



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning **September 1**, 2009, and ending **August 31**, 20 **10****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization**Rhode Island State Grange Foundation, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address)

c/o Shirley lawson 120 Wilson Ave

City or town, state or country, and ZIP + 4

Rumford RI 02916-2832**D** Employer identification number**05-0513243****E** Telephone number**(508) 676-03****F** Group Exemption

Number ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) -- ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **495976****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	44698
	2	Program service revenue including government fees and contracts	2	1018
	3	Membership dues and assessments	3	-0-
	4	Investment income	4	22418
	5a	Gross amount from sale of assets other than inventory	5a	437842
	5b	Less: cost or other basis and sales expenses	5b	422318
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	15524
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ -0- of contributions reported on line 1)	6a	-0-
	b	Less: direct expenses other than fundraising expenses	6b	-0-
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-0-
	7a	Gross sales of inventory, less returns and allowances	7a	-0-
	b	Less: cost of goods sold	7b	-0-
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-0-
	8	Other revenue (describe ►)	8	-0-
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	83658
	10	Grants and similar amounts paid (attach schedule)	10	26891
	11	Benefits paid to or for members	11	-0-
	12	Salaries, other compensation, and employee benefits	12	-0-
	13	Professional fees and other payments to independent contractors	13	500
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	23546
	15	Printing, publications, postage, and shipping	15	2355
	16	Other expenses (describe ► See attached)	16	19605
	17	Total expenses. Add lines 10 through 16	17	72897
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10761
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	359364
	20	Other changes in net assets or fund balances (attach explanation)	20	-0-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	370125

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

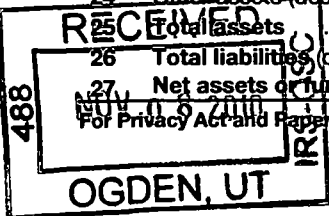
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28189	25231
23 Land and buildings	-0-	-0-
24 Other assets (describe ► See attached)	331175	344894
25 Total assets. Add lines 22 through 24	359364	370125
26 Total liabilities (describe ►)	-0-	-0-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	359364	370125

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED NOV 29 2010



21

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

What is the organization's primary exempt purpose?	Provide scholarships and community services
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	

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

28	Provided scholarships to 13 individuals		
	(Grants \$ 9800) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	9800
29	Provided grants and other allocations to 19 not for profit organizations and 5 individuals		
	(Grants \$ 17091) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	17091
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	

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

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ -0-		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ -0-		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ John Kenyon, Jr. Telephone no. ▶ 508-676-0367 Located at ▶ 8 Marigold Ave., Somerset MA ZIP + 4 ▶ 02726-3215		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|-------------------------------------|
| 46 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 | 46 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input checked="" type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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

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

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

Sign Here

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.

Signature of officer

SCOTT SHERMAN, President

Type or print name and title

Date

11/1/10

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

JOHN KENYON, JR.

8 Marigold Avenue, Somerset MA 02726-321550

Date

10/19/10

Check if self-employed ☒

Preparer's identifying number (See instructions)

p00957996

EIN

Phone no.

508-676-0367

May the IRS discuss this return with the preparer shown above? See instructions

☒ **Yes** ☐ **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Rhode Island State Grange Foundation, Inc.

Employer identification number

05 : 0513243

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—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?
- (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)	Yes	No
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above?

11g(ii)	Yes	No
11g(iii)		
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)	Yes	No
----------	-----	----
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	20202	9330	14287	11684	45716	101219
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
3 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
4 Total. Add lines 1 through 3	20202	9330	14287	11684	45716	101219
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)						-0-
6 Public support. Subtract line 5 from line 4.						101219

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	20202	9330	14287	11684	45716	101219
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23685	26771	33050	25361	37942	146809
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
11 Total support. Add lines 7 through 10						248028
12 Gross receipts from related activities, etc. (see instructions)					12	- 0 -
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	40.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	43.9 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►	<input type="checkbox"/>	

RHODE ISLAND STATE GRANGE FOUNDATION, INC.

05-0513243

PERIOD ENDED AUGUST 31, 2010

PART I, LINE 10, GRANTS, AND SIMILAR AMOUNTS PAID**GRANTS**

John A. Lawson III (Fuel assistance)	\$	500	
The Dictionary Project	\$	938	
Ronald MacDonald House, Providence	\$	390	
Foster Parents of Rhode Island	\$	416	
Rhode Island Food Bank	\$	1,330	
Hospice Care of Rhode Island	\$	694	
Hasbro Hospital	\$	529	
Claire Rushton (Hearing Aid)	\$	500	
Ward Russell (Fuel assistance)	\$	600	
Alice Davidson (Hearing Aid)	\$	500	
Conanicut Grange (After school agricultural program)	\$	1,144	
Oliver Cottrell (Fuel assistance)	\$	1,000	
Minnesota Historical Society (Kelley Farm)	\$	475	
Seniors Helping Others	\$	950	
Charlestown (RI) Senior Center	\$	950	
Charlestown (RI) Animal Control Center	\$	475	
Charlestown (RI) Ambulance Rescue Service	\$	475	
Dunn's Corner Fire Department (Chastown RI)	\$	475	
Salvation Army	\$	475	
Habitat for Humanity of South County	\$	475	
Westerly (RI) Hospital	\$	950	
South County (RI) Hospital	\$	950	
South County (RI) Museum	\$	950	
Cross Mills (RI) Public Library	\$	950	
<i>Total Grants</i>			\$ 17,091

SCHOLARSHIPS

Mathew S. Cabral	\$	1,000	
Michael P. Mucci	\$	500	
Timothy Calcagni	\$	500	
Tracie Miller	\$	1,550	
Kate E. Fish	\$	500	
Arthur Manchester, Jr.	\$	500	
Juliette Miller	\$	1,000	
Kristen Coletti	\$	1,000	
Austin DeMers	\$	1,500	
Elliot Bertrand	\$	500	
Brian Sullivan	\$	500	
Jean M. Lamb	\$	250	
Amanda Sherman	\$	500	
<i>Total Scholarships</i>			\$ 9,800
<i>Total Grants and Scholarships</i>			<u>\$ 26,891</u>

RHODE ISLAND STATE GRANGE FOUNDATION, INC.

05-0513243

PERIOD ENDED AUGUST 31, 2010

PART I, LINE 16 OTHER EXPENSES

Travel/Per Diem	\$	529	
Office Supplies	\$	696	
Insurance	\$	1,061	
Government Fees	\$	201	
Bank Service Charges	\$	14	
Personal Services	\$	144	
Meals/Entertainment	\$	724	
Donations	\$	325	
Sales Commissions/Fees	\$	11,711	
Depreciation, Equipment	\$	3,887	
Miscellaneous Other Expenses	\$	313	
			\$ 19,605

PART II, BALANCE SHEET**LINE 24B, Other Assets**

Securities		\$	276,988	
Equipment	\$	18,888		
Depreciation	\$	(13,353)		
<i>Total Equipment</i>			\$	5,535
Notes Receivable (Educational Aid Loans)			\$	58,731
Department Advances (Note 1)			\$	3,640
<i>Total Other Assets</i>				<u>\$ 344,894</u>