERI.ORG

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1892 **M** State of legal domicile: RI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities TO PROMOTE SOUND FAMILY LIFE BY MEANS OF SOCIAL SERVICES TO INDIVIDUALS AND FAMILIES.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of employees (Part V, line 2a)	5	438
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	669,417.	349,363.
	9	Program service revenue (Part VIII, line 2g)	17,746,311.	18,649,258.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	249,413.	53,088.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,046.	18,566.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,736,187.	19,070,275.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		866,752.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,195,351.	13,996,767.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 297,843.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,793,466.	4,554,427.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,988,817.	19,423,946.
	19	Revenue less expenses Subtract line 18 from line 12	<1,252,630.>	<353,671.>

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,701,104.	6,352,307.
	21	Total liabilities (Part X, line 26)	4,992,794.	3,986,646.
	22	Net assets or fund balances Subtract line 21 from line 20	2,708,310.	2,365,661.

RECEIVED
339 MAY 17 2010 IRS-OSC
OGDEN, UT

Part II Signature Block

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 5/3/10

▶ MARGARET HOLLAND MCDUFF, CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Deborah A. Hopkins — Date 5/3/10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KAHN, LITWIN, RENZA & CO., LTD.
951 NORTH MAIN STREET
PROVIDENCE, RI 02904

EIN ▶

Phone no ▶ 401-274-2001

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED JUN 25 2010

14

G15

Part III | Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

TO BUILD SOCIAL SERVICE PARTNERSHIPS THAT RESPOND CREATIVELY TO THE UNMET NEEDS OF INDIVIDUALS, FAMILIES AND THE COMMUNITY SO THAT PEOPLE ARE ABLE TO LIVE INDEPENDENTLY, ADVOCATE FOR THEMSELVES AND BETTER THEIR OWN LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 10952820. including grants of $) (Revenue $ 11853956.)

COMMUNITY SERVICES - ONE OF THE MOST SIGNIFICANT ACHIEVEMENTS IN THIS AREA WAS THE MID-2008 MERGER OF AIDS PROJECT RI WITH FAMILY SERVICE OF RI. THIS MERGER LINKED AN ARRAY OF HIV/AIDS SERVICES (E.G. CASE MANAGEMENT, EMERGENCY FOOD, MENTAL HEALTH THERAPY) TOGETHER, STREAMLINING ACCESS TO CARE FOR PEOPLE LIVING WITH HIV/AIDS. AIDS PROJECT RI, A BELOVED HIV/AIDS SERVICE ORGANIZATION, CONTINUES IN ITS MISSION AS A DIVISION OF FAMILY SERVICE OF RI. IN LATE 2008, FAMILY SERVICE OF RI'S VICTIM IMPACT CLASSES AT THE STATE ADULT CORRECTIONAL INSTITUTIONS WERE FEATURED IN AN ARTICLE IN THE PROVIDENCE JOURNAL. "THEIR THOUGHT PATTERNS DIDN'T INCLUDE EMPATHY FOR THE VICTIM PRIOR TO TAKING THE CLASS..." SAID THE CORRECTIONS DIRECTOR. "I REALLY BELIEVE THE CLASS HAS CHANGED THE POINT OF VIEW OF MANY WHO HAVE PARTICIPATED."

4b (Code) (Expenses $ 3,785,604. including grants of $) (Revenue $ 4,543,551.)

CHILDREN'S SERVICES - FAMILY SERVICE OF RHODE ISLAND HAS BEEN THE LEADER IN DEVELOPING A NEW STATEWIDE, INTERAGENCY CONTINUUM APPROACH TO PROVIDING SERVICES - INCLUDING, BUT NOT LIMITED TO, GROUP AND FOSTER HOMES - FOR CHILDREN AND YOUTH IN CRISIS. IN THE SPRING OF 2008, THE AGENCY SOUGHT AND RECEIVED A $50,000 GRANT FROM THE UNITED WAY OF RHODE ISLAND TO FACILITATE THE DEVELOPMENT OF WHAT BECAME, IN 2009, THE OCEAN STATE NETWORK FOR CHILDREN AND FAMILIES, INC. THE CONCEPT IS FOR CHILDREN SERVICES NON-PROFITS TO CREATE A BROADER CONTINUUM WITH INTEGRATION OF CLINICAL SERVICES AND IMPROVED STANDARDS AND OUTCOME MEASUREMENTS AS WELL AS A SINGLE POINT OF CONTACT FOR CHILDREN AND FAMILIES IN NEED - INSTEAD OF HAVING TO NAVIGATE AMID A MYRIAD OF SERVICE PROVIDERS. THE CONCEPT INCLUDES FOSTERING ECONOMIC SAVINGS

4c (Code) (Expenses $ 1,572,978. including grants of $) (Revenue $ 2,251,751.)

EDUCATIONAL SERVICES - FAMILY SERVICE OF RI HAS A LONG HISTORY OF COLLABORATING WITH A NUMBER OF SCHOOL DEPARTMENTS THROUGHOUT RHODE ISLAND, WORKING WITH SUPERINTENDENTS, PRINCIPALS, TEACHERS AND FAMILIES TO HELP STUDENTS AND THEIR FAMILIES FACING MENTAL HEALTH/BEHAVIORAL PROBLEMS, POVERTY AND OTHER ISSUES. MOST RECENTLY, FAMILY SERVICE OF RI DEVELOPED A PARTNERSHIP WITH THE SCHOOL DEPARTMENT IN THE CITY OF CENTRAL FALLS - WHICH, IN 2009 HAD A 47% HIGH SCHOOL GRADUATION RATE, AND 50% OF THE SCHOOLS WERE LISTED AS "MAKING INSUFFICIENT PROGRESS" (RHODE ISLAND KIDS COUNT, INDICATORS OF CHILD WELL-BEING, 2010). FAMILY SERVICE OF RI BEGAN PROVIDING FULL TIME BEHAVIORAL SPECIALIST SERVICES AS ANOTHER LAYER OF SUPPORT FOR AT-RISK CHILDREN. SERVICES INCLUDED INTERVENING WITHIN THE CLASSROOM AS NECESSARY WHEN A STUDENT

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 16,311,402. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	94			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	438			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	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)?			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter N/A					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions

			Yes	No
1a	Enter the number of voting members of the governing body **1a** 30			
b	Enter the number of voting members that are independent **1b** 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ RI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ANTHONY BLISS - 401 331-1350

P.O. BOX 6688, PROVIDENCE, RI 02940-6688

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MALCOLM FARMER PRESIDENT	1.00	X		X				0.	0.	0.
WILLIAM F. HATFIELD VICE PRESIDENT	1.00	X		X				0.	0.	0.
JOAN J. HERTEL SECRETARY	1.00	X		X				0.	0.	0.
ROBERT S. WADDINGTON TREASURER	1.00	X		X				0.	0.	0.
JAMES P. ARNOLD BOARD MEMBER	1.00	X						0.	0.	0.
ALLAN W. BALLOU BOARD MEMBER	1.00	X						0.	0.	0.
GALE BAY BOARD MEMBER	1.00	X						0.	0.	0.
CURT G. BECKWITH BOARD MEMBER	1.00	X						0.	0.	0.
MELVOID J. BENSON BOARD MEMBER	1.00	X						0.	0.	0.
JAMES M. BOWER BOARD MEMBER	1.00	X						0.	0.	0.
CHRISTOPHER J. CROSBY BOARD MEMBER	1.00	X						0.	0.	0.
CHRISTINE C. FERGUSON BOARD MEMBER	1.00	X						0.	0.	0.
DEAN M. ESSERMAN BOARD MEMBER	1.00	X						0.	0.	0.
STEPHEN R. HOURAHAN BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN R. JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
SAUL KAPLAN BOARD MEMBER	1.00	X						0.	0.	0.
BRAD KOPP BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
CYNTHIA LEONARD BOARD MEMBER	1.00	X						0.	0.	0.
MARY MCGOLDRICK BOARD MEMBER	1.00	X						0.	0.	0.
PATRICIA M. MORAN BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD L. MORIN BOARD MEMBER	1.00	X						0.	0.	0.
EDWIN R. PACHECO BOARD MEMBER	1.00	X						0.	0.	0.
CONSTANCE R. PEMMERL BOARD MEMBER	1.00	X						0.	0.	0.
JASON C. PRECIPHS BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM E. SMITH BOARD MEMBER	1.00	X						0.	0.	0.
JULIA STEIN BOARD MEMBER	1.00	X						0.	0.	0.
ANSON STOOKEY BOARD MEMBER	1.00	X						0.	0.	0.
1b Total ▶								451,650.	0.	36,228.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

Contributions, gifts, grants and other similar amounts

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a	Federated campaigns	1a	23,881.				
b	Membership dues	1b					
c	Fundraising events	1c	149,762.				
d	Related organizations	1d					
e	Government grants (contributions)	1e					
f	All other contributions, gifts, grants, and similar amounts not included above	1f	175,720.				
g	Noncash contributions included in lines 1a-1f $		9,753.				
h	**Total.** Add lines 1a-1f ▶			349,363.			

Program Service Revenue

		Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 a	PROGRAM SERVICE FEE	621400	14,575,165.	14,575,165.		
b	STATE CONTRACTS	621400	1650540.	1650540.		
c	FEDERAL CONTRACTS	624310	1548477.	1548477.		
d	UNITED WAY GRANT	621400	485,231.	485,231.		
e	PROGRAM MGMT FEES	621400	136,947.	136,947.		
f	All other program service revenue	621400	252,898.	252,898.		
g	**Total.** Add lines 2a-2f ▶		18,649,258.			

Other Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
3	Investment income (including dividends, interest, and other similar amounts) ▶			26,414.			26,414.
4	Income from investment of tax-exempt bond proceeds ▶						
5	Royalties ▶						
		(i) Real	(ii) Personal				
6 a	Gross Rents						
b	Less rental expenses						
c	Rental income or (loss)						
d	Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
7 a	Gross amount from sales of assets other than inventory	808426.					
b	Less cost or other basis and sales expenses	781752.					
c	Gain or (loss)	26,674.					
d	Net gain or (loss) ▶			26,674.			26,674.
8 a	Gross income from fundraising events (not including $ 149,762. of contributions reported on line 1c) See Part IV, line 18	a	48,361.				
b	Less direct expenses	b	49,242.				
c	Net income or (loss) from fundraising events ▶			<881.>	<881.>		
9 a	Gross income from gaming activities See Part IV, line 19	a	48,997.				
b	Less direct expenses	b	29,550.				
c	Net income or (loss) from gaming activities ▶			19,447.	19,447.		
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		Business Code				
11 a							
b							
c							
d	All other revenue						
e	**Total.** Add lines 11a-11d ▶						
12	**Total Revenue** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			19,070,275.	18,667,824.	0.	53,088.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	866,752.	866,752.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	487,878.	176,165.	311,713.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,135,783.	9,493,884.	1,429,972.	211,927.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	210,058.	182,487.	23,431.	4,140.
9 Other employee benefits	1,219,588.	1,026,969.	169,948.	22,671.
10 Payroll taxes	943,460.	786,343.	139,862.	17,255.
11 Fees for services (non-employees)				
a Management				
b Legal	34,274.		34,274.	
c Accounting	46,197.		46,197.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,000.			6,000.
f Investment management fees				
g Other	675,756.	631,179.	44,577.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	946,447.	807,484.	127,390.	11,573.
17 Travel	363,857.	342,731.	20,211.	915.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,226.	10,683.	12,543.	
20 Interest	26,018.		26,018.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	249,883.	214,599.	32,117.	3,167.
23 Insurance	101,053.	70,981.	30,072.	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROGRAM COSTS	826,328.	826,328.		
b SUPPLIES	635,935.	465,081.	157,903.	12,951.
c GENERAL OPERATING COSTS	389,356.	268,753.	118,037.	2,566.
d EMPLOYEE TRAINING	149,390.	68,716.	77,582.	3,092.
e WORKERS COMPENSATION	86,707.	72,267.	12,854.	1,586.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	19,423,946.	16,311,402.	2,814,701.	297,843.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		125,038.	1	522,655.
	2	Savings and temporary cash investments		225,867.	2	76,561.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,902,572.	4	1,447,081.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	19,750.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		62,941.	9	63,147.
	10a	Land, buildings, and equipment cost basis	10a 5,233,704.			
	b	Less. accumulated depreciation Complete Part VI of Schedule D	10b 2,044,328.	3,375,316.	10c	3,189,376.
	11	Investments - publicly traded securities		1,583,238.	11	701,990.
	12	Investments - other securities See Part IV, line 11		175,054.	12	186,081.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		251,078.	15	145,666.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,701,104.	16	6,352,307.
Liabilities	17	Accounts payable and accrued expenses		2,061,809.	17	1,396,328.
	18	Grants payable		78,971.	18	125,769.
	19	Deferred revenue		3,777.	19	339,092.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,848,237.	23	2,047,595.
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		0.	25	77,862.
	26	**Total liabilities.** Add lines 17 through 25		4,992,794.	26	3,986,646.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,125,438.	27	1,929,527.
	28	Temporarily restricted net assets		579,208.	28	432,470.
	29	Permanently restricted net assets		3,664.	29	3,664.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,708,310.	33	2,365,661.
	34	Total liabilities and net assets/fund balances		7,701,104.	34	6,352,307.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
FAMILY SERVICE OF RHODE ISLAND, INC.	05-0258858

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

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

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

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

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

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

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

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

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

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

9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3						
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						

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 **Total support.** Add lines 7 through 10						

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

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	981,050.	609,306.	786,656.	669,417.	349,363.	3,395,792.
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	17,083,731.	17,826,161.	17,891,026.	17,950,608.	18,746,616.	89,498,142.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5	18,064,781.	18,435,467.	18,677,682.	18,620,025.	19,095,979.	92,893,934.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						92,893,934.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	18,064,781.	18,435,467.	18,677,682.	18,620,025.	19,095,979.	92,893,934.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,307.	39,059.	42,661.	45,116.	53,088.	221,231.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	41,307.	39,059.	42,661.	45,116.	53,088.	221,231.
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)	165,298.	228,541.	202,132.	71,046.		667,017.
13 **Total support** (Add lines 9, 10c, 11, and 12)						93,782,182.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.05 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	.24 %
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	.34 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: FAMILY SERVICE OF RHODE ISLAND, INC.

Employer identification number: 05-0258858

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ______

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ ______%
b Permanent endowment ▶ ______%
c Term endowment ▶ ______%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		343,500.		343,500.
b Buildings		3,883,242.	1,292,510.	2,590,732.
c Leasehold improvements				
d Equipment		849,467.	655,019.	194,448.
e Other		157,495.	96,799.	60,696.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,189,376.

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Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO QUALITY CARE COMPANY	77,862.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	77,862.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,070,275.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,423,946.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<353,671.>
4	Net unrealized gains (losses) on investments	4	<245,987.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	257,009.
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	11,022.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<342,649.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	19,149,067.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	78,792.		
e	Add lines **2a** through **2d**			2e	78,792.
3	Subtract line **2e** from line **1**			3	19,070,275.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	19,070,275.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	19,502,738.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	78,792.		
e	Add lines **2a** through **2d**			2e	78,792.
3	Subtract line **2e** from line **1**			3	19,423,946.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	19,423,946.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS & GAMING EXPENSES

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS & GAMING EXPENSES

IN JULY, 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED

Part XIV Supplemental Information *(continued)*

INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48). FIN 48 PRESCRIBES A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, BY A FILER'S TAX RETURN. ON DECEMBER 30, 2008, FASB ISSUED FASB STAFF POSITION (FSP) FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES. THE FSP DEFERS THE EFFECTIVE DATE OF FIN 48 FOR CERTAIN NONPUBLIC ENTERPRISES, INCLUDING NONPUBLIC NOT-FOR-PROFIT ORGANIZATIONS, TO FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE ORGANIZATION PRESENTLY RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX BENEFITS BY APPLYING SFAS NO. 5, ACCOUNTING FOR CONTINGENCIES. THE ORGANIZATION HAS NOT YET DETERMINED IF FIN 48 WILL HAVE AN IMPACT ON ITS FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008
Open To Public Inspection

Name of the organization: FAMILY SERVICE OF RHODE ISLAND, INC.

Employer identification number: 05-0258858

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 BRIGHTER FUTURES LUNC (event type)	(b) Event #2 RED RIBBON EVENT (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	159,830.	38,293.		198,123.
	2 Less Charitable contributions	139,272.	10,490.		149,762.
	3 Gross revenue (line 1 minus line 2)	20,558.	27,803.		48,361.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	34,095.	15,147.		49,242.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(49,242.)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				<881.>

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue	48,997.			48,997.
Direct Expenses	2 Cash prizes	5,596.			5,596.
	3 Non-cash prizes				
	4 Rent/facility costs	6,300.			6,300.
	5 Other direct expenses	17,654.			17,654.
	6 Volunteer labor	[X] Yes 100.00 % [ ] No	[ ] Yes ____ % [ ] No	[ ] Yes ____ % [ ] No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(29,550.)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				19,447.

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities RI			
a Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b If "No," Explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b If "Yes," Explain			
11 Does the organization operate gaming activities with nonmembers?	11		X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility — 13a ____ %			
b An outside facility — 13b 100.00 %			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ PHYLLIS R. PELLETIER			
Address ▶ P.O. BOX 6688 - PROVIDENCE, RI 02940-6688			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____ and the amount of gaming revenue retained by the third party ▶ $ ____			
c If "Yes," enter name and address			
Name ▶			
Address ▶			
16 Gaming manager information			
Name ▶ STEPHEN HOGAN			
Gaming manager compensation ▶ $ ____			
Description of services provided ▶			
☐ Director/officer ☒ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	X	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: FAMILY SERVICE OF RHODE ISLAND, INC.
Employer identification number: 05-0258858

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903	05-0258819	501(C)(3)	276,903.	0.			TO PROVIDE INDIVIDUAL AND FAMILY SERVICES
JOHN HOPE SETTLEMENT HOUSE 7 BURGESS STREET PROVIDENCE, RI 02903	05-0258882	501(C)(3)	422,155.	0.			TO PROVIDE INDIVIDUAL AND FAMILY SERVICES
COMPREHENSIVE COMMUNITY ACTION, INC. - 311 DORIC AVENUE - PROVIDENCE, RI 02910	05-6018801	501(C)(3)	167,694.	0.			TO PROVIDE INDIVIDUAL AND FAMILY SERVICES

2 Enter total number of section 501(c)(3) and government organizations ▶ 3.

3 Enter total number of other organizations ▶ 0.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RYAN WHITE SUPPORT SERVICES GRANT (EMERGENCY FUNDS, HEALTH INSURANCE, DENTAL PROVIDERS, NUTRITIONAL SUPPLIES)	666	126,139.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MAINTAINS A FILE ON EACH GRANTEE WHICH CONTAINS THE ORIGINAL GRANT APPLICATION AND DOCUMENTATION OF THE GRANT AWARD MEETING AT WHICH THE GRANT WAS APPROVED, AS WELL AS CORRESPONDENCE BETWEEN THE GRANTEE AND THE ORGANIZATION REGARDING THE USE OF GRANT FUNDS INCLUDING CONFIRMATION THAT THE FUNDS WERE USED AS INTENDED AND THE RESULTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: FAMILY SERVICE OF RHODE ISLAND, INC.

Employer identification number: 05-0258858

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		X
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III	6b		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARGARET HOLLAND MCDUFF	(i)	167,144.	0.	0.	6,292.	10,773.	184,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL WEIGLE	(i)	163,863.	0.	0.	6,193.	6,109.	176,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization: FAMILY SERVICE OF RHODE ISLAND, INC.

Employer Identification number: 05-0258858

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ROBERT VINCENT BOARD MEMBER	1.00	X						0.	0.	0.
RAYMOND L. WATSON BOARD MEMBER	1.00	X						0.	0.	0.
JEFFREY WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
MARGARET HOLLAND MCDUFF CHIEF EXECUTIVE OFFICER	40.00			X				167,144.	0.	17,065.
ANTHONY H. BLISS CHIEF ADMINISTRATIVE OFF	40.00			X				120,643.	0.	6,861.
PAUL WEIGLE MEDICAL DOCTOR	40.00					X		163,863.	0.	12,302.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: FAMILY SERVICE OF RHODE ISLAND, INC.

Employer identification number: 05-0258858

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
CYNTHIA LEONARD	BOARD MEMBER	25,804.	MS. LEONARD		X
MALCOLM FARMER, III	PRESIDENT	32,274.	MR. FARMER		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

832131 12-17-08

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
FAMILY SERVICE OF RHODE ISLAND, INC.	05-0258858

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

FAMILY SERVICE OF RI INCREASED ITS SERVICES TO PEOPLE LIVING WITH HIV/AIDS THROUGH ITS MERGER WITH AIDS PROJECT RI IN 2008, HEIGHTENING ITS PAST HIV/AIDS CONTINUUM.

A COLLABORATION LED BY FAMILY SERVICE OF RHODE ISLAND, CALLED "FAMILY CARE COMMUNITY PARTNERSHIPS," BEGAN PROVIDING A RANGE OF SOCIAL SERVICES, PARTICULARLY FOCUSING ON "WRAPPING AROUND" SERVICES FOR CHILDREN AND FAMILIES IN CRISIS.

THE UNITED WAY OF RHODE ISLAND AND FAMILY SERVICE OF RHODE ISLAND COLLABORATED TO PROVIDE 2-1-1, A 24/7 INFORMATION RESOURCE LINE FOR CHILDREN, YOUTH AND ADULTS IN CRISIS, WITH SPECIALIZED ONE-TO-ONE SERVICES FOR SENIOR CITIZENS AND ADULTS WITH DISABILITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

IN JANUARY, 2009, FAMILY SERVICE OF RHODE ISLAND BEGAN LEADING THE FAMILY CARE COMMUNITY PARTNERSHIP FOR PROVIDENCE, CRANSTON, CENTRAL FALLS AND PAWTUCKET. A MULTI-AGENCY COLLABORATION UNDER A NEWLY CREATED CORPORATION, PARTNERSHIP FOR FAMILIES, INC., THE INITIATIVE RE-ALIGNS AND STREAMLINES A RANGE OF SERVICES FOR CHILDREN AND FAMILIES IN CRISIS. FAMILY SERVICE OF RI IS A MEMBER OF A SIMILAR COLLABORATION SERVING THE WEST BAY. IN THE SPRING OF 2009, FAMILY SERVICE OF RI BEGAN THE PROCESS OF CREATING WHAT HAS BECOME KNOWN AS "PROVIDENCE CHILDREN'S INITIATIVE," A MULTI-AGENCY COLLABORATION TO IMPROVE EDUCATIONAL AND SOCIAL OUTCOMES IN A TARGETED AREA IN PROVIDENCE. PROVIDENCE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
FAMILY SERVICE OF RHODE ISLAND, INC.	05-0258858

CHILDREN'S INITIATIVE TAKES ITS INSPIRATION FROM THE CELEBRATED "HARLEM CHILDREN'S ZONE," CALLED BY THE NEW YORK TIMES "ONE OF THE MOST AMBITIOUS SOCIAL-SERVICE EXPERIMENTS OF OUR TIME."

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

THROUGH GROUP PURCHASING, AND COMMON DATA, HIRING AND PAYROLL SYSTEMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

BECAME ANGRY, FRUSTRATED AND WITHDRAWN; WORKING WITH SCHOOL STAFF TO DEVELOP AND IMPLEMENT BEHAVIOR PLANS IN THE CLASSROOM; AND FOLLOWING UP WITH FAMILIES AFTER SCHOOL HOURS TO LINK THEM TO SERVICES SUCH AS FOOD PANTRIES, JOB TRAINING, AND SUBSTANCE ABUSE TREATMENT.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY MANAGEMENT. ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A COPY IS SENT TO ALL BOARD MEMBERS. AT THE SUBSEQUENT BOARD MEETING, THE BOARD IS ASKED IF THEY HAVE ANY QUESTIONS OR COMMENTS AND A GENERAL REVIEW OF THE FORM IS CONDUCTED BY MANAGEMENT. REVISIONS, CORRECTIONS, ETC. ARE MADE AS NECESSARY. SUBSEQUENT TO THIS MEETING THE FORM IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND MEMBERS OF MANAGEMENT COMPLETE CONFLICT OF INTEREST FORMS ON AN ANNUAL BASIS. NEW MEMBERS OF THE BOARD OF DIRECTORS AND ALL NEW EMPLOYEES COMPLETE THE FORM WHEN THEY ARE ELECTED OR IN THE CASE OF EMPLOYEES, HIRED. FORMS ARE REVIEWED AND ANY POTENTIAL CONFLICT IS REVIEWED BY THE BOARD PRESIDENT IN

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
FAMILY SERVICE OF RHODE ISLAND, INC.	05-0258858

THE CASE OF DIRECTORS OR THE VP'S OF QUALITY MANAGEMENT AND HUMAN SERVICES FOR EMPLOYEES. ANY IDENTIFIED CONFLICTS ARE RESOLVED IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY THE BOARD CONDUCTS A PERFORMANCE REVIEW AND EVALUATION OF THE CHIEF EXECUTIVE OFFICER. THE REVIEW ALSO ESTABLISHES THE INDIVIDUAL'S COMPENSATION FOR THE FOLLOWING YEAR. THIS PROCESS INVOLVES THE EVALUATION OF THE INDIVIDUAL AND A REVIEW OF COMPENSATION OF COMPARABLE POSITIONS OBTAINED FROM COMPENSATION SURVEYS. THE BOARD'S DELIBERATION AND DECISION IS NOTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, ANNUAL BUDGETS, AUDITS, OTHER FINANCIAL INFORMATION, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

THE FORM 990 IS POSTED ON-LINE, AND THE AGENCY PUBLISHES AND DISTRIBUTES VIA MAIL, IN-PERSON CONTACT AND THE INTERNET, AN ANNUAL REPORT, WHICH CONTAINS FINANCIAL STATEMENTS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CYNTHIA LEONARD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 25804.

(D) DESCRIPTION OF TRANSACTION: MS. LEONARD IS THE OWNER OF SIR SPEEDY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: FAMILY SERVICE OF RHODE ISLAND, INC.

Employer identification number: 05-0258858

PRINTING SERVICES, A COMPANY THAT PROVIDED PRINTING SERVICES TO FSRI DURING THE YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MALCOLM FARMER, III

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PRESIDENT

(C) AMOUNT OF TRANSACTION $ 32274.

(D) DESCRIPTION OF TRANSACTION: MR. FARMER IS A PARTNER OF THE HINCKLEY, ALLEN & SYNDER LLP, THAT PROVIDED LEGAL SERVICES TO FSRI DURING THE YEAR

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
FAMILY SERVICE OF RHODE ISLAND, INC.

Employer identification number
05-0258858

Part I **Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
LUCY'S HEARTH - 22-2566612 P.O. BOX 6688 PROVIDENCE, RI 02940-6688	TO PROVIDE TEMPORARY AND TRANSITIONAL HOUSING PROGRAMS FOR WOMEN &	RHODE ISLAND	501(C)(3)	9	FAMILY SERVICE OF RHODE ISLAND, INC.
FAMILY SERVICE REALTY HOLDING CORPORATION - 05-0476321, P.O. BOX 6688 , PROVIDENCE , RI 02940-6688	TO HOLD REAL ESTATE FOR THE BENEFIT OF FAMILY SERVICE OF RHODE ISLAND, INC.	RHODE ISLAND	501(C)(2)		FAMILY SERVICE OF RHODE ISLAND, INC.

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
QUALITY CARE COMPANY, LLC - 05-0515849, PO BOX 6688, PROVIDENCE, RI 02940-6688	OPERATE CEDARR PROGRAM IN RI	RI		RELATED	4,690.	58,111.		X	N/A		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e	X	
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) LUCY'S HEARTH	P	223,250.
(2) QUALITY CARE COMPANY, LLC	D	19,750.
(3) QUALITY CARE COMPANY, LLC	P	2,767,388.
(4) FAMILY SERVICES REALTY HOLDING, INC.	D	145,666.
(5) QUALITY CARE COMPANY, LLC	E	77,862.
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

990

(Including Information on Listed Property)

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

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
FAMILY SERVICE OF RHODE ISLAND, INC.	FORM 990 PAGE 10	05-0258858

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	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	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)

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

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	247,728.
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 ▶ ☐		

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		4,905.	5 YRS	MM	S/L	981.
c 7-year property						
d 10-year property		17,000.	10 YRS	MM	S/L	992.
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	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	12 /08	13,539.	39 yrs	MM	S/L	182.
	/			MM	S/L	

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

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
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 instr	22	249,883.
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	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year					
43 Amortization of costs that began before your 2008 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

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

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

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

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	FAMILY SERVICE OF RHODE ISLAND, INC.	05-0258858
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions P.O. BOX 6688	
	City, town or post office, state, and ZIP code For a foreign address, see instructions PROVIDENCE, RI 02940-6688	

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

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

- The books are in the care of ▶ THE ORGANIZATION P.O. BOX 6688 - PROVIDENCE, RI 02940-6688

  Telephone No ▶ (401) 331-1350 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year ______ or

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

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ N/A

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

823831
05-26-09

KAHN, LITWIN, RENZA & CO., LTD., CPAs
951 N. MAIN ST.
PROVIDENCE, RI 02904-05-0409384

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization FAMILY SERVICE OF RHODE ISLAND, INC.	Employer identification number 05-0258858
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 6688	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PROVIDENCE, RI 02940-6688	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION P.O. BOX 6688 - PROVIDENCE, RI 02940-6688

Telephone No ▶ (401) 331-1350 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 is for

4 I request an additional 3-month extension of time until MAY 15, 2010 .

5 For calendar year ____ , or other tax year beginning JUL 1, 2008 , and ending JUN 30, 2009

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

7 State in detail why you need the extension
ADDITIONAL TIME AND INFORMATION ARE NECESSARY IN ORDER TO PREPARE AN ACCURATE RETURN.

8a	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	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a 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	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Deborah [illegible] Title ▶ CPA Date ▶ 1/15/10

823832
05-26-09