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Department of the Treasury  
Internal Revenue ServiceReturn of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

2010

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2010, or tax year beginning

, and ending

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

Name of foundation

RI INTERSCHOLASTIC INJURY FUND  
C/O TED STEBBINS

A Employer identification number

05-0374155

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

236 RIVERSIDE AVE

Room/suite

B Telephone number

401-739-5948

City or town, state, and ZIP code

WARWICK, RI 02889

C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

I Fair market value of all assets at end of year

(from Part II, col. (c), line 16)

J Accounting method:

☒ Cash☐ Accrual☐ Other (specify) \_\_\_\_\_

&gt;\$ 2,641,110. (Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received				
2	Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	77,825.	77,825.	77,825.	STATEMENT 1
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	42,978.			
b	Gross sales price for all assets on line 6a	307,542.			
7	Capital gain net income (from Part IV, line 2)		42,978.		
8	Net short-term capital gain			44,212.	
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss)				
11	Other income	61,329.	0.	61,329.	STATEMENT 2
12	Total. Add lines 1 through 11	182,132.	120,803.	183,366.	
13	Compensation of officers, directors, trustees, etc	18,800.	9,400.	9,400.	0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees STMT 3	780.	0.	780.	0.
b	Accounting fees				
c	Other professional fees STMT 4	25,246.	25,246.	0.	0.
17	Interest				
18	Taxes STMT 5	1,599.	880.	719.	0.
19	Depreciation and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses STMT 6	12,723.	0.	12,723.	0.
24	Total operating and administrative expenses. Add lines 13 through 23	59,148.	35,526.	23,622.	0.
25	Contributions, gifts, grants paid	157,076.			157,076.
26	Total expenses and disbursements. Add lines 24 and 25	216,224.	35,526.	23,622.	157,076.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	<34,092.>			
b	Net investment income (if negative, enter -0-)		85,277.		
c	Adjusted net income (if negative, enter -0-)			159,744.	

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# RI INTERSCHOLASTIC INJURY FUND

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## Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	15,789.	56,528.	56,528.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	1,618.		
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	2,728,403.	2,547,060.	2,361,060.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 8	103,950.	223,522.	223,522.
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	2,849,760.	2,827,110.	2,641,110.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	0.	<34,092.>	
30 Total net assets or fund balances	2,849,760.	2,827,110.		
31 Total liabilities and net assets/fund balances	2,849,760.	2,827,110.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,849,760.
2 Enter amount from Part I, line 27a	2	<34,092.>
3 Other increases not included in line 2 (itemize) ▶ BOOK/TAX DIFF IN INVESTMENT INCOME	3	13,060.
4 Add lines 1, 2, and 3	4	2,828,728.
5 Decreases not included in line 2 (itemize) ▶ FED TAX PENALTY	5	1,618.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,827,110.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			
<b>b</b> SEE ATTACHED STATEMENT			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> 307,542.		264,564.	42,978.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(j) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			42,978.

<b>2</b> Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	42,978.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	<div> <div>If gain, also enter in Part I, line 8, column (c).</div> <div>If (loss), enter -0- in Part I, line 8</div> </div>	3	44,212.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	171,876.	2,180,445.	.078826
2008	154,260.	2,671,660.	.057739
2007	158,295.	3,485,081.	.045421
2006	133,753.	3,382,331.	.039545
2005	122,491.	3,150,680.	.038878

<b>2</b> Total of line 1, column (d)	2	.260409
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.052082
<b>4</b> Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	2,509,126.
<b>5</b> Multiply line 4 by line 3	5	130,680.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	853.
<b>7</b> Add lines 5 and 6	7	131,533.
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	182,322.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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## Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	853.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	853.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	853.
6	Credits/Payments:		
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	1,500.
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	1,500.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	13.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	634.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax <input checked="" type="checkbox"/> 634. Refunded <input checked="" type="checkbox"/> 0.	11	0.

## Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> RI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		X
Website address <b>N/A</b>				
14	The books are in care of <b>TED STEBBINS</b>	Telephone no. <b>401-739-5948</b>		
Located at <b>P O BOX 8695, WARWICK, RI</b>		ZIP+4 <b>02888-0595</b>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	<b>N/A</b>	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country				X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly):		Yes	No		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No			
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	<b>N/A</b>			1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?				1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):						
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No			
	If "Yes," list the years						
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	<b>N/A</b>			2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.						
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)	<b>N/A</b>			3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?				4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?				4b		X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

**N/A**

☒

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

**N/A**

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

**N/A**

<b>5b</b>		
<b>6b</b>		<b>X</b>
<b>7b</b>		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
<b>SEE STATEMENT 9</b>		<b>18,800.</b>	<b>0.</b>	<b>0.</b>

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
<b>NONE</b>				

**Total** number of other employees paid over \$50,000

**0**

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**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services **0**

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> BOYS HIGH SCHOOL ATHLETIC INJURIES 29 SCHOOLS/12 VARIOUS SPORTS	0.
<b>2</b> GIRLS HIGH SCHOOL ATHLETIC INJURIES 24 SCHOOLS/11 VARIOUS SPORTS	0.
<b>3</b> VARIOUS SCHOLARSHIP AWARDS	0.
<b>4</b> OUTSTANDING STUDENT AWARDS (REYNOLDS AWARDS)	0.

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> NONE	0.
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	<b>0.</b>

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,510,368.
b	Average of monthly cash balances	1b	36,159.
c	Fair market value of all other assets	1c	809.
d	Total (add lines 1a, b, and c)	1d	2,547,336.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,547,336.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	38,210.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,509,126.
6	Minimum investment return. Enter 5% of line 5	6	125,456.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2010 from Part VI, line 5	2a	
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	157,076.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	25,246.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	182,322.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	853.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	181,469.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
<b>1</b> Distributable amount for 2010 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2010:				
<b>a</b> From 2005				
<b>b</b> From 2006				
<b>c</b> From 2007				
<b>d</b> From 2008				
<b>e</b> From 2009				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4: ► \$				
<b>a</b> Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)				
<b>d</b> Applied to 2010 distributable amount				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions				
<b>e</b> Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr.				
<b>f</b> Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7				
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2006				
<b>b</b> Excess from 2007				
<b>c</b> Excess from 2008				
<b>d</b> Excess from 2009				
<b>e</b> Excess from 2010				

**RI INTERSCHOLASTIC INJURY FUND**  
**C/O TED STEBBINS**

Form 990-PF (2010)

05-0374155 Page 10

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
b 85% of line 2a	125,456.	109,022.	133,583.	169,975.	538,036.
c Qualifying distributions from Part XII, line 4 for each year listed	106,638.	92,669.	113,546.	144,479.	457,331.
d Amounts included in line 2c not used directly for active conduct of exempt activities	182,322.	172,363.	156,195.	161,333.	672,213.
e Qualifying distributions made directly for active conduct of exempt activities.	0.	0.	0.	0.	0.
Subtract line 2d from line 2c	182,322.	172,363.	156,195.	161,333.	672,213.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	83,637.	72,681.	89,055.	116,169.	361,542.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

**TED STEBBINS, C/O RI INTERSCHOLASTIC INJURY FUND,, 401-739-5948**  
**236 RIVERSIDE AVE, WARWICK, RI 02889**

b The form in which applications should be submitted and information and materials they should include:

N/A

c Any submission deadlines:

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**HIGH SCHOOLS, COLLEGES, HOSPITALS, TEACHING, PREVENTION, MEDICINE**

**RI INTERSCHOLASTIC INJURY FUND**  
**C/O TED STEBBINS**
**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
DWYER SCHOLARSHIP AWARD-LASALLE ACADEMY			OUTSTANDING ATHLETE AND STUDENT	1,000.
HIGH SCHOOL BOYS			INJURY TREATMENT	116,882.
HIGH SCHOOL GIRLS			INJURY TREATMENT	36,194.
MOREY SCHOLARSHIP-WOONSOCKET H.S.			OUTSTANDING ATHLETE AND STUDENT	1,000.
NELSON SCHOLARSHIP-MT. PLEASANT			OUTSTANDING ATHLETE AND STUDENT	1,000.
PARISEAU SCHOLARSHIP-TOLMAN H.S.			OUTSTANDING ATHLETE AND STUDENT	1,000.
<b>Total</b>			<b>3a</b>	<b>157,076.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>			<b>3b</b>	<b>0.</b>

## Enter gross amounts unless otherwise indicated.







(See worksheet in line 13 instructions to verify calculations.)

023821  
12-07-10

## Part XVII

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- | <p><b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p><b>b</b> Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p><b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p> | <table border="1"> <tr> <th colspan="2"></th><th>Yes</th></tr> <tr> <td rowspan="2"></td><td></td><td></td></tr> <tr> <td></td><td></td></tr> </table>  |       |  | Yes   |  |       |  |       |  |       |  |       |  |
|--|---|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|
|  |   | Yes   |  |       |  |       |  |       |  |       |  |       |  |
|  |   |       |  |       |  |       |  |       |  |       |  |       |  |
|  |   |       |  |       |  |       |  |       |  |       |  |       |  |
|  | <table border="1"> <tr> <td>1a(1)</td><td></td></tr> <tr> <td>1a(2)</td><td></td></tr> </table>   | 1a(1) |  | 1a(2) |  |       |  |       |  |       |  |       |  |
| 1a(1)  |   |       |  |       |  |       |  |       |  |       |  |       |  |
| 1a(2)  |   |       |  |       |  |       |  |       |  |       |  |       |  |
|  | <table border="1"> <tr> <td>1b(1)</td><td></td></tr> <tr> <td>1b(2)</td><td></td></tr> <tr> <td>1b(3)</td><td></td></tr> <tr> <td>1b(4)</td><td></td></tr> <tr> <td>1b(5)</td><td></td></tr> <tr> <td>1b(6)</td><td></td></tr> </table> | 1b(1) |  | 1b(2) |  | 1b(3) |  | 1b(4) |  | 1b(5) |  | 1b(6) |  |
| 1b(1)  |   |       |  |       |  |       |  |       |  |       |  |       |  |
| 1b(2)  |   |       |  |       |  |       |  |       |  |       |  |       |  |
| 1b(3)  |   |       |  |       |  |       |  |       |  |       |  |       |  |
| 1b(4)  |   |       |  |       |  |       |  |       |  |       |  |       |  |
| 1b(5)  |   |       |  |       |  |       |  |       |  |       |  |       |  |
| 1b(6)  |   |       |  |       |  |       |  |       |  |       |  |       |  |
|  | <table border="1"> <tr> <td>1c</td><td></td></tr> </table>  | 1c    |  |       |  |       |  |       |  |       |  |       |  |
| 1c   |   |       |  |       |  |       |  |       |  |       |  |       |  |

	Yes	No
		
1a(1)		X
1a(2)		X
		
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b If "Yes," complete the following schedule.**

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date \_\_\_\_\_

Title

Print/Type preparer's name

Preparer's signature

Date \_\_\_\_\_

Check <input type="checkbox"/> if self-employed	PTIN
--	------

**Paid  
Preparer  
Use Only**

DANIEL E KIELISZAK

Firm's name ► KIELISZAK, EGGERT AND COMPANY, LTD.

Firm's address ► 161 WATERMAN STREET  
PROVIDENCE, RI 02906

Phone no. 401-351-1020

Form **990-PF** (2010)

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

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

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

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

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	RI INTERSCHOLASTIC INJURY FUND C/O TED STEBBINS	05-0374155
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O KEILISZAK, EGGERT AND COMPANY, LTD 161 WATERMAN ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PROVIDENCE, RI 02906	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**TED STEBBINS**

- The books are in the care of **P O BOX 8695 - WARWICK, RI 02888-0595**

Telephone No. **401-739-5948**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**

5 For calendar year **2010**, or other tax year beginning ☐, and ending ☐.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NECESSARY TO COMPILE INFORMATION AND PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$ <b>1,500.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$ <b>1,500.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>0.</b>

**Signature and Verification**

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

Signature ☐ Title ☐ Date ☐

Form 8868 (Rev. 1-2011)

KIELISZAK, EGGERT & CO., LTD 81-0587114  
161 Waterman St., Providence, RI 02906

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

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**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.

Type or print	Name of exempt organization <b>RI INTERSCHOLASTIC INJURY FUND C/O TED STEBBINS</b>	Employer identification number <b>05-0374155</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O KEILISZAK, EGGERT AND COMPANY, LTD 161 WATERMAN ST</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PROVIDENCE, RI 02906</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TED STEBBINS**

- The books are in the care of ► **P O BOX 8695 - WARWICK, RI 02888-0595**  
Telephone No. ► **401-739-5948** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2010** or  
► ☐ tax year beginning , and ending

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<b>1,500.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<b>0.</b>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<b>1,500.</b>

**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.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

**KIELISZAK, EGGERT & CO., LTD. 81-0587114  
161 Waterman St., Providence, RI 02906**



**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a S/T OPTION TRANSACTIONS		P	VARIOUS	VARIOUS
b 1000 SHRS BANCO BILBOA VIZCAYA-SP		P	11/09/10	11/09/10
c 76.6667 SHRS CITADEL BROADCASTING CORP		P	02/27/04	07/01/10
d 38.333 SHRS CITADEL BROADCASTING CORP		P	05/26/04	07/01/10
e 1000 SHRS WALT DISNEY CO		P	02/27/04	04/16/10
f 500 SHRS WALT DISNEY CO		P	05/26/04	04/16/10
g 1000 SHRS MCDONALDS CORP		P	10/07/03	11/26/10
h 500 SHRS NEWMONT MINIG CORP		P	02/02/04	06/18/10
i 5000 SHRS PIMCO HIGH INCOME FUND		P	VARIOUS	08/06/10
j 298 SHRS WELLS FARCO & CO NEW		P	VARIOUS	12/17/10
k CAPITAL GAINS DIVIDENDS				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 78,605.		34,760.	43,845.
b 367.			367.
c		354.	<354.>
d		155.	<155.>
e 32,499.		26,526.	5,973.
f 16,250.		11,659.	4,591.
g 75,019.		24,500.	50,519.
h 28,755.		20,755.	8,000.
i 67,049.		72,440.	<5,391.>
j 8,979.		73,415.	<64,436.>
k 19.			19.
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			** 43,845.
b			** 367.
c			<354.>
d			<155.>
e			5,973.
f			4,591.
g			50,519.
h			8,000.
i			<5,391.>
j			<64,436.>
k			19.
l			
m			
n			
o			

2 Capital gain net income or (net capital loss)

{ If gain, also enter in Part I, line 7  
If (loss), enter "-0-" in Part I, line 7 }

2

42,978.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

3

44,212.

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FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
SMITH BARNEY 188-11054-13 205	77,844.	19.	77,825.
TOTAL TO FM 990-PF, PART I, LN 4	77,844.	19.	77,825.

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FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	61,329.	0.	61,329.
TOTAL TO FORM 990-PF, PART I, LINE 11	61,329.	0.	61,329.

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FORM 990-PF	LEGAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES	160.	0.	160.	0.
ATTORNEY FEES	620.	0.	620.	0.
TO FM 990-PF, PG 1, LN 16A	780.	0.	780.	0.

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FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT SERVICES	25,246.	25,246.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	25,246.	25,246.	0.	0.

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FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FICA	1,165.	583.	582.	0.
MEDICARE	273.	136.	137.	0.
FOREIGN TAXES PAID	161.	161.	0.	0.
TO FORM 990-PF, PG 1, LN 18	1,599.	880.	719.	0.

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FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	2,892.	0.	2,892.	0.
TELEPHONE	747.	0.	747.	0.
OFFICE SUPPLIES	2,407.	0.	2,407.	0.
CONTRACT SERVICES	4,945.	0.	4,945.	0.
POSTAGE & MAILING	192.	0.	192.	0.
BUS.EXP/MEETINGS	1,540.	0.	1,540.	0.
TO FORM 990-PF, PG 1, LN 23	12,723.	0.	12,723.	0.

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FORM 990-PF	CORPORATE STOCK	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SMITH BARNEY 188-11054-13	2,547,060.	2,361,060.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,547,060.	2,361,060.

FORM 990-PF OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SMITH BARNEY 188-11054-13 205	COST	223,522.	223,522.
TOTAL TO FORM 990-PF, PART II, LINE 13		223,522.	223,522.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TED STEBBINS 236 RIVERSIDE AVE WARWICK, RI 02889	TREASURER 30.00	18,800.	0.	0.
THOMAS ECCLESTON 31 PITCH PINE PLACE SOUTH KINGSTOWN, RI 02879	VICE PRESIDENT 0.00	0.	0.	0.
RAYMOND DWYER 83 ROSEGARDEN STREET WARWICK, RI 02888	BOARD MEMBER 0.00	0.	0.	0.
THOMAS CENTORE 9 LOXLEY DRIVE JOHNSTON, RI 02919	RECORDING SECRETARY 0.00	0.	0.	0.
ROBERT CAVANAGH 50 PENNISULA RD WAKEFIELD, RI 02879	BOARD MEMBER 0.00	0.	0.	0.
JEAN ANGELL 507 DANIELSON PIKE NORTH SCITUATE, RI 02857	BOARD MEMBER 0.00	0.	0.	0.
RAYMOND MCGEE 16 LORING PARKWAY PAWTUCKET, RI 02861	BOARD MEMBER 0.00	0.	0.	0.
ELAINE BOTHELLO 14 STOCKTON DRIVE MIDDLETOWN, RI 02842	BOARD MEMBER 0.00	0.	0.	0.

RI INTERSCHOLASTIC INJURY FUND C/O TED S

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ANTHONY RAINONE 348 OLNEY ARNOLD RD CRANSTON, RI 02921	PRESIDENT 0.00	0.	0.	0.
THOMAS SHOLA 16 TRELLIS DRIVE WEST WARWICK, RI 02893	BOARD MEMBER 0.00	0.	0.	0.
ROBERT PALAZZO 116 ENFIELD AVENUE PROVIDENCE, RI 02908	BOARD MEMBER 0.00	0.	0.	0.
KATHY LUTHER 25 ABBOTT RUN VALLEY ROAD CUMBERLAND, RI 02864	BOARD MEMBER 0.00	0.	0.	0.
MICHAEL NAPPA 207 RICHMOND DRIVE WARWICK, RI 02888	BOARD MEMBER 0.00	0.	0.	0.
STEVEN STOEHR 4 LAUREL AVENUE WESTERLY, RI 02891	BOARD MEMBER 0.00	0.	0.	0.
BETH PENKALA 51 ALMY AVENUE WARREN, RI 02885	BOARD MEMBER 0.00	0.	0.	0.
MICHAEL TRAFICANTE 173 SWEETBRIAR DRIVE CRANSTON, RI 02920	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		18,800.	0.	0.

**FINANCIAL STATEMENTS**  
**RHODE ISLAND INTERSCHOLASTIC INJURY FUND**  
**DECEMBER 31, 2010**

**FINANCIAL STATEMENTS**

**RHODE ISLAND INTERSCHOLASTIC INJURY FUND**

**DECEMBER 31, 2010**

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## ACCOUNTANT'S COMPILATION REPORT

To the Board of Directors  
Rhode Island Interscholastic Injury Fund  
Warwick, Rhode Island

We have compiled the accompanying statement of financial position of Rhode Island Interscholastic Injury Fund (a nonprofit organization) as of December 31, 2010 and the related statements of activities and cash flows for the year then ended and the accompanying supplementary information contained in Schedule 1 which is presented only for supplementary analysis purposes. We have not audited or reviewed the accompanying financial statements and accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Organization's financial position, changes in net assets and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

November 4, 2011

*Kjeliszak Eggert & Co., Ltd.*



**STATEMENT OF FINANCIAL POSITION**

**RHODE ISLAND INTERSCHOLASTIC INJURY FUND**

**DECEMBER 31, 2010**

**ASSETS**

Cash	\$ 56,528
Investments:	
Smith Barney:	
Account cash 188-11054-13	223,522
Account stocks 188-11054-13 (at fair value)	<u>2,361,060</u>

**TOTAL ASSETS** \$2,641,110

**LIABILITIES**

**NET ASSETS**

Unrestricted:	
Undesignated	<u><u>\$2,641,110</u></u>

**TOTAL LIABILITIES AND NET ASSETS** \$2,641,110

See accountant's compilation report.

# STATEMENT OF ACTIVITIES

## RHODE ISLAND INTERSCHOLASTIC INJURY FUND

YEAR ENDED DECEMBER 31, 2010

### REVENUES

Program fees	\$ 61,329
Other:	
Investment income	80,407
Net realized gains	<u>43,138</u>
<b>TOTAL REVENUES</b>	<u>184,874</u>

### EXPENSES

Program Services:	
Injury claims	153,075
Gifts and grants	4,000
Supporting Services:	
Investment fees	25,246
Management and general--Schedule 1	<u>33,901</u>
<b>TOTAL EXPENSES</b>	<u>216,222</u>

(Decrease) in net assets before federal income tax (31,348)

Federal income tax	<u>853</u>
<b>DECREASE IN NET ASSETS</b>	(32,201)

Net assets at beginning of year 2,453,562

Unrealized holding gain at end of year 219,749

**NET ASSETS AT END OF YEAR** \$2,641,110

See accountant's compilation report.

# STATEMENT OF CASH FLOWS

## RHODE ISLAND INTERSCHOLASTIC INJURY FUND

DECEMBER 31, 2010

### CASH FLOWS FROM OPERATING ACTIVITIES

Decrease in net assets	\$ (32,201)
Adjustments to reconcile increase in net assets to net cash provided by operating activities:	
Increase in investments	(148,427)
Decrease in prepaid tax on investment income	1,618
Unrealized gain on investments	<u>219,749</u>

**NET CASH PROVIDED BY OPERATING ACTIVITIES** 40,739

Beginning cash 15,789

**ENDING CASH** \$ 56,528

See accountant's compilation report.

**SCHEDULE 1--STATEMENT OF MANAGEMENT AND  
GENERAL EXPENSES**

**RHODE ISLAND INTERSCHOLASTIC INJURY FUND**

**DECEMBER 31, 2010**

Payroll	\$ 18,800
Payroll taxes	1,438
Foreign taxes paid	161
Contract services	4,945
Insurance	2,891
Postage and mailing	192
Office supplies and equipment	2,407
Legal and filing fees	780
Telephone	747
Meetings	340
Business expense	<u>1,200</u>
<b>TOTAL MANAGEMENT AND GENERAL EXPENSES</b>	<b><u>\$ 33,901</u></b>

See accountant's compilation report.