



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



**Return of Organization Exempt From Income Tax**

**2010**

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)

Open to Public Inspection

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

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**OCEAN TIDES, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**635 OCEAN ROAD**  
 City or town, state or country, and ZIP + 4  
**NARRAGANSETT, RI 02882**

**D Employer identification number**  
**05-0366306**

**E Telephone number**  
**(401) 789-1016**

**F Name and address of principal officer** **BROTHER BRENDAN GERRITY**  
**SAME AS ON LINE C ABOVE**

**G Gross receipts \$** **6,104,056.**

**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)

**I Tax-exempt status:**  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.OCEANTIDES.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** **1975** **M State of legal domicile:** **RI**

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities. <b>TO TREAT, REHABILITATE, AND EDUCATE PREDELINQUENT YOUTHS AND NEGLECTED CHILDREN.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	84
	6 Total number of volunteers (estimate if necessary)	6	1
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,458,117.	5,585,671.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	579,339.	498,047.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,751.	20,338.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,054,207.	6,104,056.
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,037,312.	4,277,346.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		0.	2,205,764.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		4,037,312.	6,483,110.
19 Revenue less expenses. Subtract line 18 from line 12	2,016,895.	<379,054.>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,034,646.	4,643,601.
	22 Net assets or fund balances - Subtract line 21 from line 20	1,938,139.	1,928,946.
		3,096,507.	2,714,655.

**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: *Brother Brendan Gerrity* Date: **01-04-2012**

Type or print name and title: **BROTHER BRENDAN GERRITY, PRESIDENT/CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: **SANSIVERI, KIMBALL, & CO., L.L.P.** Preparer's signature: *JL Preci CPB* Date: **12/21/11** Check if self-employed:  PTIN: \_\_\_\_\_

Firm's name: **SANSIVERI, KIMBALL, & CO., L.L.P.** Firm's EIN: \_\_\_\_\_

Firm's address: **55 DORRANCE STREET PROVIDENCE, RI 02903** Phone no. **401-849-5800**

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

SCANNED JAN 16 2012

16  
2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission

TO HELP AT-RISK BOYS THROUGH A SCHOOL AND RESIDENTIAL PROGRAM TAILORED TO THE INDIVIDUAL. WE BELIEVE EACH INDIVIDUAL THAT COMES TO US IS WORTHY OF OUR RESPECT, NEEDFUL OF OUR CARE, AND CAPABLE OF SUCCESS THROUGH EVERYDAY EXPERIENCES AND INTERACTIONS IN A HIGHLY STRUCTURED

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 X

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 X

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 \$ 2,666,821. including grants of \$ ) (Revenue \$ 498,047.)

OCEAN TIDES SCHOOL IS ONE SCHOOL WITH TWO CAMPUSES. OCEAN TIDES SCHOOL NARRAGANSETT CAMPUS (79 STUDENTS ENROLLED FOR 2011) IS LOCATED IN NARRAGANSETT, RHODE ISLAND. IT IS A RESIDENTIAL SCHOOL FOR STUDENTS WHO ARE IN THE OCEAN TIDES RESIDENTIAL PROGRAM. IT IS FOR BOYS IN GRADES EIGHT THROUGH TWELVE. OCEAN TIDES SCHOOL PROVIDENCE CAMPUS (35 STUDENTS ENROLLED FOR 2011) IS LOCATED IN PROVIDENCE, RHODE ISLAND. IT IS A DAY SCHOOL. IT IS AN ALTERNATIVE SCHOOL FOR BOYS IN GRADES NINE THROUGH TWELVE. AT BOTH CAMPUSES, STUDENTS ARE OFFERED A FULL HIGH SCHOOL DIPLOMA. BOTH CAMPUSES ARE FULLY ACCREDITED BY THE RHODE ISLAND DEPARTMENT OF EDUCATION INCLUDING SPECIAL EDUCATION.

IT IS THE RESPONSIBILITY OF THE EDUCATION COMPONENT TO PROVIDE ONGOING

4b (Code ) (Expenses \$ 3,197,303. including grants of \$ ) (Revenue \$ )

OCEAN TIDES OFFERS RESIDENTIAL SERVICES FOR AT-RISK BOYS. THE RESIDENTIAL PROGRAM IS BROKEN DOWN INTO 3 COMPONENTS, GROUP LIVING, EXTENSIONS, AND SOCIAL SERVICES. FOR 2011, 79 CHILDREN WERE SERVED.

THE ROLE OF THE GROUP LIVING COMPONENT IN THE TOTAL TREATMENT PLAN IS ONE THAT ASSURES RESPONSIBILITY FOR THE EVERYDAY LIVING OF THE YOUNGSTERS IN THE NARRAGANSETT FACILITY. THERE IS AN ATTEMPT TO CREATE A WARM ATMOSPHERE WHERE YOUNGSTERS WILL GROW PHYSICALLY, EMOTIONALLY AND SPIRITUALLY; THIS IS AN ATMOSPHERE CREATED ON THE BASIS OF CONCERN, RESPONSIBILITY AND TRUST.

THE EXTENSIONS PROVIDE A YOUNGSTER WITH THE OPPORTUNITY TO RETURN TO

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses 5,864,124.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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 lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization 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		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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
<b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various IRS filing requirements.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> 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?	X	
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b> The governing body?	X	
<b>8b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>15a</b> The organization's CEO, Executive Director, or top management official	X	
<b>15b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **RI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 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: **GAIL SULLIVAN - 401-789-1016**  
**635 OCEAN ROAD, NARRAGANSETT, RI 02882**

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
BRENDAN GERRITY, FSC PRESIDENT/TREASURER	50.00	X		X			0.	0.	95,500.	
MARY MCGANN TRUSTEE	0.50	X					0.	0.	0.	
ROBERT KENT TRUSTEE	0.50	X					0.	0.	0.	
JOSEPH CAVANAGH, III TRUSTEE	0.50	X					0.	0.	0.	
DENISE CHOQUETTE TRUSTEE	0.50	X					0.	0.	0.	
G. GREG BERTLES TRUSTEE	0.50	X					0.	0.	0.	
BR. RAYMOND BLIXT TRUSTEE	0.50	X					0.	0.	0.	
JOSE GOMES TRUSTEE	0.50	X					0.	0.	0.	
WILLIAM GALLOGLY TRUSTEE	0.50	X					0.	0.	0.	
EDMOND PRECOURT, FSC CHAIRMAN	0.50	X		X			0.	0.	0.	
DENNISE DIPRETE TRUSTEE	0.50	X					0.	0.	0.	
JANE GENEREUX TRUSTEE/PRINCIPAL	45.00	X		X			91,017.	0.	0.	
JUDGE JOSEPH RODGERS TRUSTEE	0.50	X					0.	0.	0.	
WILLIAM HORAN TRUSTEE	0.50	X					0.	0.	0.	
BR. JOSEPH SCHAFFER, FSC TRUSTEE	0.50	X					0.	0.	0.	
DR. WILLIAM GARRAHAN TRUSTEE	0.50	X					0.	0.	0.	
BR. CRAIG FRANZ, FSC TRUSTEE	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
SARAH TAFT-CARTER TRUSTEE	0.50	X						0.	0.	0.
WILLIAM WOLFF TRUSTEE	0.50	X						0.	0.	0.
JAMES SULLIVAN VP-EX-OFFICIO, DIR OF RESI	45.00	X		X				65,640.	0.	0.
BR. JAMES MARTINO, FSC TRUSTEE	0.50	X						0.	0.	0.
<b>1b Sub-total</b>								156,657.	0.	95,500.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								156,657.	0.	95,500.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	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 or individual 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 **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,527,946.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	57,725.				
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total. Add lines 1a-1f</b>		<b>5,585,671.</b>				
	Program Service Revenue	2 a <b>EDUCATION</b>	Business Code 611600	498,047.	498,047.		
b							
c							
d							
e							
f All other program service revenue							
<b>g Total. Add lines 2a-2f</b>			<b>498,047.</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		20,338.			20,338.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
<b>12 Total revenue. See instructions.</b>			<b>6,104,056.</b>	<b>498,047.</b>	<b>0.</b>	<b>20,338.</b>	

**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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	235,500.	197,950.	37,550.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,095,336.	2,772,699.	322,637.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	176,005.	156,972.	19,033.	
9 Other employee benefits	510,353.	455,165.	55,188.	
10 Payroll taxes	260,152.	232,020.	28,132.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,000.	500.	500.	
c Accounting	23,250.		23,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	119,623.	114,761.	4,862.	
12 Advertising and promotion	5,197.	3,197.	2,000.	
13 Office expenses	62,172.	26,188.	35,984.	
14 Information technology				
15 Royalties				
16 Occupancy	584,017.	584,017.		
17 Travel	15,438.	5,899.	9,539.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	21,200.	16,960.	4,240.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	229,382.	225,030.	4,352.	
23 Insurance	72,106.	38,665.	33,441.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>DIETARY EXPENSE</b>	441,500.	441,500.		
b <b>EDUCATION &amp; RESIDENTIAL</b>	230,296.	230,296.		
c <b>CHILDREN'S SERVICES</b>	132,682.	132,682.		
d <b>AUTO EXPENSES</b>	114,175.	114,175.		
e <b>CONSULTANTS</b>	0.	0.		
f All other expenses	153,726.	115,448.	38,278.	
25 Total functional expenses. Add lines 1 through 24f	6,483,110.	5,864,124.	618,986.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	29,687.	<b>1</b>	29,708.
	<b>2</b> Savings and temporary cash investments	1,252,284.	<b>2</b>	659,033.
	<b>3</b> Pledges and grants receivable, net	53,825.	<b>3</b>	22,490.
	<b>4</b> Accounts receivable, net	260,390.	<b>4</b>	209,598.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,485,639.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,713,017.	2,952,770.	<b>10c</b> 2,772,622.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11	433,595.	<b>12</b>	900,059.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	52,095.	<b>15</b>	50,091.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,034,646.	<b>16</b>	4,643,601.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	68,139.	<b>17</b>	70,040.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	33,906.
	<b>20</b> Tax-exempt bond liabilities	1,870,000.	<b>20</b>	1,825,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	1,938,139.	<b>26</b>	1,928,946.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,608,047.	<b>27</b>	2,271,195.
	<b>28</b> Temporarily restricted net assets	488,460.	<b>28</b>	443,460.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	3,096,507.	<b>33</b>	2,714,655.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	5,034,646.	<b>34</b>	4,643,601.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,104,056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,483,110.
3	Revenue less expenses Subtract line 2 from line 1	3	<379,054.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,096,507.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<2,798.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,714,655.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

**OCEAN TIDES, INC.**

Employer identification number

**05-0366306**

**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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6399059.	6390895.	5479479.	5458117.	5585671.	29313221.
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 <b>Total.</b> Add lines 1 through 3	6399059.	6390895.	5479479.	5458117.	5585671.	29313221.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						29313221.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6399059.	6390895.	5479479.	5458117.	5585671.	29313221.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,579.	23,519.	18,903.	16,751.	20,338.	129,090.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						29442311.
12 Gross receipts from related activities, etc (see instructions)					12	2,415,753.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.62 %
16a <b>33 1/3% support test - 2010.</b> 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 <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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 <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **OCEAN TIDES, INC.** Employer identification number **05-0366306**

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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 Escrow and Custodial Arrangements.** Complete if the 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:

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

	Amount
1c	
1d	
1e	
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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,582,986.	981,379.	2,601,607.
d Equipment		331,983.	291,540.	40,443.
e Other		570,670.	440,098.	130,572.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 2,772,622.

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SHORT-TERM BOND FUND	900,059.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	900,059.	

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

**2.** FIN 48 (ASC 740) Footnote 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,104,056.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,483,110.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<379,054.>
4	Net unrealized gains (losses) on investments	4	<2,798.>
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 through 8	9	<2,798.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<381,852.>

**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	6,101,258.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<2,798.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<2,798.>
3	Subtract line 2e from line 1	3	6,104,056.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,104,056.

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

1	Total expenses and losses per audited financial statements	1	6,483,110.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,483,110.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,483,110.

**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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

---



---



---



---



---



---



---



---



---



---

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open To Public  
Inspection

Name of the organization <b>OCEAN TIDES, INC.</b>	Employer identification number <b>05-0366306</b>
--	---

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BROTHERS OF THE CHRISTIAN	BROTHER EDMOND PREC	970,900.	RENT, CONTR		X
GAIL SULLIVAN	GAIL IS THE WIFE OF	65,885.	GAIL IS THE		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

**(A) NAME OF INTERESTED PERSON:**

BROTHERS OF THE CHRISTIAN SCHOOLS (THE CENTER) - NEW ENGLAND

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

BROTHER EDMOND PRECOURT IS THE EXECUTIVE DIRECTOR OF THE CENTER AND IS THE

**(C) AMOUNT OF TRANSACTION \$ 970,900.**

**(D) DESCRIPTION OF TRANSACTION: RENT, CONTRACT LABOR AND DIETARY SERVICES**

**(E) SHARING OF ORGANIZATION REVENUES? = NO**

**(A) NAME OF PERSON: GAIL SULLIVAN**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

GAIL IS THE WIFE OF JAMES SULLIVAN, VP-EX OFFICIO, DIR OF RESIDENTIAL LIFE

**(C) AMOUNT OF TRANSACTION \$ 65,885.**

**(D) DESCRIPTION OF TRANSACTION: GAIL IS THE BUSINESS MANAGER OF THE ORGANIZATION**

**(E) SHARING OF ORGANIZATION REVENUES? = NO**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

OCEAN TIDES, INC.

Employer identification number

05-0366306

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAM.

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

EDUCATIONAL SERVICES TO THE YOUNGSTERS IN THE PROGRAM. GIVEN THE SEVERE  
EDUCATIONAL PROBLEMS THAT THE OCEAN TIDES YOUNGSTER HAS EXPERIENCED IN  
THE PAST, THE SCHOOL PROGRAM IS ONE THAT SEEKS TO PROVIDE CREATIVE,  
INDIVIDUALIZED PROGRAMS THAT MEET THE NEEDS OF EACH OF THE YOUNGSTERS  
ENTRUSTED TO OUR CARE.

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

THE COMMUNITY, WHILE STILL A PART OF THE OCEAN TIDES PROGRAM. THERE ARE  
TWO EXTENSION HOUSES IN THE GREATER PROVIDENCE AREA, GALLOGLY HOUSE AND  
HILLSIDE HOUSE. PULLMAN HOUSE IS LOCATED IN CRANSTON AND WAGNER HOUSE  
IS LOCATED IN WEST WARWICK. WHILE IN AN EXTENSION HOUSE, YOUNGSTERS  
ATTEND THE OCEAN TIDES SCHOOL, A VOCATIONAL SCHOOL, OR THE COMMUNITY  
COLLEGE OF RHODE ISLAND. IT IS THE RESPONSIBILITY OF THIS COMPONENT OF  
THE PROGRAM TO STRIVE TO CREATE A WARM ATMOSPHERE WHERE THE YOUNGSTERS  
WILL GROW PHYSICALLY, SPIRITUALLY, AND EMOTIONALLY. THIS COMPONENT OF  
THE PROGRAM MAKES EVERY EFFORT TO ENSURE THAT THE EXTENSION HOUSES  
REFLECT A WARM AND FAMILY-LIKE ATMOSPHERE AND THAT MEANINGFUL COMMUNITY  
EXPERIENCES ARE PROVIDED FOR THE YOUNG MEN LIVING IN THEM.

THE SOCIAL SERVICES COMPONENT OF THE PROGRAM IS RESPONSIBLE FOR

PROVIDING SERVICES FOR THE YOUNGSTERS AND THEIR FAMILIES IN THE ENTIRE

OCEAN TIDES PROGRAM. THE SOCIAL SERVICES DEPARTMENT ESTABLISHES REGULAR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization

OCEAN TIDES, INC.

Employer identification number

05-0366306

CONTACT WITH THE YOUNGSTERS AND THEIR FAMILIES, PROVIDING FOR  
COUNSELING SERVICES, SUPPORT SYSTEMS AND OTHER NEEDS WHICH MIGHT BE  
APPARENT IN AN INDIVIDUAL SITUATION.

FORM 990, PART VI, SECTION A, LINE 2: THE CHAIRMAN OF THE BOARD IS THE  
EXECUTIVE DIRECTOR FOR BROTHERS OF THE CHRISTIAN SCHOOLS. OCEAN TIDES RENTS  
FACILITIES AND PURCHASES SERVICES FROM CHRISTIAN BROTHERS. ALSO, 3 BOARD  
MEMEBERS WORK TOGETHER AT OCEAN TIDES.

FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT/CEO OF THE  
ORGANIZATION REVIEWS THE FORM 990 BEFORE IT IS FILED. A COPY OF THE TAX  
RETURN IS EMAILED TO ALL MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C: THE PRESIDENT/CEO OF OCEAN TIDES  
RECEIVES COPIES OF THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE CHAIR OF THE BOARD AND FINANCE  
COMMITTEE IS RESPONSIBLE FOR REVIEWING AND APPROVING THE COMPENSATION OF THE  
CEO EVERY THREE YEARS. THE OTHER OFFICERS COMPENSATION ARE ALSO REVIEWED  
AND APPROVED BY THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18: THE FORM 1023 AND FORM 990 IS ALSO  
AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT  
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE  
PUBLIC UPON REQUEST.

Name of the organization

OCEAN TIDES, INC.

Employer identification number

05-0366306

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-2,798.

SCHEDULE L, PART IV, LINE B

RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION CONTINUED

CHAIRMAN OF THE BOARD OF TRUSTEES FOR THE ORGANIZATION.

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

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047  
**2010**  
**Open to Public Inspection**

Name of the organization

OCEAN TIDES, INC.

Employer identification number  
**05-0366306**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(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** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BROTHERS OF THE CHRISTIAN SCHOOLS, PROVINCE OF LONG ISLAND - NEW ENGLAND - 0, 635 OCEAN RD, NARRAGANSETT, RI 02882	OVERSEES THE FISCAL AND RELIGIOUS EDUCATION ACTIVITIES OF NARRAGANSETT	RHODE ISLAND	501(C)(3)	170	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2010

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

		Yes	No
<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
<b>1</b> 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?			
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b>	Gift, grant, or capital contribution to other organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from other organization(s)		X
<b>d</b>	Loans or loan guarantees to or for other organization(s)		X
<b>e</b>	Loans or loan guarantees by other organization(s)		X
<b>f</b>	Sale of assets to other organization(s)		X
<b>g</b>	Purchase of assets from other organization(s)		X
<b>h</b>	Exchange of assets		X
<b>i</b>	Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b>	Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b>	Sharing of paid employees		X
<b>o</b>	Reimbursement paid to other organization for expenses		X
<b>p</b>	Reimbursement paid by other organization for expenses		X
<b>q</b>	Other transfer of cash or property to other organization(s)		X
<b>r</b>	Other transfer of cash or property from other organization(s)		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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
BROTHERS OF THE CHRISTIAN SCHOOLS, (1) PROVINCE OF LONG ISLAND - NEW ENGLAND	J	517,490.CONTRACT	
BROTHERS OF THE CHRISTIAN SCHOOLS, (2) PROVINCE OF LONG ISLAND - NEW ENGLAND	O	453,410.CONTRACT	
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Lined area for supplemental information.

# OCEAN TIDES, INC. [108] Depreciation Expense

Financial  
07/01/2011 - 06/30/2012

Asset ID	Description	Life	Date Acq.	Date In Service	Method	Conv.	Cost / Basis	Other	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	NetBook Value
000179	Norton Antivirus (70 Licenses, Providence)	3.0000	12/7/2001	12/7/2001	SL	N/A	2,105.00		2,105.00	0.00	2,105.00	0.00
000197	Concourse Library Software & eZcat Software	3.0000	1/6/2003	1/6/2003	SL	N/A	9,673.00		9,673.00	0.00	9,673.00	0.00
000200	Norton Antivirus Corporate - Academic Renew	3.0000	12/9/2002	12/9/2002	SL	N/A	2,415.00		2,415.00	0.00	2,415.00	0.00
000201	4 Sonic Walls & 1 Officeconnect 16 Port Switch	5.0000	10/10/2002	10/10/2002	SL	N/A	2,489.00		2,489.00	0.00	2,489.00	0.00
000206	7 Computers	5.0000	8/7/2003	8/7/2003	SL	N/A	5,618.00		5,618.00	0.00	5,618.00	0.00
000207	IBM Server	5.0000	8/19/2003	8/19/2003	SL	N/A	5,600.00		5,600.00	0.00	5,600.00	0.00
000208	PC System, inc printer	5.0000	1/21/2004	1/21/2004	SL	N/A	1,798.00		1,798.00	0.00	1,798.00	0.00
000227	Lexia Reading Program	3.0000	2/15/2005	2/15/2005	SL	N/A	5,700.00		5,700.00	0.00	5,700.00	0.00
000232	Sonicwall Pro 2040 Upgrade	3.0000	6/10/2005	6/10/2005	SL	N/A	2,299.00		2,299.00	0.00	2,299.00	0.00
000233	IBM X-series	5.0000	6/21/2005	6/21/2005	SL	N/A	2,950.00		2,950.00	0.00	2,950.00	0.00
000239	11 - dva3500g computers w/ monitors	5.0000	3/21/2005	3/21/2005	SL	N/A	8,789.00		8,789.00	0.00	8,789.00	0.00
000241	Symantic Antivirus licenses - 3 years	3.0000	12/12/2004	12/12/2004	SL	N/A	3,850.00		3,850.00	0.00	3,850.00	0.00
000287	Intel Computer	5.0000	12/14/2006	12/14/2006	SL	N/A	1,199.00		1,099.08	99.92	1,199.00	0.00
000288	4 - Intel Computers, Monitors & Wireless Card	5.0000	1/5/2007	2/7/2007	SL	N/A	4,615.00		4,076.58	538.42	4,615.00	0.00
000289	7 - Intel Computers, Monitor, Cables, Keyboard	5.0000	3/17/2007	2/7/2007	SL	N/A	8,157.00		7,205.35	951.65	8,157.00	0.00
000290	2 - Intel Computers, Monitors & Memory	5.0000	4/16/2007	5/15/2007	SL	N/A	1,598.00		1,331.67	266.33	1,598.00	0.00
000292	Intel Computer & Sonicwall Backup Device	5.0000	10/18/2006	10/18/2006	SL	N/A	9,699.00		9,052.40	646.60	9,699.00	0.00
000293	Computer Equipment	5.0000	7/20/2006	7/20/2006	SL	N/A	4,553.00		4,477.12	75.88	4,553.00	0.00
000163	Security Camera System For Narragansett	5.0000	1/30/2001	1/30/2001	SL	N/A	11,523.00		11,523.00	0.00	11,523.00	0.00
000172	Camera System w/ 2 exterior cameras (Waghi)	5.0000	6/12/2001	6/12/2001	SL	N/A	4,122.00		4,122.00	0.00	4,122.00	0.00
000180	Security Camera (Narragansett)	5.0000	9/21/2001	9/21/2001	SL	N/A	14,959.00		14,959.00	0.00	14,959.00	0.00
000183	Security Camera (Providence)	5.0000	8/26/2001	8/26/2001	SL	N/A	14,784.00		14,784.00	0.00	14,784.00	0.00
000188	3 Washers & 3 Dryers	5.0000	4/21/2003	4/21/2003	SL	N/A	3,360.00		3,360.00	0.00	3,360.00	0.00
000190	Furniture	10.0000	11/13/2002	11/13/2002	SL	N/A	4,207.95		3,646.93	420.80	4,067.73	140.22
000191	E.Z Dumper (Trailer)	5.0000	6/26/2002	6/26/2002	SL	N/A	2,592.00		2,592.00	0.00	2,592.00	0.00
000194	Installation of new security cameras, intercom	5.0000	7/23/2002	7/23/2002	SL	N/A	20,801.00		20,801.00	0.00	20,801.00	0.00
000199	Fitness Equipment	5.0000	12/4/2002	12/4/2002	SL	N/A	3,000.00		3,000.00	0.00	3,000.00	0.00
000202	Fitness Equipment - Residential	5.0000	12/4/2002	12/4/2002	SL	N/A	2,950.00		2,950.00	0.00	2,950.00	0.00
000204	Fire Alarm System	5.0000	8/24/2003	8/24/2003	SL	N/A	23,800.00		23,800.00	0.00	23,800.00	0.00
000209	Discount Safe Outlet	10.0000	5/25/2004	5/25/2004	SL	N/A	9,592.00		6,874.27	959.20	7,833.47	1,758.53
000212	Magic Chief refrigerator	5.0000	6/24/2004	6/24/2004	SL	N/A	31,000.00		31,000.00	0.00	31,000.00	0.00
000213	Projector	5.0000	8/26/2003	8/26/2003	SL	N/A	4,466.00		4,466.00	0.00	4,466.00	0.00
000214	Camera System	5.0000	9/23/2003	9/23/2003	SL	N/A	6,348.00		6,348.00	0.00	6,348.00	0.00
000215	Digital Hybrid Telephone System	7.0000	12/12/2003	12/12/2003	SL	N/A	6,450.00		6,450.00	0.00	6,450.00	0.00
000216	Security System	5.0000	10/28/2003	10/28/2003	SL	N/A	6,448.00		6,448.00	0.00	6,448.00	0.00
000217	Security System	5.0000	6/16/2004	6/16/2004	SL	N/A	9,933.00		9,933.00	0.00	9,933.00	0.00
000218	Installed camera system - Pullman House	5.0000	12/1/2004	12/1/2004	SL	N/A	7,333.00		7,333.00	0.00	7,333.00	0.00
000219	50 Twin mattresses - Narr	10.0000	6/4/2005	6/4/2005	SL	N/A	5,077.00		3,088.20	507.70	3,595.90	1,481.10
000228	TV / DVD combos - 6 for classrooms and read	5.0000	8/24/2004	8/24/2004	SL	N/A	1,200.00		1,200.00	0.00	1,200.00	0.00
000230	desks for Prov campus	10.0000	6/29/2005	6/29/2005	SL	N/A	1,582.00		962.39	158.20	1,120.59	461.41
000231	desks for Narragansett campus	10.0000	6/29/2005	6/29/2005	SL	N/A	1,581.00		961.78	158.10	1,119.88	461.12
000237	2 security cameras - Hillside House	5.0000	8/23/2004	8/23/2004	SL	N/A	1,485.00		1,485.00	0.00	1,485.00	0.00
000238	Camera system	5.0000	8/23/2004	8/23/2004	SL	N/A	3,907.00		3,907.00	0.00	3,907.00	0.00
000243	ID Card printer	5.0000	9/10/2004	9/10/2004	SL	N/A	4,224.00		4,224.00	0.00	4,224.00	0.00
000275	Surveillance System (26 Cameras, 2 DVRs, 2	5.0000	2/28/2007	2/28/2007	SL	N/A	47,975.00		41,578.33	6,396.67	47,975.00	0.00
000277	Student desk, chair, drawer table & Bed	10.0000	3/5/2007	3/5/2007	SL	N/A	6,210.00		2,691.00	621.00	3,312.00	2,898.00
000279	2 Digital Projectors (Providence & Narragansett	5.0000	10/30/2006	10/30/2006	SL	N/A	2,253.00		2,102.80	150.20	2,253.00	0.00
000280	Office Furniture	10.0000	4/23/2007	4/23/2007	SL	N/A	10,025.00		4,177.08	1,002.50	5,179.58	4,845.42
000282	Chair	10.0000	3/15/2007	3/15/2007	SL	N/A	2,183.00		945.97	218.30	1,164.27	1,018.73
000283	Classroom Desks & Chairs	10.0000	12/29/2006	12/29/2006	SL	N/A	7,097.00		3,193.65	709.70	3,903.35	3,193.65
000284	Computer Telephone upgrades	5.0000	3/15/2007	3/15/2007	SL	N/A	15,942.00		13,816.40	2,125.60	15,942.00	0.00
000294	(9) Sofas, (5) Loveseats, & (9) Chairs	10.0000	12/18/2006	12/18/2006	SL	N/A	10,927.00		4,917.15	1,092.70	6,009.85	4,917.15
000173	Improvements to Providence Campus	20.0000	4/10/2001	4/10/2001	SL	N/A	49,715.63		25,231.89	2,485.78	27,717.67	21,997.96

# OCEAN TIDES, INC. [108] Depreciation Expense

Financial

07/01/2011 - 06/30/2012

Sorted: <None>

Asset ID	Description	Life	Date Acq.	Datein Service	Method / Conv.	Cost / Other Basis	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	NetBook Value
000175	Kitchen Sink & Cabinets (Galogly House)	20.0000	12/30/2001	12/30/2001	SL / N/A	3,161.00	1,514.65	158.05	1,672.70	1,488.30
000177	Plumbing Improvements (Narragansett)	20.0000	9/17/2001	9/17/2001	SL / N/A	3,184.00	1,565.47	159.20	1,724.67	1,459.33
000178	Window Replacement (Narragansett)	20.0000	2/27/2002	2/27/2002	SL / N/A	5,796.00	2,728.95	289.80	3,018.75	2,777.25
000182	Windows on Bottom Floor (Narragansett)	20.0000	9/28/2001	9/28/2001	SL / N/A	5,000.00	2,498.33	290.00	2,788.33	2,291.67
000184	Plastering Classrooms (Narragansett)	20.0000	2/2/2002	2/2/2002	SL / N/A	6,000.00	2,872.08	305.00	3,177.08	2,922.92
000185	Solid Core Door (Pullman)	20.0000	12/31/2001	12/31/2001	SL / N/A	2,100.00	1,312.92	137.00	1,449.92	1,290.08
000186	Floor & Cateria renovations	20.0000	6/15/2002	6/15/2002	SL / N/A	25,000.00	11,354.17	1,250.00	12,604.17	12,395.83
000187	Emergency Lighting & Associated Wiring	20.0000	3/28/2003	3/28/2003	SL / N/A	3,725.00	1,552.08	186.25	1,738.33	1,986.67
000189	Emergency Lighting & Associated Wiring & Mi	20.0000	3/28/2003	3/28/2003	SL / N/A	5,162.00	2,150.83	258.10	2,408.93	2,753.07
000193	Renovations at Providence Campus School	20.0000	8/29/2002	8/29/2002	SL / N/A	64,386.98	28,705.87	3,219.35	31,925.22	32,461.76
000198	Rewiring of all exit signs in halls & stairways	20.0000	8/29/2002	8/29/2002	SL / N/A	5,446.00	2,428.01	272.30	2,700.31	2,745.69
000205	Building Improvements	20.0000	8/24/2003	8/24/2003	SL / N/A	4,725.00	1,870.31	236.25	2,106.56	2,618.44
000211	Building Improvements	20.0000	4/22/2004	4/22/2004	SL / N/A	22,890.00	9,515.00	1,144.50	10,659.50	12,230.50
000229	Prov campus - replace roof on Stair tower, etc	20.0000	6/29/2005	6/29/2005	SL / N/A	5,993.00	1,922.87	299.65	2,122.52	3,870.48
000240	Statue of St John Baptiste w/ children	20.0000	2/18/2005	2/18/2005	SL / N/A	3,075.00	986.56	153.75	1,140.31	1,934.69
000242	Lab room + class rooms renovations, repairs	20.0000	9/7/2004	9/7/2004	SL / N/A	17,640.00	6,027.00	882.00	6,909.00	10,731.00
000244	Lab workstations - cabinets, counters, sinks, r	20.0000	8/12/2004	8/12/2004	SL / N/A	10,945.00	3,785.15	547.25	4,332.40	6,612.60
000245	Lab - fume hood, lab fixtures, hazardous matt	20.0000	8/3/2004	8/3/2004	SL / N/A	5,884.00	2,034.88	294.20	2,329.08	3,554.92
000295	Electrical Wiring (Jim's Office & Data)	20.0000	3/28/2007	3/28/2007	SL / N/A	3,060.00	650.25	153.00	803.25	2,256.75
000296	Garden Fence	20.0000	12/19/2006	12/19/2006	SL / N/A	4,120.00	927.00	206.00	1,133.00	2,987.00
000005	WINDOWS	20.0000	10/23/1990	10/23/1990	SL / N/A	17,974.00	17,974.00	0.00	17,974.00	0.00
000009	BATHROOM PARTITIONS	20.0000	2/2/1991	2/2/1991	SL / N/A	3,150.00	3,150.00	0.00	3,150.00	0.00
000011	WORK BENCHES	10.0000	1/22/1991	1/22/1991	SL / N/A	2,600.00	2,600.00	0.00	2,600.00	0.00
000028	FILE CABINET	10.0000	4/24/1990	4/24/1990	SL / N/A	786.00	786.00	0.00	786.00	0.00
000030	COUNSELING ROOM	20.0000	2/15/1989	2/15/1989	SL / N/A	4,000.00	4,000.00	0.00	4,000.00	0.00
000031	GH- KITCHEN/BATH	20.0000	5/20/1997	5/20/1997	SL / N/A	1,500.00	1,062.50	75.00	1,137.50	362.50
000040	2 DOORS	20.0000	2/7/1992	2/7/1992	SL / N/A	10,874.00	10,556.84	317.16	10,874.00	0.00
000049	RENOVATIONS	10.0000	6/1/1993	6/1/1993	SL / N/A	4,400.00	4,400.00	0.00	4,400.00	0.00
000053	CURTAIN - GYM	10.0000	1/28/1993	1/28/1993	SL / N/A	3,356.00	3,356.00	0.00	3,356.00	0.00
000054	CARPETING - STAGE	10.0000	6/7/1993	6/7/1993	SL / N/A	2,883.00	2,883.00	0.00	2,883.00	0.00
000057	WH: PAVE DRIVEWAY	20.0000	4/25/1997	4/25/1997	SL / N/A	3,250.00	2,315.63	162.50	2,478.13	771.87
000060	2 16' CLOSETS	20.0000	6/13/1994	6/13/1994	SL / N/A	4,770.00	4,074.38	238.50	4,312.88	457.12
000067	WAGNER-KIT/BTH FLOOR	10.0000	3/24/1994	3/24/1994	SL / N/A	1,831.00	1,831.00	0.00	1,831.00	0.00
000069	LEXINGTON-STORMDOORS	20.0000	3/8/1994	3/8/1994	SL / N/A	717.00	621.40	35.85	657.25	59.75
000071	BOILER PLANT	30.0000	1/31/1994	1/31/1994	SL / N/A	87,700.00	51,158.28	2,923.33	54,081.61	33,618.39
000075	DORM WALLS & PLASTER NARR	20.0000	6/30/1994	6/30/1994	SL / N/A	8,614.00	7,357.79	430.70	7,788.49	825.51
000076	ROOFING	30.0000	10/12/1994	10/12/1994	SL / N/A	4,620.00	2,579.50	154.00	2,733.50	1,886.50
000080	BATHROOM RENOVATION	20.0000	6/30/1995	6/30/1995	SL / N/A	2,774.00	2,230.76	138.70	2,369.46	404.54
000084	ST. RAYS RENOVATIONS	20.0000	6/27/1995	6/27/1995	SL / N/A	22,617.00	18,187.84	1,130.85	19,318.69	3,298.31
000085	COMPUTER CENTER	20.0000	6/30/1995	6/30/1995	SL / N/A	7,635.00	6,139.81	381.75	6,521.56	1,113.44
000089	GH-FREEZER	20.0000	1/19/1996	1/19/1996	SL / N/A	200.00	200.00	0.00	200.00	0.00
000094	WH-DOOR/COUNTERTOPS	20.0000	2/9/1996	2/9/1996	SL / N/A	2,000.00	1,541.67	100.00	1,641.67	358.33
000095	GH-HEATING REPAIR	20.0000	3/5/1996	3/5/1996	SL / N/A	2,445.00	1,874.50	122.25	1,996.75	448.25
000100	PC GAS SYS/GREENHSE	20.0000	12/15/1995	12/15/1995	SL / N/A	4,732.00	3,684.42	236.60	3,921.02	810.98
000102	WH- BATHROOM	20.0000	2/28/1997	2/28/1997	SL / N/A	5,374.00	3,873.76	268.70	4,142.46	1,231.54
000105	MISC	10.0000	11/26/1996	11/26/1996	SL / N/A	895.00	895.00	0.00	895.00	0.00
000109	POWER MOWER	5.0000	4/17/1997	4/17/1997	SL / N/A	2,900.00	2,900.00	0.00	2,900.00	0.00
000112	PORTABLE SCOREBOARD	5.0000	12/7/1996	12/7/1996	SL / N/A	1,064.00	1,064.00	0.00	1,064.00	0.00
000114	BACKBOARDS FOR GYM	10.0000	11/16/1996	11/16/1996	SL / N/A	2,840.00	2,840.00	0.00	2,840.00	0.00
000115	CLOSETS	20.0000	10/23/1996	10/23/1996	SL / N/A	4,048.00	2,985.40	202.40	3,187.80	860.20
000117	SECURITY SYSTEM	10.0000	8/21/1996	8/21/1996	SL / N/A	2,300.00	2,300.00	0.00	2,300.00	0.00
000120	ROOF REPLACEMENT	20.0000	6/17/1997	6/17/1997	SL / N/A	6,105.00	4,298.94	305.25	4,604.19	1,500.81
000125	OT- L/H Imprvt	20.0000	9/30/1997	9/30/1997	SL / N/A	29,392.00	20,329.47	1,469.60	21,799.07	7,592.93

OCEAN TIDES, INC. [108]  
 Depreciation Expense

Financial

07/01/2011 - 06/30/2012

Asset ID	Description	Life	Date Acq.	Datein Service	Method Conv.	Cost / Other Basis	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	NetBook Value
000126	HH: RENOVATIONS	10 0000	5/15/1998	5/15/1998	SL / N/A	4,200.00	4,200.00	0.00	4,200.00	0.00
000127	HH START UP COSTS	10 0000	2/27/1998	2/27/1998	SL / N/A	25,091.00	25,091.00	0.00	25,091.00	0.00
000129	OT: FURN/FIXTURES	10 0000	1/1/1998	1/1/1998	SL / N/A	18,461.00	18,461.00	0.00	18,461.00	0.00
000130	HH: RENOVATIONS	20 0000	1/1/1998	1/1/1998	SL / N/A	25,369.00	1,268.45	1,268.45	18,392.53	6,976.47
000134	GH: HOT WATER TANK	20 0000	2/27/1998	2/27/1998	SL / N/A	1,102.00	739.26	55.10	794.36	307.64
000137	WH BEDS/DESKS/ETC	10 0000	3/24/1998	3/24/1998	SL / N/A	7,146.00	7,146.00	0.00	7,146.00	0.00
000138	WH STOVE	10 0000	4/8/1998	4/8/1998	SL / N/A	613.00	613.00	0.00	613.00	0.00
000139	OT: UTILITY TABLES	10 0000	4/21/1998	4/21/1998	SL / N/A	1,472.00	1,472.00	0.00	1,472.00	0.00
000141	PC: INTERCOMS/LOCKS	20 0000	5/27/1998	5/27/1998	SL / N/A	634.00	417.38	31.70	449.08	184.92
000142	OT: TABLES/MISC	10 0000	6/23/1998	6/23/1998	SL / N/A	385.00	385.00	0.00	385.00	0.00
000143	GH: KITCHEN RENOVATN	20 0000	6/26/1998	6/26/1998	SL / N/A	6,150.00	4,023.13	307.50	4,330.63	1,819.37
000144	WH BLDG MISC	10 0000	6/26/1998	6/26/1998	SL / N/A	290.00	290.00	0.00	290.00	0.00
000145	HH RENOVATIONS	20 0000	3/17/1998	3/17/1998	SL / N/A	6,440.00	4,293.33	322.00	4,615.33	1,824.67
000146	OT: RENOVATIONS	20 0000	4/30/1998	4/30/1998	SL / N/A	5,032.00	3,333.70	251.60	3,585.30	1,446.70
000149	OT: EXPANSION RENOV	20 0000	1/17/1997	1/17/1997	SL / N/A	5,216.00	3,564.27	260.80	3,825.07	1,390.93
000152	GH: RENOVATIONS	20 0000	1/12/1999	1/12/1999	SL / N/A	27,520.00	17,200.00	1,376.00	18,576.00	8,944.00
000153	HH: SAFETY RENOVATIO	20 0000	11/6/1998	11/6/1998	SL / N/A	3,200.00	2,026.67	160.00	2,186.67	1,013.33
000154	GH: RENOVATION/REPR	20 0000	6/30/1999	6/30/1999	SL / N/A	54,985.00	33,220.10	2,749.25	35,969.35	19,015.65
000155	LOCKERS & LOCKS	20 0000	6/30/1999	6/30/1999	SL / N/A	3,262.00	1,970.79	163.10	2,133.89	1,128.11
000156	PC: RENOVATIONS	20 0000	10/15/1998	10/15/1998	SL / N/A	160,585.00	102,372.94	8,029.25	110,402.19	50,182.81
000157	FLOOR COVERINGS	10 0000	6/30/2000	6/30/2000	SL / N/A	5,400.00	5,400.00	0.00	5,400.00	0.00
000164	REPORT STONEWORK	20 0000	3/15/2000	3/15/2000	SL / N/A	18,700.00	10,596.67	935.00	11,531.67	7,168.33
000165	W WARWICK RENOVATION	20 0000	1/15/1999	1/15/1999	SL / N/A	23,400.00	13,650.00	1,170.00	14,820.00	8,580.00
000166	CRANSTON IMPROVEMENT	20 0000	3/28/2000	3/28/2000	SL / N/A	11,665.00	6,610.17	563.25	7,193.42	4,471.58
000167	PULLMAN HOUSE RENOVA	20 0000	6/30/2000	6/30/2000	SL / N/A	113,971.00	63,158.93	5,698.55	68,857.48	45,113.52
000203	Building Improvements	20 0000	8/24/2003	8/24/2003	SL / N/A	13,685.00	5,416.98	684.25	6,101.23	7,583.77
000312	Major renovations on school & dorm	30 0000	1/31/2007	1/31/2007	SL / N/A	2,430,279.00	357,791.08	81,009.30	438,800.38	1,991,478.62
000220	Library books - Narragansett	7 0000	6/9/2005	9/1/2005	SL / N/A	11,157.00	9,297.52	1,593.86	10,891.38	265.62
000221	Library books	7 0000	6/10/2005	9/1/2005	SL / N/A	5,366.00	4,471.66	766.57	5,238.23	127.77
000222	Encyclopedia Americana for library	7 0000	6/9/2005	9/1/2005	SL / N/A	1,998.00	1,665.01	285.43	1,950.44	47.56
000223	Library books	7 0000	6/10/2005	9/1/2005	SL / N/A	1,480.00	1,233.34	211.43	1,444.77	35.23
000224	library books	7 0000	6/10/2005	9/1/2005	SL / N/A	1,201.00	1,000.82	171.57	1,172.39	28.61
000225	Reading labs - 2	7 0000	6/10/2005	9/1/2005	SL / N/A	1,405.00	1,170.81	200.71	1,371.52	33.48
000226	Books - study skills, grammar, writing - Weise	7 0000	6/8/2005	9/1/2005	SL / N/A	1,786.00	1,488.32	255.14	1,743.46	42.54
000246	Camera System	5 0000	5/1/2006	5/1/2006	SL / N/A	7,168.00	7,168.00	0.00	7,168.00	0.00
000247	(3) queen size sofas	10 0000	1/20/2006	1/20/2006	SL / N/A	2,657.52	1,439.48	265.75	1,705.23	952.29
000248	Carpet - lower dorm	20 0000	2/7/2006	2/7/2006	SL / N/A	3,200.00	866.67	160.00	1,026.67	2,173.33
000249	(2) Notebook Computer	5 0000	10/7/2005	10/7/2005	SL / N/A	1,698.00	1,698.00	0.00	1,698.00	0.00
000250	Notebook Mobile Security Cart	5 0000	8/25/2005	8/25/2005	SL / N/A	25,174.00	25,174.00	0.00	25,174.00	0.00
000251	(2) Notebook Computers	5 0000	9/15/2005	9/15/2005	SL / N/A	1,698.00	1,698.00	0.00	1,698.00	0.00
000252	Firewall software	3 0000	9/30/2005	9/30/2005	SL / N/A	1,996.00	1,996.00	0.00	1,996.00	0.00
000253	Installation of wireless setup	5 0000	8/23/2005	8/23/2005	SL / N/A	1,912.90	1,912.90	0.00	1,912.90	0.00
000254	Computer & printer	5 0000	9/13/2005	9/13/2005	SL / N/A	2,944.99	2,944.99	0.00	2,944.99	0.00
000255	Computer & monitor	5 0000	7/12/2005	7/12/2005	SL / N/A	1,048.00	1,048.00	0.00	1,048.00	0.00
000256	Leasehold imp - stripping & resealing floors	20 0000	9/23/2005	9/23/2005	SL / N/A	1,800.00	517.50	90.00	607.50	1,192.50
000257	(2) Notebook carts & printer	5 0000	2/28/2006	2/28/2006	SL / N/A	29,009.00	29,009.00	0.00	29,009.00	0.00
000258	Installation of new panels & switch lighting in	20 0000	2/23/2006	2/23/2006	SL / N/A	6,479.34	1,678.60	323.97	2,002.57	4,476.77
000261	Oven	7 0000	6/5/2006	6/5/2006	SL / N/A	6,148.50	4,465.00	878.36	5,343.36	805.14
000262	Smartboard project and installation	5 0000	6/9/2006	6/9/2006	SL / N/A	16,480.00	16,480.00	0.00	16,480.00	0.00
000263	Various Educational Furniture	10 0000	2/10/2006	2/10/2006	SL / N/A	8,976.00	4,862.00	897.60	5,759.60	3,216.40
000264	Computers and monitors	5 0000	3/7/2006	3/7/2006	SL / N/A	4,508.00	4,508.00	0.00	4,508.00	0.00
000265	Computers & Monitors	5 0000	3/7/2006	3/7/2006	SL / N/A	4,508.00	4,508.00	0.00	4,508.00	0.00
000266	Computers & monitors	5 0000	6/9/2006	6/9/2006	SL / N/A	8,000.00	8,000.00	0.00	8,000.00	0.00

### OCEAN TIDES, INC. [108] Depreciation Expense

Financial

07/01/2011 - 06/30/2012

Asset ID	Description	Life	Date Acq.	Dateln Service	Method Conv.	Cost / Other Basis	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	NetBook Value
000267	Computers & Monitors	5	0000	6/9/2006	6/9/2006	SL / N/A	3,868.00	0.00	3,868.00	0.00
000268	16 Channel DVR w/ CD burner	5	0000	12/1/2005	12/1/2005	SL / N/A	2,485.00	0.00	2,485.00	0.00
000269	Grill	5	0000	6/12/2006	6/12/2006	SL / N/A	2,360.00	0.00	2,360.00	0.00
000270	Various Furniture	10	0000	6/21/2006	6/21/2006	SL / N/A	45,473.12	4,547.31	27,736.55	18,189.26
000271	Various Furniture	5	0000	6/21/2006	6/21/2006	SL / N/A	35,000.00	0.00	35,000.00	0.00
000272	Computer Telephone upgrades	5	0000	6/14/2006	6/14/2006	SL / N/A	3,775.00	0.00	3,775.00	0.00
000273	Computer, cable, telephone installation	5	0000	6/20/2006	6/20/2006	SL / N/A	8,516.35	0.00	8,516.35	0.00
000274	Shed	5	0000	6/22/2006	6/22/2006	SL / N/A	5,910.00	0.00	5,910.00	0.00
000313	Hot Water Heater	20	0000	5/22/2007	5/22/2007	SL / N/A	479.34	117.39	596.73	1,750.97
000314	TV Stand	10	0000	3/6/2007	3/6/2007	SL / N/A	2,396.93	239.69	1,278.35	1,118.58
000286	Various Furniture Phase 2	10	0000	11/17/2006	11/17/2006	SL / N/A	19,431.69	1,943.17	10,849.37	8,582.32
000297	Conference Room Equipment	5	0000	6/21/2007	6/21/2007	SL / N/A	9,973.00	1,974.60	9,973.00	0.00
000298	Conference Room Equipment	5	0000	6/21/2007	6/21/2007	SL / N/A	9,383.00	1,876.60	9,383.00	0.00
000299	Storage Table w/ Doors	10	0000	6/7/2007	6/7/2007	SL / N/A	1,104.00	110.40	561.20	542.80
000300	Closed back Sofa	5	0000	6/7/2007	6/7/2007	SL / N/A	1,442.00	264.37	1,442.00	0.00
000301	Electrical Wiring Installation	20	0000	6/29/2007	6/29/2007	SL / N/A	12,100.00	605.00	3,025.00	9,075.00
000328	Computer hardware	5	0000	7/19/2007	7/19/2007	SL / N/A	3,093.00	618.60	3,041.45	51.55
000303	Nuviso 16 Channel DVR W/ Cd Burner	5	0000	11/4/2006	11/4/2006	SL / N/A	2,260.00	150.67	2,260.00	0.00
000304	Environmental Camera System	5	0000	3/18/2007	3/18/2007	SL / N/A	3,662.00	549.30	3,662.00	0.00
000305	Environmental Camera	5	0000	3/18/2007	3/18/2007	SL / N/A	5,362.00	804.30	5,362.00	0.00
000306	(2) Dining Table	10	0000	4/20/2007	4/20/2007	SL / N/A	648.71	64.87	335.16	313.55
000307	(12) Dining/Study Chair	10	0000	4/20/2007	4/20/2007	SL / N/A	1,277.53	127.75	660.04	617.49
000308	Intel Pentium M753	5	0000	6/29/2007	6/29/2007	SL / N/A	3,116.00	623.20	3,116.00	0.00
000309	IBM X3400 Xeon	5	0000	6/28/2007	6/28/2007	SL / N/A	6,000.00	1,200.00	6,000.00	0.00
000310	Pipe in Crawl Space	20	0000	1/11/2007	1/11/2007	SL / N/A	850.00	42.50	233.75	616.25
000311	Pipe in Gym	20	0000	1/11/2007	1/11/2007	SL / N/A	2,750.00	137.50	756.25	1,993.75
000316	Fire code repair work	20	0000	4/29/2008	4/29/2008	SL / N/A	65,833.29	3,291.66	13,715.25	52,118.04
000317	Security cameras	5	0000	6/17/2008	6/17/2008	SL / N/A	2,897.61	965.87	3,863.48	965.85
000318	Security cameras	5	0000	6/17/2008	6/17/2008	SL / N/A	2,414.67	482.93	1,931.72	482.95
000319	Ceiling repair in classrooms 7 & 8 and basem	20	0000	8/29/2007	8/29/2007	SL / N/A	4,498.21	224.91	1,087.06	3,411.15
000320	Electrical wiring and GFI recepticals	20	0000	8/29/2007	8/29/2007	SL / N/A	2,064.68	103.23	498.94	1,565.74
000321	School improvements	20	0000	10/27/2007	10/27/2007	SL / N/A	4,654.14	232.71	1,085.98	3,568.16
000322	Replacement windows in Wagner House	20	0000	10/27/2007	10/27/2007	SL / N/A	2,076.36	380.67	484.49	1,591.87
000323	Fire code and drainage improvements	20	0000	10/27/2007	10/27/2007	SL / N/A	3,952.00	197.60	922.13	3,029.87
000324	Window screens and repairs in Wagner Hous	20	0000	7/30/2007	7/30/2007	SL / N/A	2,073.34	103.67	509.71	1,563.63
000329	Sonicwall for computer security	3	0000	7/1/2007	7/1/2007	SL / N/A	3,830.00	0.00	3,830.00	0.00
000326	Improvements to Hillside House	20	0000	11/1/2007	11/1/2007	SL / N/A	9,166.34	458.32	2,138.83	7,027.51
000327	Electrical wiring and fixtures	20	0000	7/16/2007	7/16/2007	SL / N/A	2,710.00	135.50	677.50	2,032.50
000330	Sonicwall computer security	3	0000	10/26/2007	10/26/2007	SL / N/A	2,067.00	0.00	2,067.00	0.00
000331	Surveillance camera system	5	0000	10/1/2007	10/1/2007	SL / N/A	3,780.00	756.00	3,591.00	189.00
000332	Dining room furniture-Gallogly House	10	0000	6/26/2009	6/26/2009	SL / N/A	1,973.00	197.30	591.90	1,381.10
000342	Canon IR 5570 w/ Finisher Copier	5	0000	12/18/2009	12/18/2009	SL / N/A	6,921.35	1,384.27	3,460.68	3,460.67
000334	Dining room furniture-Hillside House	10	0000	6/26/2009	6/26/2009	SL / N/A	1,973.00	197.30	591.90	1,381.10
000335	Dining room furniture-Pullikan house	10	0000	6/26/2009	6/26/2009	SL / N/A	1,757.00	175.70	527.10	1,229.90
000336	2 State Report Module Software	5	0000	5/22/2009	5/22/2009	SL / N/A	1,166.67	560.00	1,726.67	1,073.33
000337	Oneida Air Systems-Woodburning room	5	0000	4/3/2009	4/3/2009	SL / N/A	3,405.54	681.11	2,213.61	1,191.93
000338	(2) 4drawer file cabinets	10	0000	8/6/2008	8/6/2008	SL / N/A	3,599.90	359.99	1,409.96	2,189.94
000339	Mattresses/bed springs	10	0000	9/9/2008	9/9/2008	SL / N/A	4,925.97	492.60	1,888.30	3,037.67
000340	Gas Char Broiler	5	0000	5/29/2009	5/29/2009	SL / N/A	5,510.71	1,102.14	3,398.26	2,112.45
000341	Install roof over stair tower	20	0000	2/26/2009	2/26/2009	SL / N/A	6,171.00	308.55	1,028.50	5,142.50
000343	Microsoft Office Software (100 qty)	3	0000	7/28/2009	7/28/2009	SL / N/A	7,740.00	2,580.00	7,525.00	215.00
000344	ACER Computer Stations (17 qty)	3	0000	7/21/2009	7/21/2009	SL / N/A	10,089.08	3,363.03	9,808.84	280.24
000345	HP Designjet 510 DYE 42In Printer	5	0000	7/21/2009	7/21/2009	SL / N/A	3,431.42	686.28	2,001.65	1,429.77

OCEAN TIDES, INC. [108]  
**Depreciation Expense**

Financial  
07/01/2011 - 06/30/2012

Sorted: <None>

Asset ID	Description	Life	Date Acq.	Datein Service	Method / Conv.	Cost / Other Basis	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	NetBook Value
000346	Mimio Software System (10 qty)	3 0000	10/23/2009	10/23/2009	SL / N/A	9,678.50	5,376.95	3,226.17	8,603.12	1,075.38
000347	New Carpet and installation	15.0000	5/11/2010	5/11/2010	SL / N/A	2,962.64	230.43	197.51	427.94	2,534.70
000348	Greenhouse Unit Heater	10 0000	11/25/2009	11/25/2009	SL / N/A	4,494.00	711.55	449.40	1,160.95	3,333.05
000349	New Greenhouse	15 0000	2/3/2010	2/3/2010	SL / N/A	7,950.00	750.83	530.00	1,280.83	6,669.17
000350	Pro Cab Saw 3hp	5 0000	12/1/2010	12/1/2010	SL / N/A	2,549.00	297.38	509.80	807.18	1,741.82
000351	John Deere 7H19-54" Walk Behind	5.0000	1/1/2011	1/1/2011	SL / N/A	5,500.00	550.00	1,100.00	1,650.00	3,850.00
000352	New wires & Outfits in workshop	15.0000	11/17/2010	11/17/2010	SL / N/A	6,775.00	263.47	451.67	715.14	6,059.86
000353	Pro-1500 GE Hepa Filtration System	5 0000	3/1/2011	3/1/2011	SL / N/A	2,962.56	197.50	592.51	790.01	2,172.55
000354	Lenovo ThinkPad SL510 Notebooks (24)	5 0000	11/1/2010	11/1/2010	SL / N/A	18,456.00	2,460.80	3,691.20	6,152.00	12,304.00
000355	Desk & Chairs	7 0000	6/30/2011	7/8/2011	SL / N/A	10,986.62	0.00	1,569.52	1,569.52	9,417.10
<b>GrandTotals :</b>							<b>4,485,637.49</b>	<b>1,712,490.58</b>	<b>1,909,785.60</b>	<b>2,575,851.89</b>

# 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
- 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.*

<b>Type or print</b>	Name of exempt organization <b>OCEAN TIDES, INC.</b>	Employer identification number <b>05-0366306</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>635 OCEAN ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NARRAGANSETT, RI 02882</b>	

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

0 1

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

**GAIL SULLIVAN**

- The books are in the care of ▶ **635 OCEAN ROAD - NARRAGANSETT, RI 02882**  
Telephone No ▶ **401-789-1016** 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 **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

**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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  
LHA For Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev. 1-2011)