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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 07/01 , 2008, and ending 06/30 , 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 REGIONAL NETWORK OF PROGRAMS, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2 TRAP FALLS ROAD — Room/suite 405

City or town, state or country, and ZIP + 4 SHELTON, CT 06484

D Employer identification number 06-0910080

E Telephone number (203) 929-1954

G Gross receipts $ 13,507,554.

F Name and address of principal officer JOHN HAMILTON
2 TRAP FALLS ROAD SHELTON, CT 06484

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶ N/A

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.REGIONALNETWORK.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1972 **M** State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
REGIONAL NETWORK OF PROGRAMS, INC. WAS ESTABLISHED TO SERVE THE ECONOMICALLY DISADVANTAGED / AFFLICTED PERSON BY USING A VARIETY OF INDIVIDUALIZED AND DIVERSIFIED APPROACHES TO PERSON-CENTERED CARE.

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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	227
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	10,037,744.	5,002,807.
9	Program service revenue (Part VIII, line 2g)	1,899,842.	8,488,370.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3.	2.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE	-8,917.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,937,589.	13,482,262.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,090,154.	10,031,374.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,678,316.	3,345,025.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,768,470.	13,376,399.
19	Revenue less expenses Subtract line 18 from line 12	169,119.	105,863.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,774,307.	2,201,662.
21	Total liabilities (Part X, line 26)	1,719,829.	2,041,321.
22	Net assets or fund balances Subtract line 21 from line 20	54,478.	160,341.

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 12/11/10

John Hamilton CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date FEB 11 2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00034535

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DWORKEN HILLMAN LAMORTE & STERCZALA
FOUR CORPORATE DRIVE, SUITE 488 SHELTON, CT 06484

EIN ▶ 06-1308345

Phone no ▶ 203-929-3535

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

JSA
8E1010 2 000

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

1 Briefly describe the organization's mission

REGIONAL NETWORK OF PROGRAMS, INC. WAS ESTABLISHED TO SERVE THE ECONOMICALLY DISADVANTAGED / AFFLICTED PERSON BY USING A VARIETY OF INDIVIDUALIZED AND DIVERSIFIED APPROACHES TO PERSON-CENTERED CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ 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 ☒ 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

4a (Code _____) (Expenses $ 2,525,914. including grants of $ NONE) (Revenue $ 3,487,623.)

SEE STATEMENT 1

4b (Code _____) (Expenses $ 1,696,887. including grants of $ NONE) (Revenue $ 2,543,334.)

SEE STATEMENT 1

4c (Code _____) (Expenses $ 1,208,578. including grants of $ NONE) (Revenue $ 988,629.)

SEE STATEMENT 2

4d Other program services (Describe in Schedule O) SEE STATEMENT 3

(Expenses $ 5,429,842. including grants of $ NONE) (Revenue $ 1,459,869.)

4e Total program service expenses ▶ $ 10,861,221. *(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	**Sections 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		X
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 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)*

			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 section 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 22		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b NONE		
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 227		
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		X
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		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter			
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			
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 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

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 1b 12			
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 organizations 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?	15b	X	
	Describe the process in Schedule O (see instructions)			
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		

Section C. Disclosure

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

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

☐ Own website ☒ Another's website ☒ 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 ▶ PAUL KELLY 2 TRAP FALLS ROAD SHELTON, CT 06484
203-929-1954

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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD GAVIN MEMBER	1.	X						NONE	NONE	NONE
BEVERLY NEWELL MEMBER	1.	X						NONE	NONE	NONE
JERRY MCCARTHY MEMBER	1.	X						NONE	NONE	NONE
LINDA MASSARIA MEMBER	1.	X						NONE	NONE	NONE
JAMES VAN VOLKENBURGH MEMBER	1.	X						NONE	NONE	NONE
SALVATORE A. MARESCA, JR. MEMBER	1.	X						NONE	NONE	NONE
DEBORAH SCHLEIN MEMBER	1.	X						NONE	NONE	NONE
NANCY GANASSINI SECRETARY	1.	X						NONE	NONE	NONE
PATRICK J. SCHMINCKE MEMBER	1.	X						NONE	NONE	NONE
THOMAS E. WALSH JR. VICE PRESIDENT	1.			X				NONE	NONE	NONE
JOSHUA DICKINSON PRESIDENT	1.			X				NONE	NONE	NONE
JOHN HAMILTON CEO	40.			X				144,970.	NONE	19,182.
L. DEBORAH STRANE TREASURER	1.			X				NONE	NONE	NONE
PAUL KELLY CFO	40.			X				116,042.	NONE	17,485.
DORNA STOVER COO	40.				X			116,982.	NONE	17,532.
TINA KLEM CHIEF CLINICAL OFFICER	40.				X			105,600.	NONE	17,074.

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 (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								483,594.	NONE	71,273.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 4

		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*		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*	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*		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

(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 ▶ NONE

Part VIII Statement of Revenue 06-0910080

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 29,793.				
	b Membership dues	1b				
	c Fundraising events	1c 24,329.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 4,832,158.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 116,527.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		5,002,807.			
Program Service Revenue		**Business Code**				
	2a FEES/CONTRACTS WITH GOVT	624200	5,833,880.	5,833,880.		
	b THIRD PARTY FEES FOR SERVICE	624200	1,258,140.	1,258,140.		
	c CLIENT FEES	624200	1,396,350.	1,396,350.		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		8,488,370.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT 4 ▶		2.			2.
	4 Income from investment of tax-exempt bond proceeds ▶		NONE			
	5 Royalties ▶		NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		NONE			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		NONE			
	8a Gross income from fundraising events (not including $ 24,329. of contributions reported on line 1c) See Part IV, line 18	STMT 5 a 16,375.				
	b Less direct expenses	b 25,292.				
	c Net income or (loss) from fundraising events STMT 6 ▶		-8,917.			-8,917.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities ▶		NONE			
	10a 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 ▶		NONE			
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		NONE			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		13,482,262.	8,488,370.		-8,915.

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	NONE			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	632,240.		632,240.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	7,244,358.	6,178,058.	1,066,300.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	159,878.	105,983.	53,895.	
9 Other employee benefits	1,289,106.	978,822.	310,284.	
10 Payroll taxes	705,792.	575,876.	129,916.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	5,805.	2,085.	3,720.	
c Accounting	33,200.		33,200.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	798.		798.	
13 Office expenses	91,662.	89,162.	2,500.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	895,949.	721,358.	174,591.	
17 Travel	115,007.	93,438.	21,569.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	93,449.	93,449.		
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	152,867.	152,867.		
23 Insurance STMT. 7	70,241.	69,561.	680.	
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 EQUIPMENT RENTAL	61,353.	53,977.	7,376.	
b LABORATORY SERVICES AND DRUG	240,476.	240,476.		
c CONTRACTED SERVICES	705,967.	639,907.	66,060.	
d FOOD SUPPLIES	250,121.	250,121.		
e MAINTENANCE & SUPPLIES	165,254.	165,254.		
f All other expenses	462,876.	450,827.	12,049.	
25 **Total functional expenses.** Add lines 1 through 24f	13,376,399.	10,861,221.	2,515,178.	
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	458,136.	1	534,656.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	523,274.	4	928,726.
	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	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges STMT 18	42,250.	9	65,954.
	10a	Land, buildings, and equipment cost basis 10a 3,690,428.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 3,018,102.	750,647.	10c	672,326.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,774,307.	16	2,201,662.
Liabilities	17	Accounts payable and accrued expenses	1,717,544.	17	1,786,048.
	18	Grants payable		18	
	19	Deferred revenue	2,285.	19	5,273.
	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		23	
	24	Unsecured notes and loans payable		24	250,000.
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	1,719,829.	26	2,041,321.
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	-215,536.	27	-125,575.
	28	Temporarily restricted net assets	90,014.	28	105,916.
	29	Permanently restricted net assets	180,000.	29	180,000.
		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	54,478.	33	160,341.
	34	Total liabilities and net assets/fund balances	1,774,307.	34	2,201,662.

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
REGIONAL NETWORK OF PROGRAMS, INC.	06-0910080

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

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

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

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

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

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

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

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

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

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

9 [ ] An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete 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)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

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 US?		(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 ")	7,313,219.	7,646,829.	7,907,303.	10,037,744.	5,002,807.	37,907,902.
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	7,313,219.	7,646,829.	7,907,303.	10,037,744.	5,002,807.	37,907,902.
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						37,907,902.

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	7,313,219.	7,646,829.	7,907,303.	10,037,744.	5,002,807.	37,907,902.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31.	290.	3.	3.	2.	329.
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						37,908,231.
12 Gross receipts from related activities, etc (See instructions)					12	9,960,966.

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	100.00 %

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 "fact-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 organzation meets the "facts-and-circumstances"" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information (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

REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number

06-0910080

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

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 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	NONE	2,100.		2,100.
b Buildings	NONE	2,046,769.	1,679,131.	367,638.
c Leasehold improvements	NONE	848,187.	736,258.	111,929.
d Equipment	NONE	793,372.	602,713.	190,659.
e Other	NONE	NONE	NONE	NONE
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				672,326.

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 *(Column (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. *(Column (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	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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	13,482,262.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,376,399.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	105,863.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	105,863.

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	13,547,362.
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	65,100.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	65,100.
3	Subtract line 2e from line 1			3	13,482,262.
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	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	13,482,262.

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

1	Total expenses and losses per audited financial statements			1	13,441,499.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	65,100.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	65,100.
3	Subtract line 2e from line 1			3	13,376,399.
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	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	13,376,399.

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 XIV Supplemental Information *(continued)*

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

REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number

06-0910080

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

2a 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 activities? ☐ 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	(iii) 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

CT,

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.

Revenue / Direct Expenses		(a) Event #1 GOLF TOURNAMNT (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	40,704.			40,704.
	2 Less Charitable contributions	24,329.			24,329.
	3 Gross revenue (line 1 minus line 2)	16,375.			16,375.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	4,767.			4,767.
	6 Rent/facility costs	18,700.			18,700.
	7 Other direct expenses	1,825.			1,825.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(25,292.)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-8,917.

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.

Revenue / Direct Expenses		(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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes ____% No	Yes ____% No	Yes ____% No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** %		
b	An outside facility	**13b** %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
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 ▶ _____			
	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**		
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 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

REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number

06-0910080

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?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
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?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
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 reportable compensation				
JOHN HAMILTON	(i)	131,424.	13,546.	NONE	NONE	19,182.	164,152.	132,800.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
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	(ii)							

JSA

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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

INCENTIVE COMPENSATION

PART I, LINE 7

INCENTIVE COMPENSATION WAS PAID BASED ON PERFORMANCE CRITERIA SET AND APPROVED BY THE BOARD OF DIRECTORS.

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

REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number

06-0910080

OTHER PROGRAM SERVICES

PART III, QUESTION 4D

THE AGENCY PROVIDED THE FOLLOWING OTHER PROGRAM SERVICES FOR THE FISCAL YEAR 2009:

AMBULATORY DETOXIFICATION - THE KINSELLA TREATMENT CENTER ALSO PROVIDES INDIVIDUALS WITH THE OPTION OF A SIX-MONTH METHADONE DETOXIFICATION PROGRAM. THE SIX-MONTH AMBULATORY DETOXIFICATION PROGRAM IS AVAILABLE FOR PERSONS WITH A HISTORY OF OPIATE ABUSE WHO DESIRE TO BE SUBSTANCE FREE IN A SHORTER PERIOD OF TIME. INDIVIDUAL, FAMILY AND/OR GROUP COUNSELING SESSIONS ARE HELD ONCE PER WEEK AND REFERRALS ARE MADE TO SELF-HELP GROUPS BOTH WHILE IN TREATMENT AND AS A FORM OF AFTERCARE. THE PROGRAM RAN AN AVERAGE UTILIZATION RATE OF 13.3% FOR THE FISCAL YEAR 2009. BASED ON NUMBER OF RECORDS PROCESSED BY DMHAS, 100% HAD MAINTAINED/INCREASED INDEPENDENCE IN LIVING UPON DISCHARGE; 100% HAD MAINTAINED/IMPROVED FUNCTIONING (MGAF); TREATMENT COMPLETION RATE WAS 12.50%; AND 62.50% OF THE CLIENTS WERE SUBSTANCE-FREE AT DISCHARGE.

SUPERVISED APARTMENT PROGRAM - THIS PROGRAM, LOCATED IN BRIDGEPORT, CONNECTICUT, PROVIDES RESIDENTIAL SUPERVISED HOUSING SERVICES TO INDIVIDUALS WHO HAVE PSYCHIATRIC DISABILITIES AND ARE INVOLVED IN THE MENTAL HEALTH SERVICE SYSTEM. THE PROGRAM OFFERS CASE MANAGEMENT AND COMMUNITY SUPPORT SERVICES THAT ASSIST AND ENCOURAGE THE INDIVIDUAL IN ACHIEVING OR REGAINING THE SKILLS NECESSARY TO LIVE MORE INDEPENDENTLY IN THE COMMUNITY. CASE MANAGERS ASSIST IN LOCATING SAFE, AFFORDABLE HOUSING

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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AND DEVELOPING A PLAN OF CARE TO ACHIEVE INDEPENDENCE. COORDINATION WITH

AND FACILITATING REFERRALS AMOUNG OTHER COMMUNTITY SERVICE PROVIDERS IS

NECESSARY IN ORDER TO LINK THE INDIVIDUAL WITH NEEDED SUPPORTS. THE

PROGRAM HAD AN AVERAGE ANNUAL UTILIZATION RATE OF 98.8% FOR 2009 FISCAL

YEAR. IT EXHIBITED A 100% OUTCOME MEASURE FOR CLIENTS WHO WERE

DISCHARGED INTO A STABLE LIVING SITUATION. A HIGH RATIO OF 87.2% GOES TO

SATISFACTION WITH SERVICES AS ENTAILED FROM THE CONSUMER SURVEY CONDUCTED

FROM THE TIME PERIOD JULY 1, 2008 TO JUNE 30, 2009.

TRANSITIONAL LIVING CENTERS - THE TRANSITIONAL LIVING CENTERS ARE 8 BED

GROUP HOME RESIDENTIAL FACILITIES FOR MEN AND WOMEN WHO SUFFER FROM

SEVERE AND PERSISTENT PSYCHIATRIC DISABILITIES. THE PROGRAMS PROVIDE

RESIDENTIAL AND REHABILITATIVE SERVICES TO INDIVIDUALS WHO HAVE

SIGNIFICANT SKILL DEFICITS IN THE AREAS OF SELF-CARE AND INDEPENDENT

LIVING AND WHO REQUIRE A NON-HOSPITAL, SUPERVISED COMMUNITY-BASED

RESIDENCE. STAFF STRIVE TO PROTECT THE PRIVACY AND PERSONAL DIGNITY OF

EACH INDIVIDUAL, WHILE TEACHING, COACHING, EDUCATING, TRAINING, COUNSELING

AND ASSISTING WITH DAILY LIVING AND SELF-CARE SKILLS TO ENABLE EACH

CLIENT TO ASSUME INCREASED RESPONSIBILITY NECESSARY FOR A FULL AND

INDEPENDENT LIFE IN THE COMMUNITY. THE AGENCY HAS 2 GROUP HOME

RESIDENTIAL FACILITIES AND BOTH ARE LOCATED IN BRIDGEPORT, CONNECTICUT.

HUNTINGTON HOUSE - THIS PROGRAM RAN AN AVERAGE CAPACITY OF 95.8% FOR

THE 2009 FISCAL YEAR. IT DISPLAYED 100% FOR BOTH OUTCOME MEASURES -

DISCHARGE INTO STABLE LIVING SITUATION AND MAINTAIN/IMPROVE FUNCTIONING

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

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Name of the organization

Employer identification number

(MGAF). FOR THE CONSUMER SURVEY, HUNTINGTON HOUSE RECEIVED 80% RATING FOR SATISFACTION WITH SERVICES.

IRANISTAN HOUSE - THIS PROGRAM RAN AN AVERAGE CAPACITY OF 94.8% FOR THE FISCAL YEAR 2009. THIS PROGRAM HAD A 100% RATE FOR CLIENTS DISCHARGED INTO A STABLE LIVING SITUATION. THE PROGRAM HAD A RATING OF 82.6% FOR SATISFACTION WITH SERVICES AS BASED ON THE CONSUMER SURVEY CONDUCTED FOR THE FISCAL YEAR 2009.

URBAN MODEL INITIATIVE (SUPPORTIVE HOUSING) - THIS PROGRAM OFFERS BOTH TRANSITIONAL AND SUPPORTING HOUSING OPPORTUNITIES FOR INDIVIDUALS WHO ARE HOMELESS AND LIVING WITH BOTH PSYCHIATRIC AND SUBSTANCE USE DISORDERS. THE "TRANSITIONAL" HOUSING COMPONENT OF THE PROGRAM, WITH A CAPACITY OF 5 INDIVIDUALS, OPERATES OUT OF THE PROSPECT HOUSE SHELTER. IN COLLABORATION WITH CASA, THE PROGRAM PARTICIPANTS ARE PROVIDED WITH COMPREHENSIVE SUBSTANCE ABUSE ASSESSMENT AND TREATMENT PRINCIPLES OF MOTIVATIONAL ENHANCEMENT THERAPY. THE "SUPPORTIVE" HOUSING COMPONENT OF THE PROGRAM, WITH A CAPACITY OF 8 INDIVIDUALS, IS LOCATED OFF-SITE AT ANOTHER FACILITY IN BRIDGEPORT, CONNECTICUT WHERE INDIVIDUALS MAY LIVE FOR A MAXIMUM OF 18 MONTHS. DURING EACH LEVEL OF HOUSING, EXTENSIVE CARE MANAGEMENT SERVICES ARE PROVIDED BY A DIVERSE TEAM. A TEAM APPROACH WITH A HEAVY EMPHASIS ON ILLNESS MANAGEMENT AND RECOVERY, RELAPSE PREVENTION AND SKILL DUILDING IS PROVIDED TO EACH CLIENT. STAFF ARE ON SITE FOR EACH FACILITY 24 HOURS A DAY. THE PROGRAM IS FUNDED BY DMHAS AND HAS A CAPACITY OF 13 INDIVIDUALS. BOTH TRANSITIONAL AND SUPPORTIVE HOUSINGS HAD 100% FOR BOTH OUTCOME MEASURES; DISCHARGE INTO STABLE LIVING SITUATION AND MAINTAIN/IMPROVE

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

FUNCTIONING (MGAF). THE PROGRAM HAS ALSO A RATING OF 100% FOR SATISFACTION OF SERVICES.

SEAVIEW APARTMENTS (EAST END PARTNERSHIP PROGRAM) - THIS PROGRAM, LOCATED IN BRIDGEPORT, CONNECTICUT, PROVIDES PERMANENT, SUPPORTIVE HOUSING FOR 16 INDIVIDUALS WHO ARE CHRONICALLY HOMELESS AT THE TIME OF ADMISSION AND WHO ARE ALSO LIVING WITH PSYCHIATRIC DISORDERS, SUBSTANCE USE DISORDERS AND/OR HIV/AIDS. THIS PROGRAM RAN AN AVERAGE ANNUAL UTILIZATION RATE OF 100% FOR 2009 FISCAL YEAR.

REGIONAL ADOLESCENT PROGRAM - THIS PROGRAM, LOCATED IN BRIDGEPORT, CONNECTICUT, IS CARF ACCREDITED AND LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH. THE PROGRAM SERVES MALE AND FEMALE CLIENTS UNDER 18 YEARS OF AGE WHO HAVE BEEN AFFECTED BY SUBSTANCE ABUSE WITHIN THE FAMILY SYSTEM. THE PROGRAM OFFERS A VARIETY OF GROUP SESSIONS TO CLIENTS THAT HELP THEM TO LEARN TOOLS AND SKILLS TO REDUCE THEIR USE OF SUBSTANCES AND EVENTUALLY BECOME ABSTINENT. IN ADDITION, IT ASSISTS ADOLESCENTS TO ESTABLISH POSITIVE PEER SUPPORT AND RECREATIONAL ACTIVITIES. FAMILY/COUPLES SESSIONS ARE STRONGLY ENCOURAGED TO HELP IMPROVE COMMUNICATION AND BEGIN THE ESTABLISHMENT OF HEALTHIER RELATIONSHIPS. THE PROGRAM RAN AN AVERAGE ANNUAL UTILIZATION RATE OF 157.5% FOR 2009. FOR OUTCOME MEASURES, THE PROGRAM HAD A RATING OF 85.48% FOR MAINTAIN/INCREASE INDEPENDENCE IN LIVING; 98.2% FOR MAINTAIN/IMPROVE FUNCTIONING (MGAF); 45.76 FOR TREATMENT COMPLETION RATE; AND 50% FOR SUBSTANCE-FREE AT DISCHARGE. THIS PROGRAM WAS RATED A HIGH 96% FOR SATISFACTION WITH SERVICES FROM THE

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

CONSUMER SURVEY CONDUCTED BY DMHAS FOR THE 2009 FISCAL YEAR.

REGIONAL COUNSELING SERVICES AND INTENSIVE OUTPATIENT PROGRAM - THIS PROGRAM IS A CARF ACCREDITED, AND DEPARTMENT OF PUBLIC HEALTH LICENSED CO-OCCURING CLINIC PROVIDING OUTPATIENT SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO ADULT MEN AND WOMEN. LOCATED IN BRIDGEPORT, CONNECTICUT, THE FACILITY ACCEOPTS MEN AND WOMEN AGES 18 AND OLDER WITH SUBSTANCE ABUSE ONLY OR MENTAL HEALTH ISSUES ONLY AS WELL AS THOSE WITH CO-OCCURRING ISSUES. THE OUTPATIENT PROGRAM AND INTENSIVE OUTPATIENT PROGRAM (IOP) OF RCS RAN AN AVERAGE ANNUAL UTILIZATION OF 122.8% AND 182.8%, RESPECTIVELY, FOR THE 2009 FISCAL YEAR. THE PROGRAM HAD THE FOLLOWING RATINGS FOR THE PROGRAM'S OUTCOME MEASURES; 99.8% IN MAINTAIN/INCREASE INDEPENDENCE IN LIVING; 93.83% IN MAINTAIN/IMPROVE FUNCTIONING (MGAF); 53.68% IN TREATMENT COMPLETION RATE; AND 65.61% IN SUBSTANCE-FREE AT DISCHARGE. THE IOP PROGRAM HAD A RECORD OF 97.67% IN MAINTAIN/INCREASE INDEPENDENCE IN LIVING; 93.63% IN MAINTAIN/IMPROVE FUNCTIONING (MGAF); 45.16% IN TREATMENT COMPLETION RATE; AND 60.48% IN SUBSTANCE-FREE AT DISCHARGE. THIS PROGRAM IN RECEIVED A 89.9% RATING IN DMHAS'S CONSUMER SURVEY FOR 2009 FISCAL YEAR.

HORIZONS - THIS PROGRAM, LOCATED IN BRIDGEPORT, CONNECTICUT, IS ONE OF MANY PROGRAMS OFFERED WITHIN THE CONTINUUM OF CARE AND IS CARF ACCREDITED INTENSIVE SHORT-TERM INPATIENT PROGRAM FOR INDIVIDUALS STRUGGLING WITH ADDICTION. CLIENTS CONSIST OF MALES AND FEMALES, AGED 18 OR OVER WITH A SUBSTANCE DEPENDENCE DISORDER, INCLUDING THOSE RECEIVING OR IN NEED OF

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.

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2008

Open to Public Inspection

Name of the organization

Employer identification number

MEDICATION-ASSISTED SERVICES AND OPIATE ADDICTION.REFERRALS ARE MADE TO A VARIETY OF HOUSING, OUTPATIENT ADDICTION AND MENTAL HEALTH SERVICES. CLIENTS WHO COMPLETE SUCCESSFULLY ARE ENCOURAGED TO BECOME MEMBERS OF THE ALUMNI GROUP IN ORDER TO OFFER HOPE TO THOSE WHO ARE BEGINNING THE RECOVERY PROCESS. HORIZONS RAN AN AVERAGE ANNUAL UTILIZATION RATE OF 96.7% FOR 2009 FISCAL YEAR. THE PROGRAM RECORDED 61.61% IN MAINTAIN/INCREASE INDEPENDENCE IN LIVING; 68.18% IN DISCHARGE INTO STABLE LIVING SITUATION; 96.09% IN MAINTAIN/IMPROVE FUNCTIONING (MGAF); 58.90% IN TREATMENT COMPLETION RATE; AND 82.20% IN SUBSTANCE-FREE AT DISCHARGE. HORIZONS REPORTED 79.5% OF CLIENTS WHO WERE SATISFIED WITH THE SERVICES AS BASED ON THE DMHAS CONSUMER SURVEY FOR THE 2009 FISCAL YEAR.

PROSPECT HOUSE - THIS PROGRAM PROVIDES EMERGENCY SHELTER TO THIRTY-TWO ADULTS ON A DAILY BASIS IN A FACILITY LOCATED IN BRIDGEPORT, CONNECTICUT. THE PROGRAM PROVIDES COMPREHENSIVE CASE MANAGEMENT SERVICES TO MEET THE VARIED AND COMPLEX NEEDS OF INDIVIDUALS WHO ARE HOMELESS. THE CASE MANAGEMENT PROGRAM AT PROSPECT HOUSE INCLUDES ASSESSMENT, TRANSPORTATION, LIFE SKILLS TRAINING, INDIVIDUAL, GROUP AND FAMILY WORK. BASED ON THE CONSUMER SURVEY CONDUCTED BY DMHAS FOR THE DOMAIN, SATISFICATION WITH SERVICES, THE PROGRAM RECEIVED A HIGH RATING OF 93.9%.

MONROE BUILDS COMMUNICATION - THIS IS A CARF ACCREDITED DEPARTMENT OF PUBLIC HEALTH LICENSED OUTPATIENT SUBSTANCE ABUSE TREATMENT PROGRAM LOCATED WITHIN THE MONROE SCHOOL SYSTEM. THE PROGRAM IS DESIGNED FOR EASY ACCESS TO ADOLESCENTS AND THEIR PARENTS AND PROVIDES SUBSTANCE ABUSE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

Open to Public Inspection

Name of the organization

Employer identification number

COUNSELING, EDUCATION, INTERVENTION AND PREVENTION. IN ADDITION, INFORMATION AND REFERRAL SERVICES ARE PROVIDED AS WELL AS SUPERVISED SUMMER PLAYGROUNG FOR CHILDREN OF MONROE. THE PROGRAM RAN AN AVERAGE ANNUAL UTILIZATION RATE OF 110% FOR 2009. THE PROGRAM RECORDED A RATING OF 100% IN SATISFACTION WITH SERVICES BASED ON THE CONSUMER SURVEY CONDUCTED BY DMHAS.

Name of the organization	Employer identification number
REGIONAL NETWORK OF PROGRAMS, INC.	06-0910080

CHANGES TO ORGANIZATIONAL DOCUMENTS

PART VI, SECTION A, QUESTION 4

DURING THE FISCAL YEAR, THE AGENCY AMENDED THEIR BYLAWS TO REDUCE THE MINIMUM NUMBER OF BOARD OF DIRECTORS TO ELEVEN.

Name of the organization: REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number: 06-0910080

FORM 990 REVIEW

PART IV, SECTION A, QUESTION 10

THE FORM 990 IS REVIEWED BY THE CEO AND CFO FOR ACCURACY AND COMPLETENESS. ANY REQUIRED INFORMATION FROM BOARD MEMBERS IS ACQUIRED.

Name of the organization: REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number: 06-0910080

WRITTEN CONFLICT OF INTERESTS

PART VI, SECTION B, QUESTION 12C

THE BOARD OF DIRECTORS ANNUALLY REVIEW AND DISCLOSE ANY CONFLICTS OF INTEREST TO THE OFFICERS AND MANAGEMENT OF THE AGENCY. FOR KEY EMPLOYEES, THE AGENCY'S PERSONNEL MANUAL HAS A SECTION RELATING TO CONFLICTS OF INTEREST AND REQUIREMENT TO DISCLOSE ANY INSTANCES AS SOON AS ANY WOULD OCCUR.

Name of the organization: REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number: 06-0910080

COMPENSATION DETERMINATION

PART VI, SECTION B, QUESTION 15A

THE AGENCY ENGAGES AN OUTSIDE INDEPENDENT PARTY TO PERFORM AN EXTENSIVE COMPENSATION AND BENEFITS STUDY TO DETERMINE REASONABLENESS OF THE COMPENSATION PAID TO EMPLOYEES, INCLUDING THE CEO AND OTHER KEY EMPLOYEES. THE RESULTS OF THE STUDY ARE THEN REVIEWED BY MANAGEMENT OF THE AGENCY AND PRESENTED TO THE BOARD OF DIRECTORS WITH RECOMMENDATIONS.

Name of the organization: REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number: 06-0910080

COMPENSATION DETERMINATION

PART VI, SECTION B, QUESTION 15B

THE AGENCY ENGAGES AN OUTSIDE INDEPENDENT PARTY TO PERFORM AN EXTENSIVE COMPENSATION AND BENEFITS STUDY TO DETERMINE REASONABLENESS OF THE COMPENSATION PAID TO KEY AND OTHER EMPLOYEES. THE RESULTS OF THE STUDY ARE THEN REVIEWED BY MANAGEMENT OF THE AGENCY AND PRESENTED TO THE BOARD OF DIRECTORS WITH RECOMMENDATIONS.

Name of the organization: REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number: 06-0910080

HOW GOVERNING DOCUMENTS, FINANCIAL STATEMENTS ARE MADE PUBLIC

PART VI, SECTION C, QUESTION 19

THE AGENCY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS MADE PUBLIC UPON REQUEST. THESE ITEMS ARE CURRENTLY NOT AVAILABLE ON THE AGENCY'S WEBSITE.

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, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

REGIONAL NETWORK OF PROGRAMS, INC.

Employer identification number

06-0910080

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
GOLDEN HILL FOUNDATION, INC. 2 TRAP FALLS ROAD, SUITE 405 SHELTON, CT 06484	LEASE FACILIT	CT	501(C)(3)	501(C)(3)	N/A

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

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)	GOLDEN HILL FOUNDATION, INC.	E	250,000.
(2)	GOLDEN HILL FOUNDATION, INC.	J	295,400.
(3)			
(4)			
(5)			
(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 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

THE CENTER FOR HUMAN SERVICES LOCATED IN STRATFORD CONNECTICUT IS A CARF ACCREDITED, DEPARTMENT OF PUBLIC HEALTH LICENSED MEDICATION-ASSISTED TREATMENT PROGRAM FOR OPIATE ADDICTED PERSONS UTILIZING PRESCRIBED METHADONE, BUPRENORPHINE/SUBOXONE AND SUPPORTIVE COUNSELING IN CONJUNCTION WITH OTHER SUPPORT AND REFERRAL SERVICES. THE PROGRAM RAN AT AN ANNUAL AVERAGE UTILIZATION OF APPROXIMATELY 120% FOR THE 2009 FISCAL YEAR. BASED ON THE NUMBER OF RECORDS PROCESSED BY DMHAS, 89.34% OF THE POPULATION MAINTAINED/INCREASED INDEPENDENCE IN LIVING. A HIGH RATE OF 95.05% HAD MAINTAINED/IMPROVED THEIR FUNCTIONING (MGAF) AND 74.57% HAD EFFECTIVELY RETAINED METHADONE TREATEMENT (12 MONTHS).

HIV/AIDS SERVICES, A SPECIAL POPULATION PROGRAM, IS HOUSED AT CHS THAT ADDRESSES AND INDIVIDUALIZES THE NEEDS OF THE CLIENTS. THE PERSONS SERVED ATTEND INDIVIDUAL COUNSELING TO ADDRESS THE DRUG USE/ABUSE, PERSONAL/FAMILY, EMPLOYMENT, HEALTH AND LEGAL ISSUES. GROUP AND FAMILY COUNSELING ARE OFFERED TO THOSE WHO VOLUNTARILY SEEK ADDITIONAL SUPPORT.

CHS EXHIBITED A RATIO OF 83.3% FOR SATISFICATION WITH SERVICES AS BASED ON AN ANNUAL CONSUMER SURVEY.

4B PROGRAM SERVICE

THE KINSELLA TREATMENT CENTER (KTC) LOCATED AT 1438 PARK AVENUE BRIDGEPORT CONNECTICUT IS A CARF ACCREDITED, DEPARTMENT OF PUBLIC HEALTH LICENSED MEDICATION-ASSISTED PERSONS UTILIZING PRESCRIBED METHADONE, BUPRENORPHINE/SUBOXONE AND SUPPORTIVE COUNSELING IN CONJUNCTION WITH OTHER SUPPORT AND REFERRAL SERVICES. INDIVIDUAL, FAMILY AND/OR GROUP COUNSELING SESSIONS ARE HELD ONCE PER WEEK AND REFERRALS ARE MADE TO SELF-HELP GROUPS BOTH WHILE IN TREATMENT AND AS A FORM OF AFTERCARE. THE PROGRAM HAD AN ANNUAL AVERAGE UTILIZATION RATE OF APPROXIMATELY 120% FOR THE FISCAL YEAR 2009. UPON DISCHARGED FROM THE PROGRAM, 86.11% OF THE CLIENTS HAD MAINTAINED/INCREASED INDEPENDENCE IN LIVING WHILE 97.81% HAD MAINTAINED OR IMPROVED THEIR LEVEL OF FUNCTIONING (MGAF). RETENTION RATE (12 MONTHS) IN METHADONE TREATMENT IS 73.25% AND THE RATE OF CLIENTS WHO WERE SUBSTANCE-FREE AT DISCHARGE IS 42.32%. KTC GARNERED AND ESTIMATE OF 76.6% FOR SATISFACTION WITH SERVICES BASED ON THE CONSUMER SURVEY CONDUCTED FOR THE 2009 FISCAL YEAR.

FORM 990, PART III - PROGRAM SERVICES

4C PROGRAM SERVICE

NEW PROSPECTS LOCATED AT 392 PROSPECT STREET BRIDGEPORT, CONNECTICUT IS UNIQUELY POSITIONED TO OFFER GENDER-SPECIFIC CO-OCCURRING ENHANCED INTENSIVE RESIDENTIAL SERVICES TO ADULT MEN AND WOMEN. THIS 3.7 RE LEVEL OF CARE IS DESIGNED TO PROVIDE SERVICES FOR INDIVIDUALS WHO ARE EXPERIENCING DIFFICULTIES STABILIZING THEIR SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES AND ARE IN NEED OF SHORT-TERM TREATMENT OF APPROXIMATELY 30 DAYS. THE PROGRAM ACCEPTS MEN AND WOMEN AGE EIGHTEEN AND UP WHOM ARE ASSESSED WITH HIGH SEVERITY OF SUBSTANCE USE AND LOW TO MODERATE SEVERITY OF MENTAL HEALTH SYMPTOMS WHO MAY ALSO REQUIRE MEDICATION-ASSISTED TREATEMENT SUPPORT WITH METHADONE OR SUBOXONE. INDIVIDUALS MAY BE ACCEPTED IF THEY INDICATE SUICIDAL IDEATION WITHOUT ASSESSED MEANS OR A PLAN. NEW PROSPECTS HAD AN ANNUAL UTILIZATION RATE OF 97% FOR THE 2009 FISCAL YEAR. FOR THE OUTCOME MEASURES, THE PROGRAM HAD 75.84% FOR DISCHARGE INTO STABLE LIVING SITUATION; 65.75% FOR MAINTAIN OR INCREASE INDEPENDENCE IN LIVING; 96.08% FOR MAINTAIN/IMPROVE FUNCTIONING (MGAF); 82.35% FOR THE TX COMPLETION RATE (SA ONLY); 96.79% FOR SUBSTANCE-FREE AT DISCHARGE AND; 96.4% FOR SATISFACTION WITH SERVICES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
HUNTINGTON HOUSE	NONE	477,392.	221,736.
IRANISTAN HOUSE	NONE	458,608.	219,207.
SUPERVISED APT. PROGRAM	NONE	629,676.	34,002.
HORIZONS	NONE	877,922.	775,390.
PROSPECT HOUSE	NONE	862,439.	16,501.
REGIONAL COUNSELING SERVICES	NONE	746,969.	106,334.
REGIONAL ADOLESCENT PROGRAM	NONE	228,263.	35,084.
DETOX	NONE	20,704.	6,250.
INTENSIVE PATIENT SERVICES	NONE	33,524.	54,282.
MONROE BUILDS COMMUNICATIONS	NONE	62,897.	NONE
SUPPORTIVE HOUSING	NONE	333,335.	NONE
TRANSITIONAL HOUSING	NONE	107,627.	NONE
OFFENDER RE-ENTRY	NONE	35,578.	NONE
SEAVIEW AVENUE	NONE	280,684.	-8,917.
RYAN WHITE OUTPATIENT	NONE	108,183.	NONE
RYAN WHITE OUTREACH	NONE	43,710.	NONE
RYAN WHITE INPATIENT	NONE	58,560.	NONE
AIDS	NONE	63,771.	NONE
TOTALS	NONE	5,429,842.	1,459,869.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	2.			2.
TOTALS	2.			2.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
ANNUAL GOLF TOURN FUNDRAISER	24,329.
TOTAL	24,329.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
ANNUAL GOLF TOURN FUNDRAISER	16,375.	25,292.	-8,917.
TOTALS	16,375.	25,292.	-8,917.

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT	06/30/1983	51,062.	100.000			51,062.	51,062.	51,062.	SL		5.000				
EQUIPMENT	06/30/1983	18,497.	100.000			18,497.	18,497.	18,497.	SL		7.000				
EQUIPMENT	06/30/1984	8,161.	100.000			8,161.	8,161.	8,161.	SL		5.000				
EQUIPMENT	06/30/1984	7,886.	100.000			7,886.	7,886.	7,886.	SL		7.000				
EQUIPMENT	06/30/1984	13,595.	100.000			13,595.	13,595.	13,595.	SL		7.000				
EQUIPMENT	06/30/1985	1,055.	100.000			1,055.	1,055.	1,055.	SL		5.000				
EQUIPMENT	06/30/1986	5,304.	100.000			5,304.	5,304.	5,304.	SL		5.000				
EQUIPMENT	06/30/1987	3,634.	100.000			3,634.	3,634.	3,634.	SL		5.000				
EQUIPMENT	06/30/1989	16,471.	100.000			16,471.	16,471.	16,471.	SL		5.000				
EQUIPMENT	06/30/1990	1,999.	100.000			1,999.	1,999.	1,999.	SL		5.000				
EQUIPMENT	06/30/1991	5,053.	100.000			5,053.	5,053.	5,053.	SL		5.000				
SAW	03/01/1992	1,695.	100.000			1,695.	1,695.	1,695.	SL		5.000				
COMPUTER (OPS)	06/01/1992	2,028.	100.000			2,028.	2,028.	2,028.	SL		5.000				
COMPUTER (SAP)	04/30/1994	3,162.	100.000			3,162.	3,162.	3,162.	SL		5.000				
TELEPHONE (SAP)	04/14/1994	2,971.	100.000			2,971.	2,971.	2,971.	SL		5.000				
F & F (REG)	06/30/1989	12,128.	100.000			12,128.	12,128.	12,128.	SL		5.000				
F & F (HORIZ)	06/30/1989	22,129.	100.000			22,129.	22,129.	22,129.	SL		7.000				
APPLIANCES (PH)	05/01/1992	9,983.	100.000			9,983.	9,983.	9,983.	SL		7.000				
FURNITURE (SAP)	06/20/1994	1,448.	100.000			1,448.	1,448.	1,448.	SL		7.000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
8X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
SHELF UNITS (PH)	12/13/1993	1,500.	100.000			1,500.	1,500.	1,500.	SL		7.000				
SEC SYSTEM (PH)	02/14/1994	3,050.	100.000			3,050.	3,050.	3,050.	SL		7.000				
VAN	06/01/1992	28,382.	100.000			28,382.	28,382.	28,382.	SL		5.000				
LEASEHOLD IMPROVE	06/30/1982	5,643.	100.000			5,643.	5,643.	5,643.	SL		7.000				
LEASEHOLD IMPROV	06/30/1982	6,998.	100.000			6,998.	6,998.	6,998.	SL		8.000				
LEASEHOLD IMPROVE	06/30/1983	11,371.	100.000			11,371.	11,371.	11,371.	SL		7.000				
LEASEHOLD IMPROVE	06/30/1984	1,078.	100.000			1,078.	1,078.	1,078.	SL		6.000				
LEASEHOLD IMPROVE	06/30/1985	694.	100.000			694.	694.	694.	SL		5.000				
LEASEHOLD IMPROVE	06/30/1985	2,389.	100.000			2,389.	2,339.	2,339.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1985	2,175.	100.000			2,175.	1,981.	1,981.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1985	14,769.	100.000			14,769.	14,357.	14,357.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1986	5,200.	100.000			5,200.	5,200.	5,200.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1987	19,423.	100.000			19,423.	19,245.	19,245.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1988	282,163.	100.000			282,163.	282,163.	282,163.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1989	234,010.	100.000			234,010.	234,010.	234,010.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1991	32,304.	100.000			32,304.	32,304.	32,304.	SL		18.000				
ALARM	10/01/1991	3,780.	100.000			3,780.	3,518.	3,728.	SL		18.000				210.
DRIVEWAY (CHS)	06/01/1992	4,500.	100.000			4,500.	4,021.	4,271.	SL		18.000				250.
ALARM/INS (RAS)	10/01/1991	3,791.	100.000			3,791.	3,534.	3,745.	SL		18.000				211.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
BOILER (HORIZ)	10/01/1991	6,555.	100.000			6,555.	6,097.	6,461.	SL		18.000				364.
FURNACE (TLC1)	07/01/1992	9,450.	100.000			9,450.	8,400.	8,925.	SL		18.000				525.
SIDING (TLC1)	08/30/1992	14,025.	100.000			14,025.	12,334.	13,113.	SL		18.000				779.
WINDOWS (TLC1)	07/01/1992	6,210.	100.000			6,210.	5,520.	5,865.	SL		18.000				345.
RAMP (CHS)	04/01/1993	3,950.	100.000			3,950.	3,340.	3,559.	SL		18.000				219.
ARCH FEES (RAS)	06/30/1993	2,004.	100.000			2,004.	1,665.	1,776.	SL		18.000				111.
FLOOR (TLC2)	12/30/1992	450.	100.000			450.	375.	400.	SL		18.000				25.
ALARM (OPS)	11/18/1993	614.	100.000			614.	499.	533.	SL		18.000				34.
FURNACE (SAP)	12/17/1993	1,680.	100.000			1,680.	1,271.	1,364.	SL		18.000				93.
WINDOWS (SAP)	12/27/1993	7,600.	100.000			7,600.	6,154.	6,576.	SL		18.000				422.
APPLIANCE HOOK-UP	06/25/1994	1,350.	100.000			1,350.	1,056.	1,131.	SL		18.000				75.
PAINT/STAIN (SAP)	06/25/1994	1,905.	100.000			1,905.	1,493.	1,599.	SL		18.000				106.
ALARM (CHS)	11/04/1993	1,012.	100.000			1,012.	821.	877.	SL		18.000				56.
WATER INST (RAS)	06/15/1994	7,000.	100.000			7,000.	5,478.	5,867.	SL		18.000				389.
ROOF (HORIZ)	09/17/1993	10,954.	100.000			10,954.	9,033.	9,642.	SL		18.000				609.
FURNACE (HORIZ)	06/03/1994	8,491.	100.000			8,491.	6,647.	7,119.	SL		18.000				472.
BUILDING (PH)	06/30/1984	177,900.	100.000			177,900.	167,435.	167,435.	SL		20.000				
LAND (PH)	06/30/1984	2,100.	100.000												
IMPROV (PH)	06/30/1986	510.	100.000			510.	505.	505.	SL		18.000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
8X9024 1 000

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
IMPROV (PH)	06/30/1988	19,500.	100.000			19,500.	19,500.	19,500.	SL		18.000				
IMPROV (PH)	06/30/1991	72,569.	100.000			72,569.	72,569.	72,569.	SL		18.000				
KITCHEN (PH)	01/01/1992	17,800.	100.000			17,800.	16,318.	17,307.	SL		18.000				989.
EXHAUST (PH)	04/01/1992	7,836.	100.000			7,836.	7,070.	7,505.	SL		18.000				435.
ARCH FEES (PH)	06/30/1993	67,148.	100.000			67,148.	50,742.	54,472.	SL		18.000				3,730.
ALARM SYSTEM (PH)	05/01/1993	17,487.	100.000			17,487.	14,928.	15,900.	SL		18.000				972.
FLOOR (PH)	04/30/1993	42,582.	100.000			42,582.	35,890.	38,256.	SL		18.000				2,366.
FIRE SYSTEM (PH)	06/30/1993	16,000.	100.000			16,000.	11,816.	12,705.	SL		18.000				889.
ENVI SURV (PH)	06/30/1993	3,330.	100.000			3,330.	2,459.	2,644.	SL		18.000				185.
BLD IMP (PH)	06/30/1994	415,856.	100.000			415,856.	307,076.	330,179.	SL		18.000				23,103.
EQUIPMENT (REG)	07/30/1994	2,576.	100.000			2,576.	2,576.	2,576.	SL		5.000				
COMPUTER (PH)	08/30/1994	2,031.	100.000			2,031.	2,031.	2,031.	SL		5.000				
COMPUTER (FLD HILL	08/30/1994	6,519.	100.000			6,519.	6,519.	6,519.	SL		5.000				
WASHER/DRYER (PH)	06/30/1995	1,726.	100.000			1,726.	1,726.	1,726.	SL		7.000				
CARPET (TLC1)	11/30/1994	1,976.	100.000			1,976.	1,976.	1,976.	SL		7.000				
SECURITY (PH)	01/30/1995	9,358.	100.000			9,358.	8,690.	8,690.	SL		7.000				
FURNITURE (PH)	07/31/1994	29,860.	100.000			29,860.	29,860.	29,860.	SL		7.000				
FURNITURE (PH)	07/31/1994	21,374.	100.000			21,374.	21,374.	21,374.	SL		7.000				
CARPET (CHS)	11/30/1994	1,885.	100.000			1,885.	1,885.	1,885.	SL		7.000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
8X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
CARPENTRY (SAP)	08/31/1994	9,136.	100.000			9,136.	7,027.	7,535.	SL		18.000				508.
SECURITY SYSTEM(TL	06/30/1995	2,250.	100.000			2,250.	1,625.	1,750.	SL		18.000				125.
VENTING (HORIZ)	06/30/1995	160.	100.000			160.	117.	126.	SL		18.000				9.
ROOFING (HORIZ)	06/30/1995	10,130.	100.000			10,130.	7,319.	7,882.	SL		18.000				563.
WINDOWS (HORIZ)	06/30/1995	8,700.	100.000			8,700.	6,279.	6,762.	SL		18.000				483.
SECURITY SYSTEM(HO	06/30/1995	2,250.	100.000			2,250.	1,625.	1,750.	SL		18.000				125.
BUILDING IMPROVEME	06/30/1995	963,263.	100.000			963,263.	711,303.	764,818.	SL		18.000				53,515.
CARPET (SAP)	11/30/1994	272.	100.000			272.	272.	272.	SL		7.000				
CARPET (TLC3)	11/30/1994	767.	100.000			767.	767.	767.	SL		7.000				
OFFICE EQUIP. (REG	09/30/1996	10,900.	100.000			10,900.	10,900.	10,900.	SL		5.000				
SAFE (GHTC)	06/30/1996	1,500.	100.000			1,500.	1,500.	1,500.	SL		5.000				
COMPUTER (PH)	03/28/1996	1,581.	100.000			1,581.	1,581.	1,581.	SL		5.000				
FURNITURE (PH)	10/30/1995	1,750.	100.000			1,750.	1,750.	1,750.	SL		7.000				
ALARM SYSTEM (GHTC	06/30/1996	2,260.	100.000			2,260.	2,260.	2,260.	SL		5.000				
BUILDING IMPROVEME	06/30/1996	57,741.	100.000			57,741.	39,899.	43,107.	SL		18.000				3,208.
EQUIPMENT (REG)	10/31/1996	1,125.	100.000			1,125.	1,125.	1,125.	SL		5.000				
EQUIPMENT (REG)	04/10/1997	6,054.	100.000			6,054.	6,054.	6,054.	SL		5.000				
EQUIPMENT (PH)	01/31/1997	1,400.	100.000			1,400.	1,400.	1,400.	SL		5.000				
LEASEHOLD (CHS)	09/30/1996	7,064.	100.000			7,064.	4,606.	4,998.	SL		18.000				392.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
8X9024 1 000

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD (CHS)	10/31/1996	17,945.	100.000			17,945.	11,632.	12,629.	SL		18.000				997.
LEASEHOLD (CHS)	06/17/1997	24,190.	100.000			24,190.	14,784.	16,128.	SL		18.000				1,344.
COMPUTER EQUIP - P	11/30/1997	4,390.	100.000			4,390.	4,390.	4,390.	SL		5.000				
COMPUTER EQUIP - P	04/30/1998	1,810.	100.000			1,810.	1,810.	1,810.	SL		5.000				
FURN & FIXT - PH	06/30/1998	2,969.	100.000			2,969.	2,969.	2,969.	SL		7.000				
FURN & FIXT - SRO'	06/30/1998	1,783.	100.000			1,783.	1,783.	1,783.	SL		7.000				
COMPUTER EQUIPMENT	09/16/1998	5,420.	100.000			5,420.	5,420.	5,420.	SL		5.000				
2 CARPETS	05/31/1999	1,560.	100.000			1,560.	1,560.	1,560.	SL		7.000				
L/HOLD IMPROV-DECK	10/31/1998	4,680.	100.000			4,680.	2,513.	2,773.	SL		18.000				260.
L/H IMPROVEMENTS	03/31/2000	1,575.	100.000			1,575.	726.	814.	SL		18.000				88.
OIL TANK (SAP)	08/01/2000	1,200.	100.000			1,200.	1,200.	1,200.	SL		5.000				
COMPUTER EQUIPMENT	06/30/2001	5,613.	100.000			5,613.	5,613.	5,613.	SL		5.000				
EQUIPMENT (CHS)	01/24/2001	3,280.	100.000			3,280.	3,280.	3,280.	SL		5.000				
CARPET (CHS)	03/31/2001	1,349.	100.000			1,349.	1,349.	1,349.	SL		7.000				
FENCE KTC	11/30/2000	775.	100.000			775.	326.	369.	SL		18.000				43.
LEASEHOLD IMPR KTC	01/31/2001	8,222.	100.000			8,222.	3,389.	3,846.	SL		18.000				457.
PHONE WIRING KTC	03/22/2001	12,774.	100.000			12,774.	5,147.	5,857.	SL		18.000				710.
SECURITY SYS KTC	03/16/2001	7,280.	100.000			7,280.	2,929.	3,333.	SL		18.000				404.
SECURITY SYST KTC	05/31/2001	9,926.	100.000			9,926.	3,903.	4,454.	SL		18.000				551.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
8X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT (KTC)	04/30/2002	2,596.	100.000			2,596.	2,596.	2,596.	SL		5.000				
BLDG IMPR (PH)	12/31/2001	1,586.	100.000			1,586.	572.	660.	SL		18.000				88.
METHADONE PUMP- KT	10/01/2002	28,913.	100.000			28,913.	28,913.	28,913.	SL		5.000				
COMP EQUIP- KTC	04/01/2003	11,786.	100.000			11,786.	11,786.	11,786.	SL		3.000				
COMP EQUIP- SAP	04/01/2003	2,993.	100.000			2,993.	2,993.	2,993.	SL		3.000				
COMP EQUIP- RCS	04/01/2003	5,864.	100.000			5,864.	5,864.	5,864.	SL		3.000				
COMP EQUIP- HUNT	04/01/2003	2,994.	100.000			2,994.	2,994.	2,994.	SL		3.000				
COMP EQUIP- SUP H	03/01/2003	1,932.	100.000			1,932.	1,932.	1,932.	SL		3.000				
COMP EQUIP P H	10/01/2002	1,493.	100.000			1,493.	1,493.	1,493.	SL		3.000				
COMP EQUIP- P H	04/01/2003	8,603.	100.000			8,603.	8,603.	8,603.	SL		3.000				
COMP EQUIP- CHS	04/01/2003	7,808.	100.000			7,808.	7,808.	7,808.	SL		3.000				
METHADONE PUMP- CH	10/01/2002	28,862.	100.000			28,862.	28,862.	28,862.	SL		5.000				
COMP EQUIP- IRAN	04/01/2003	2,994.	100.000			2,994.	2,994.	2,994.	SL		3.000				
COMP EQUIP- HORIZ	04/01/2003	3,133.	100.000			3,133.	3,133.	3,133.	SL		3.000				
CARPET- HORIZON	02/01/2003	2,232.	100.000			2,232.	1,728.	2,047.	SL		7.000				319.
ROOFING- SUMMIT	11/01/2002	10,980.	100.000			10,980.	3,457.	4,067.	SL		18.000				610.
COMP EQUIPMENT-KTC	12/31/2003	12,694.	100.000			12,694.	12,694.	12,694.	SL		3.000				
COMP EQP - SAP	12/31/2003	1,887.	100.000			1,887.	1,887.	1,887.	SL		3.000				
COMP EQP - RCS	02/02/2004	4,935.	100.000			4,935.	4,935.	4,935.	SL		3.000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
8X9024 1 000

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT - TLC I	03/31/2004	1,228.	100.000			1,228.	1,228.	1,228.	SL		3.000				
COMP EQP - SUPP HO	12/31/2003	400.	100.000			400.	400.	400.	SL		3.000				
COMP EQP - PROSPEC	12/31/2003	1,412.	100.000			1,412.	1,412.	1,412.	SL		3.000				
COMP EQUIP - CHS	03/31/2004	33,986.	100.000			33,986.	33,986.	33,986.	SL		3.000				
EQUIPMENT - TLC II	12/31/2003	1,228.	100.000			1,228.	1,228.	1,228.	SL		3.000				
COMPUTERS HORIZON	12/31/2003	2,317.	100.000			2,317.	2,317.	2,317.	SL		3.000				
LEASEHOLD IMPROV	09/30/2003	13,980.	100.000			13,980.	3,691.	4,468.	SL		18.000				777.
LEASEHOLD IMPROVEM	02/29/2004	17,862.	100.000			17,862.	4,299.	5,291.	SL		18.000				992.
EQUIPMENT KTC	12/31/2004	13,792.	100.000			13,792.	13,792.	13,792.	SL		3.000				
EQUIPMENT SAP	12/31/2004	67.	100.000			67.	67.	67.	SL		3.000				
EQUIPMENT OPS	09/30/2004	6,542.	100.000			6,542.	6,542.	6,542.	SL		3.000				
EQUIPMENT TLC	07/31/2004	93.	100.000			93.	93.	93.	SL		3.000				
EQUIPMENT PH	07/31/2004	386.	100.000			386.	386.	386.	SL		3.000				
EQUIPMENT CHS	12/31/2004	24,672.	100.000			24,672.	24,672.	24,672.	SL		3.000				
EQUIPMENT TLC2	07/31/2004	93.	100.000			93.	93.	93.	SL		3.000				
EQUIPMENT HORIZONS	05/31/2005	1,223.	100.000			1,223.	1,223.	1,223.	SL		3.000				
LEASEHOLD IMP. CHS	04/30/2005	3,289.	100.000			3,289.	579.	762.	SL		18.000				183.
LEASEHOLD IMP. HOR	12/31/2004	14,131.	100.000			14,131.	2,748.	3,533.	SL		18.000				785.
BLDG. IMPRO. PH	03/21/2005	59,251.	100.000			59,251.	10,699.	13,991.	SL		18.000				3,292.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
8X9024 1 000

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD IMP. HOR	12/31/2005	10,681.	100.000			10,681.	1,483.	2,076.	SL		18.000				593.
FURNITURE HORIZONS	12/31/2005	6,572.	100.000			6,572.	2,347.	3,286.	SL		7.000				939.
EQUIPMENT KTC	12/31/2005	4,404.	100.000			4,404.	3,670.	4,404.	SL		3.000				734.
EQUIPMENT SAP	12/31/2005	981.	100.000			981.	818.	981.	SL		3.000				163.
EQUIPMENT OPS	12/31/2005	3,280.	100.000			3,280.	2,733.	3,280.	SL		3.000				547.
EQUIPMENT TLC I	12/31/2005	709.	100.000			709.	590.	709.	SL		3.000				119.
EQUIPMENT PH	12/31/2005	37.	100.000			37.	30.	37.	SL		3.000				7.
EQUIPMENT CHS	12/31/2005	2,923.	100.000			2,923.	2,435.	2,923.	SL		3.000				488.
EQUIPMENT TLC II	12/31/2005	1,952.	100.000			1,952.	1,627.	1,952.	SL		3.000				325.
EQUIPMENT HORIZONS	12/31/2005	4,531.	100.000			4,531.	3,775.	4,531.	SL		3.000				756.
EQUIPMENT KTC	12/31/2006	1,272.	100.000			1,272.	636.	1,060.	SL		3.000				424.
EQUIPMENT OPS	12/31/2006	2,545.	100.000			2,545.	1,272.	2,120.	SL		3.000				848.
EQUIPMENT PROSPECT	12/31/2006	1,272.	100.000			1,272.	636.	1,060.	SL		3.000				424.
EQUIPMENT CHS	12/31/2006	1,272.	100.000			1,272.	636.	1,060.	SL		3.000				424.
EQUIPMENT SEAVIEW	12/31/2006	8,388.	100.000			8,388.	4,195.	6,991.	SL		3.000				2,796.
FURNITURE HUNTINGT	12/31/2006	6,799.	100.000			6,799.	1,457.	2,428.	SL		7.000				971.
FURNITURE SEAVIEW	12/31/2006	15,152.	100.000			15,152.	3,247.	5,412.	SL		7.000				2,165.
LEASEHOLD IMP. CHS	12/31/2006	10,830.	100.000			10,830.	903.	1,505.	SL		18.000				602.
LEASEHLD HORIZONS	12/31/2006	17,250.	100.000			17,250.	1,437.	2,395.	SL		18.000				958.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
8X9024 1.000

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT NEW PROS	12/31/2007	5,737.	100.000			5,737.	NONE	1,912.	SL		3.000				1,912.
EQUIPMENT NEW PROS	12/31/2007	8,224.	100.000			8,224.	NONE	2,741.	SL		3.000				2,741.
EQUIPMENT NEW PROS	12/31/2007	13,600.	100.000			13,600.	NONE	4,533.	SL		3.000				4,533.
EQUIPMENT NEW PROS	12/31/2007	2,545.	100.000			2,545.	NONE	848.	SL		3.000				848.
EQUIPMENT NEW PROS	12/31/2007	6,399.	100.000			6,399.	NONE	2,133.	SL		3.000				2,133.
EQUIPMENT NEW PROS	12/31/2007	8,665.	100.000			8,665.	NONE	2,888.	SL		3.000				2,888.
FURNITURE OPS	12/31/2007	7,603.	100.000			7,603.	543.	1,629.	SL		7.000				1,086.
FURNITURE NEW PROS	12/31/2007	22,421.	100.000			22,421.	NONE	3,203.	SL		7.000				3,203.
EQUIPMENT KTC	12/31/2007	2,114.	100.000			2,114.	352.	1,057.	SL		3.000				705.
EQUIPMENT KTC	12/31/2007	1,360.	100.000			1,360.	227.	680.	SL		3.000				453.
EQUIPMENT CHS	12/31/2007	3,478.	100.000			3,478.	580.	1,739.	SL		3.000				1,159.
SOFTWARE	07/31/2008	15,500.	100.000			15,500.		4,736.	SL		3.000				4,736.
COMPUTER HARDWARE	06/30/2009	5,500.	100.000			5,500.			SL		5.000				
SECURITY SYSTEM	09/30/2008	5,403.	100.000			5,403.		225.	SL		18.000				225.
SECURITY SYSTEM	03/31/2009	5,622.	100.000			5,622.		78.	SL		18.000				78.
SECURITY SYSTEM	09/30/2008	11,560.	100.000			11,560.		482.	SL		18.000				482.
CAMERA & ACCESSORY	02/28/2009	4,167.	100.000			4,167.		278.	SL		5.000				278.
PHONE SYSTEM PH	04/30/2009	3,069.	100.000			3,069.		73.	SL		7.000				73.
PHONE SYSTEM HORIZ	01/30/2009	5,202.	100.000			5,202.		310.	SL		7.000				310.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
8X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT CHS	02/28/2009	2,545.	100.000			2,545.		121.	SL		7.000				121.
EQUIPMENT	10/31/2008	1,230.	100.000			1,230.		117.	SL		7.000				117.
EQUIPMENT	12/31/2008	12,298.	100.000			12,298.		878.	SL		7.000				878.
FURNITURES	06/30/2009	2,449.	100.000			2,449.			SL		7.000				
LEASEHOLD IMP IRAN	06/30/2008	15,000.	100.000			15,000.		833.	SL		18.000				833.
Less Retired Assets															
Subtotals		3,690,476.				3,688,376.	2,865,237.	3,018,104.							152,867.

Listed Property

Less Retired Assets															
Subtotals															
TOTALS		3,690,476.				3,688,376.	2,865,237.	3,018,104.							152,867.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	65,954.
TOTALS	65,954.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(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

REGIONAL NETWORK OF PROGRAMS, INC.

Identifying number

06-0910080

Business or activity to which this form relates

GENERAL DEPRECIATION

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	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
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	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	152,867.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

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

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

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

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

Part IV **Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	152,867.
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 (see instructions)						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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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 (see instructions)

	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? (See instructions)		

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 (see instructions)					
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	

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT	06/30/1983	51,062.	100.000			51,062.	51,062.	51,062.	SL		5.000				
EQUIPMENT	06/30/1983	18,497.	100.000			18,497.	18,497.	18,497.	SL		7.000				
EQUIPMENT	06/30/1984	8,161.	100.000			8,161.	8,161.	8,161.	SL		5.000				
EQUIPMENT	06/30/1984	7,886.	100.000			7,886.	7,886.	7,886.	SL		7.000				
EQUIPMENT	06/30/1984	13,595.	100.000			13,595.	13,595.	13,595.	SL		7.000				
EQUIPMENT	06/30/1985	1,055.	100.000			1,055.	1,055.	1,055.	SL		5.000				
EQUIPMENT	06/30/1986	5,304.	100.000			5,304.	5,304.	5,304.	SL		5.000				
EQUIPMENT	06/30/1987	3,634.	100.000			3,634.	3,634.	3,634.	SL		5.000				
EQUIPMENT	06/30/1989	16,471.	100.000			16,471.	16,471.	16,471.	SL		5.000				
EQUIPMENT	06/30/1990	1,999.	100.000			1,999.	1,999.	1,999.	SL		5.000				
EQUIPMENT	06/30/1991	5,053.	100.000			5,053.	5,053.	5,053.	SL		5.000				
SAW	03/01/1992	1,695.	100.000			1,695.	1,695.	1,695.	SL		5.000				
COMPUTER (OPS)	06/01/1992	2,028.	100.000			2,028.	2,028.	2,028.	SL		5.000				
COMPUTER (SAP)	04/30/1994	3,162.	100.000			3,162.	3,162.	3,162.	SL		5.000				
TELEPHONE (SAP)	04/14/1994	2,971.	100.000			2,971.	2,971.	2,971.	SL		5.000				
F & F (REG)	06/30/1989	12,128.	100.000			12,128.	12,128.	12,128.	SL		5.000				
F & F (HORIZ)	06/30/1989	22,129.	100.000			22,129.	22,129.	22,129.	SL		7.000				
APPLIANCES (PH)	05/01/1992	9,983.	100.000			9,983.	9,983.	9,983.	SL		7.000				
FURNITURE (SAP)	06/20/1994	1,448.	100.000			1,448.	1,448.	1,448.	SL		7.000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
SHELF UNITS (PH)	12/13/1993	1,500.	100.000			1,500.	1,500.	1,500.	SL		7.000				
SEC SYSTEM (PH)	02/14/1994	3,050.	100.000			3,050.	3,050.	3,050.	SL		7.000				
VAN	06/01/1992	28,382.	100.000			28,382.	28,382.	28,382.	SL		5.000				
LEASEHOLD IMPROVE	06/30/1982	5,643.	100.000			5,643.	5,643.	5,643.	SL		7.000				
LEASEHOLD IMPROV	06/30/1982	6,998.	100.000			6,998.	6,998.	6,998.	SL		8.000				
LEASEHOLD IMPROVE	06/30/1983	11,371.	100.000			11,371.	11,371.	11,371.	SL		7.000				
LEASEHOLD IMPROVE	06/30/1984	1,078.	100.000			1,078.	1,078.	1,078.	SL		6.000				
LEASEHOLD IMPROVE	06/30/1985	694.	100.000			694.	694.	694.	SL		5.000				
LEASEHOLD IMPROVE	06/30/1985	2,389.	100.000			2,389.	2,339.	2,339.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1985	2,175.	100.000			2,175.	1,981.	1,981.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1985	14,769.	100.000			14,769.	14,357.	14,357.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1986	5,200.	100.000			5,200.	5,200.	5,200.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1987	19,423.	100.000			19,423.	19,245.	19,245.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1988	282,163.	100.000			282,163.	282,163.	282,163.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1989	234,010.	100.000			234,010.	234,010.	234,010.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1991	32,304.	100.000			32,304.	32,304.	32,304.	SL		18.000				
ALARM	10/01/1991	3,780.	100.000			3,780.	3,518.	3,728.	SL		18.000				210.
DRIVEWAY (CHS)	06/01/1992	4,500.	100.000			4,500.	4,021.	4,271.	SL		18.000				250.
ALARM/INS (RAS)	10/01/1991	3,791.	100.000			3,791.	3,534.	3,745.	SL		18.000				211.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
BOILER (HORIZ)	10/01/1991	6,555.	100.000			6,555.	6,097.	6,461.	SL		18.000				364.
FURNACE (TLC1)	07/01/1992	9,450.	100.000			9,450.	8,400.	8,925.	SL		18.000				525.
SIDING (TLC1)	08/30/1992	14,025.	100.000			14,025.	12,334.	13,113.	SL		18.000				779.
WINDOWS (TLC1)	07/01/1992	6,210.	100.000			6,210.	5,520.	5,865.	SL		18.000				345.
RAMP (CHS)	04/01/1993	3,950.	100.000			3,950.	3,340.	3,559.	SL		18.000				219.
ARCH FEES (RAS)	06/30/1993	2,004.	100.000			2,004.	1,665.	1,776.	SL		18.000				111.
FLOOR (TLC2)	12/30/1992	450.	100.000			450.	375.	400.	SL		18.000				25.
ALARM (OPS)	11/18/1993	614.	100.000			614.	499.	533.	SL		18.000				34.
FURNACE (SAP)	12/17/1993	1,680.	100.000			1,680.	1,271.	1,364.	SL		18.000				93.
WINDOWS (SAP)	12/27/1993	7,600.	100.000			7,600.	6,154.	6,576.	SL		18.000				422.
APPLIANCE HOOK-UP	06/25/1994	1,350.	100.000			1,350.	1,056.	1,131.	SL		18.000				75.
PAINT/STAIN (SAP)	06/25/1994	1,905.	100.000			1,905.	1,493.	1,599.	SL		18.000				106.
ALARM (CHS)	11/04/1993	1,012.	100.000			1,012.	821.	877.	SL		18.000				56.
WATER INST (RAS)	06/15/1994	7,000.	100.000			7,000.	5,478.	5,867.	SL		18.000				389.
ROOF (HORIZ)	09/17/1993	10,954.	100.000			10,954.	9,033.	9,642.	SL		18.000				609.
FURNACE (HORIZ)	06/03/1994	8,491.	100.000			8,491.	6,647.	7,119.	SL		18.000				472.
BUILDING (PH)	06/30/1984	177,900.	100.000			177,900.	167,435.	167,435.	SL		20.000				
LAND (PH)	06/30/1984	2,100.	100.000												
IMPROV (PH)	06/30/1986	510.	100.000			510.	505.	505.	SL		18.000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
IMPROV (PH)	06/30/1988	19,500.	100.000			19,500.	19,500.	19,500.	SL		18.000				
IMPROV (PH)	06/30/1991	72,569.	100.000			72,569.	72,569.	72,569.	SL		18.000				
KITCHEN (PH)	01/01/1992	17,800.	100.000			17,800.	16,318.	17,307.	SL		18.000				989.
EXHAUST (PH)	04/01/1992	7,836.	100.000			7,836.	7,070.	7,505.	SL		18.000				435.
ARCH FEES (PH)	06/30/1993	67,148.	100.000			67,148.	50,742.	54,472.	SL		18.000				3,730.
ALARM SYSTEM (PH)	05/01/1993	17,487.	100.000			17,487.	14,928.	15,900.	SL		18.000				972.
FLOOR (PH)	04/30/1993	42,582.	100.000			42,582.	35,890.	38,256.	SL		18.000				2,366.
FIRE SYSTEM (PH)	06/30/1993	16,000.	100.000			16,000.	11,816.	12,705.	SL		18.000				889.
ENVI SURV (PH)	06/30/1993	3,330.	100.000			3,330.	2,459.	2,644.	SL		18.000				185.
BLD IMP (PH)	06/30/1994	415,856.	100.000			415,856.	307,076.	330,179.	SL		18.000				23,103.
EQUIPMENT (REG)	07/30/1994	2,576.	100.000			2,576.	2,576.	2,576.	SL		5.000				
COMPUTER (PH)	08/30/1994	2,031.	100.000			2,031.	2,031.	2,031.	SL		5.000				
COMPUTER (FLD HILL	08/30/1994	6,519.	100.000			6,519.	6,519.	6,519.	SL		5.000				
WASHER/DRYER (PH)	06/30/1995	1,726.	100.000			1,726.	1,726.	1,726.	SL		7.000				
CARPET (TLC1)	11/30/1994	1,976.	100.000			1,976.	1,976.	1,976.	SL		7.000				
SECURITY (PH)	01/30/1995	9,358.	100.000			9,358.	8,690.	8,690.	SL		7.000				
FURNITURE (PH)	07/31/1994	29,860.	100.000			29,860.	29,860.	29,860.	SL		7.000				
FURNITURE (PH)	07/31/1994	21,374.	100.000			21,374.	21,374.	21,374.	SL		7.000				
CARPET (CHS)	11/30/1994	1,885.	100.000			1,885.	1,885.	1,885.	SL		7.000				
Less Retired Assets															
Subtotals															
Listed Property															
Less. Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
CARPENTRY (SAP)	08/31/1994	9,136.	100.000			9,136.	7,027.	7,535.	SL		18.000				508.
SECURITY SYSTEM(TL	06/30/1995	2,250.	100.000			2,250.	1,625.	1,750.	SL		18.000				125.
VENTING (HORIZ)	06/30/1995	160.	100.000			160.	117.	126.	SL		18.000				9.
ROOFING (HORIZ)	06/30/1995	10,130.	100.000			10,130.	7,319.	7,882.	SL		18.000				563.
WINDOWS (HORIZ)	06/30/1995	8,700.	100.000			8,700.	6,279.	6,762.	SL		18.000				483.
SECURITY SYSTEM(HO	06/30/1995	2,250.	100.000			2,250.	1,625.	1,750.	SL		18.000				125.
BUILDING IMPROVEME	06/30/1995	963,263.	100.000			963,263.	711,303.	764,818.	SL		18.000				53,515.
CARPET (SAP)	11/30/1994	272.	100.000			272.	272.	272.	SL		7.000				
CARPET (TLC3)	11/30/1994	767.	100.000			767.	767.	767.	SL		7.000				
OFFICE EQUIP. (REG	09/30/1996	10,900.	100.000			10,900.	10,900.	10,900.	SL		5.000				
SAFE (GHTC)	06/30/1996	1,500.	100.000			1,500.	1,500.	1,500.	SL		5.000				
COMPUTER (PH)	03/28/1996	1,581.	100.000			1,581.	1,581.	1,581.	SL		5.000				
FURNITURE (PH)	10/30/1995	1,750.	100.000			1,750.	1,750.	1,750.	SL		7.000				
ALARM SYSTEM (GHTC	06/30/1996	2,260.	100.000			2,260.	2,260.	2,260.	SL		5.000				
BUILDING IMPROVEME	06/30/1996	57,741.	100.000			57,741.	39,899.	43,107.	SL		18.000				3,208.
EQUIPMENT (REG)	10/31/1996	1,125.	100.000			1,125.	1,125.	1,125.	SL		5.000				
EQUIPMENT (REG)	04/10/1997	6,054.	100.000			6,054.	6,054.	6,054.	SL		5.000				
EQUIPMENT (PH)	01/31/1997	1,400.	100.000			1,400.	1,400.	1,400.	SL		5.000				
LEASEHOLD (CHS)	09/30/1996	7,064.	100.000			7,064.	4,606.	4,998.	SL		18.000				392.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
8X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD (CHS)	10/31/1996	17,945.	100.000			17,945.	11,632.	12,629.	SL		18.000				997.
LEASEHOLD (CHS)	06/17/1997	24,190.	100.000			24,190.	14,784.	16,128.	SL		18.000				1,344.
COMPUTER EQUIP - P	11/30/1997	4,390.	100.000			4,390.	4,390.	4,390.	SL		5.000				
COMPUTER EQUIP - P	04/30/1998	1,810.	100.000			1,810.	1,810.	1,810.	SL		5.000				
FURN & FIXT - PH	06/30/1998	2,969.	100.000			2,969.	2,969.	2,969.	SL		7.000				
FURN & FIXT - SRO'	06/30/1998	1,783.	100.000			1,783.	1,783.	1,783.	SL		7.000				
COMPUTER EQUIPMENT	09/16/1998	5,420.	100.000			5,420.	5,420.	5,420.	SL		5.000				
2 CARPETS	05/31/1999	1,560.	100.000			1,560.	1,560.	1,560.	SL		7.000				
L/HOLD IMPROV-DECK	10/31/1998	4,680.	100.000			4,680.	2,513.	2,773.	SL		18.000				260.
L/H IMPROVEMENTS	03/31/2000	1,575.	100.000			1,575.	726.	814.	SL		18.000				88.
OIL TANK (SAP)	08/01/2000	1,200.	100.000			1,200.	1,200.	1,200.	SL		5.000				
COMPUTER EQUIPMENT	06/30/2001	5,613.	100.000			5,613.	5,613.	5,613.	SL		5.000				
EQUIPMENT (CHS)	01/24/2001	3,280.	100.000			3,280.	3,280.	3,280.	SL		5.000				
CARPET (CHS)	03/31/2001	1,349.	100.000			1,349.	1,349.	1,349.	SL		7.000				
FENCE KTC	11/30/2000	775.	100.000			775.	326.	369.	SL		18.000				43.
LEASEHOLD IMPR KTC	01/31/2001	8,222.	100.000			8,222.	3,389.	3,846.	SL		18.000				457.
PHONE WIRING KTC	03/22/2001	12,774.	100.000			12,774.	5,147.	5,857.	SL		18.000				710.
SECURITY SYS KTC	03/16/2001	7,280.	100.000			7,280.	2,929.	3,333.	SL		18.000				404.
SECURITY SYST KTC	05/31/2001	9,926.	100.000			9,926.	3,903.	4,454.	SL		18.000				551.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
8X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT (KTC)	04/30/2002	2,596.	100.000			2,596.	2,596.	2,596.	SL		5.000				
BLDG IMPR (PH)	12/31/2001	1,586.	100.000			1,586.	572.	660.	SL		18.000				88.
METHADONE PUMP- KT	10/01/2002	28,913.	100.000			28,913.	28,913.	28,913.	SL		5.000				
COMP EQUIP- KTC	04/01/2003	11,786.	100.000			11,786.	11,786.	11,786.	SL		3.000				
COMP EQUIP- SAP	04/01/2003	2,993.	100.000			2,993.	2,993.	2,993.	SL		3.000				
COMP EQUIP- RCS	04/01/2003	5,864.	100.000			5,864.	5,864.	5,864.	SL		3.000				
COMP EQUIP- HUNT	04/01/2003	2,994.	100.000			2,994.	2,994.	2,994.	SL		3.000				
COMP EQUIP- SUP H	03/01/2003	1,932.	100.000			1,932.	1,932.	1,932.	SL		3.000				
COMP EQUIP P H	10/01/2002	1,493.	100.000			1,493.	1,493.	1,493.	SL		3.000				
COMP EQUIP- P H	04/01/2003	8,603.	100.000			8,603.	8,603.	8,603.	SL		3.000				
COMP EQUIP- CHS	04/01/2003	7,808.	100.000			7,808.	7,808.	7,808.	SL		3.000				
METHADONE PUMP- CH	10/01/2002	28,862.	100.000			28,862.	28,862.	28,862.	SL		5.000				
COMP EQUIP- IRAN	04/01/2003	2,994.	100.000			2,994.	2,994.	2,994.	SL		3.000				
COMP EQUIP- HORIZ	04/01/2003	3,133.	100.000			3,133.	3,133.	3,133.	SL		3.000				
CARPET- HORIZON	02/01/2003	2,232.	100.000			2,232.	1,728.	2,047.	SL		7.000				319.
ROOFING- SUMMIT	11/01/2002	10,980.	100.000			10,980.	3,457.	4,067.	SL		18.000				610.
COMP EQUIPMENT-KTC	12/31/2003	12,694.	100.000			12,694.	12,694.	12,694.	SL		3.000				
COMP EQP - SAP	12/31/2003	1,887.	100.000			1,887.	1,887.	1,887.	SL		3.000				
COMP EQP - RCS	02/02/2004	4,935.	100.000			4,935.	4,935.	4,935.	SL		3.000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
8X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT - TLC I	03/31/2004	1,228.	100.000			1,228.	1,228.	1,228.	SL		3.000				
COMP EQP - SUPP HO	12/31/2003	400.	100.000			400.	400.	400.	SL		3.000				
COMP EQP - PROSPEC	12/31/2003	1,412.	100.000			1,412.	1,412.	1,412.	SL		3.000				
COMP EQUIP - CHS	03/31/2004	33,986.	100.000			33,986.	33,986.	33,986.	SL		3.000				
EQUIPMENT - TLC II	12/31/2003	1,228.	100.000			1,228.	1,228.	1,228.	SL		3.000				
COMPUTERS HORIZON	12/31/2003	2,317.	100.000			2,317.	2,317.	2,317.	SL		3.000				
LEASEHOLD IMPROV	09/30/2003	13,980.	100.000			13,980.	3,691.	4,468.	SL		18.000				777.
LEASEHOLD IMPROVEM	02/29/2004	17,862.	100.000			17,862.	4,299.	5,291.	SL		18.000				992.
EQUIPMENT KTC	12/31/2004	13,792.	100.000			13,792.	13,792.	13,792.	SL		3.000				
EQUIPMENT SAP	12/31/2004	67.	100.000			67.	67.	67.	SL		3.000				
EQUIPMENT OPS	09/30/2004	6,542.	100.000			6,542.	6,542.	6,542.	SL		3.000				
EQUIPMENT TLC	07/31/2004	93.	100.000			93.	93.	93.	SL		3.000				
EQUIPMENT PH	07/31/2004	386.	100.000			386.	386.	386.	SL		3.000				
EQUIPMENT CHS	12/31/2004	24,672.	100.000			24,672.	24,672.	24,672.	SL		3.000				
EQUIPMENT TLC2	07/31/2004	93.	100.000			93.	93.	93.	SL		3.000				
EQUIPMENT HORIZONS	05/31/2005	1,223.	100.000			1,223.	1,223.	1,223.	SL		3.000				
LEASEHOLD IMP. CHS	04/30/2005	3,289.	100.000			3,289.	579.	762.	SL		18.000				183.
LEASEHOLD IMP. HOR	12/31/2004	14,131.	100.000			14,131.	2,748.	3,533.	SL		18.000				785.
BLDG. IMPRO. PH	03/21/2005	59,251.	100.000			59,251.	10,699.	13,991.	SL		18.000				3,292.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
6X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD IMP. HOR	12/31/2005	10,681.	100.000			10,681.	1,483.	2,076.	SL		18.000				593.
FURNITURE HORIZONS	12/31/2005	6,572.	100.000			6,572.	2,347.	3,286.	SL		7.000				939.
EQUIPMENT KTC	12/31/2005	4,404.	100.000			4,404.	3,670.	4,404.	SL		3.000				734.
EQUIPMENT SAP	12/31/2005	981.	100.000			981.	818.	981.	SL		3.000				163.
EQUIPMENT OPS	12/31/2005	3,280.	100.000			3,280.	2,733.	3,280.	SL		3.000				547.
EQUIPMENT TLC I	12/31/2005	709.	100.000			709.	590.	709.	SL		3.000				119.
EQUIPMENT PH	12/31/2005	37.	100.000			37.	30.	37.	SL		3.000				7.
EQUIPMENT CHS	12/31/2005	2,923.	100.000			2,923.	2,435.	2,923.	SL		3.000				488.
EQUIPMENT TLC II	12/31/2005	1,952.	100.000			1,952.	1,627.	1,952.	SL		3.000				325.
EQUIPMENT HORIZONS	12/31/2005	4,531.	100.000			4,531.	3,775.	4,531.	SL		3.000				756.
EQUIPMENT KTC	12/31/2006	1,272.	100.000			1,272.	636.	1,060.	SL		3.000				424.
EQUIPMENT OPS	12/31/2006	2,545.	100.000			2,545.	1,272.	2,120.	SL		3.000				848.
EQUIPMENT PROSPECT	12/31/2006	1,272.	100.000			1,272.	636.	1,060.	SL		3.000				424.
EQUIPMENT CHS	12/31/2006	1,272.	100.000			1,272.	636.	1,060.	SL		3.000				424.
EQUIPMENT SEAVIEW	12/31/2006	8,388.	100.000			8,388.	4,195.	6,991.	SL		3.000				2,796.
FURNITURE HUNTINGT	12/31/2006	6,799.	100.000			6,799.	1,457.	2,428.	SL		7.000				971.
FURNITURE SEAVIEW	12/31/2006	15,152.	100.000			15,152.	3,247.	5,412.	SL		7.000				2,165.
LEASEHOLD IMP. CHS	12/31/2006	10,830.	100.000			10,830.	903.	1,505.	SL		18.000				602.
LEASEHLD HORIZONS	12/31/2006	17,250.	100.000			17,250.	1,437.	2,395.	SL		18.000				958.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
8X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT NEW PROS	12/31/2007	5,737.	100.000			5,737.	NONE	1,912.	SL		3.000				1,912.
EQUIPMENT NEW PROS	12/31/2007	8,224.	100.000			8,224.	NONE	2,741.	SL		3.000				2,741.
EQUIPMENT NEW PROS	12/31/2007	13,600.	100.000			13,600.	NONE	4,533.	SL		3.000				4,533.
EQUIPMENT NEW PROS	12/31/2007	2,545.	100.000			2,545.	NONE	848.	SL		3.000				848.
EQUIPMENT NEW PROS	12/31/2007	6,399.	100.000			6,399.	NONE	2,133.	SL		3.000				2,133.
EQUIPMENT NEW PROS	12/31/2007	8,665.	100.000			8,665.	NONE	2,888.	SL		3.000				2,888.
FURNITURE OPS	12/31/2007	7,603.	100.000			7,603.	543.	1,629.	SL		7.000				1,086.
FURNITURE NEW PROS	12/31/2007	22,421.	100.000			22,421.	NONE	3,203.	SL		7.000				3,203.
EQUIPMENT KTC	12/31/2007	2,114.	100.000			2,114.	352.	1,057.	SL		3.000				705.
EQUIPMENT KTC	12/31/2007	1,360.	100.000			1,360.	227.	680.	SL		3.000				453.
EQUIPMENT CHS	12/31/2007	3,478.	100.000			3,478.	580.	1,739.	SL		3.000				1,159.
SOFTWARE	07/31/2008	15,500.	100.000			15,500.		4,736.	SL		3.000				4,736.
COMPUTER HARDWARE	06/30/2009	5,500.	100.000			5,500.			SL		5.000				
SECURITY SYSTEM	09/30/2008	5,403.	100.000			5,403.		225.	SL		18.000				225.
SECURITY SYSTEM	03/31/2009	5,622.	100.000			5,622.		78.	SL		18.000				78.
SECURITY SYSTEM	09/30/2008	11,560.	100.000			11,560.		482.	SL		18.000				482.
CAMERA & ACCESSORY	02/28/2009	4,167.	100.000			4,167.		278.	SL		5.000				278.
PHONE SYSTEM PH	04/30/2009	3,069.	100.000			3,069.		73.	SL		7.000				73.
PHONE SYSTEM HORIZ	01/30/2009	5,202.	100.000			5,202.		310.	SL		7.000				310.
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
8X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT CHS	02/28/2009	2,545.	100.000			2,545.		121.	SL		7.000				121.
EQUIPMENT	10/31/2008	1,230.	100.000			1,230.		117.	SL		7.000				117.
EQUIPMENT	12/31/2008	12,298.	100.000			12,298.		878.	SL		7.000				878.
FURNITURES	06/30/2009	2,449.	100.000			2,449.			SL		7.000				
LEASEHOLD IMP IRAN	06/30/2008	15,000.	100.000			15,000.		833.	SL		18.000				833.
Less Retired Assets															
Subtotals		3,690,476.				3,688,376.	2,865,237.	3,018,104.							152,867.
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS		3,690,476.				3,688,376.	2,865,237.	3,018,104.							152,867.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
8X9024 1 000

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 From 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

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
REGIONAL NETWORK OF PROGRAMS, INC.	06-0910080
Number, street, and room or suite no If a P.O box, see instructions	
2 TRAP FALLS ROAD	
City, town or post office, state, and ZIP code. For a foreign address, see instructions	
SHELTON, CT 06484	

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 ▶ PAUL KELLY

Telephone No ▶ 203 929-1954 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) N/A 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 02/15, 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 07/01, 2008, and ending 06/30, 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	$ NONE
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	$ NONE
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	$ NONE

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)