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Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and e	ending J	<u>UN 30, 2011</u>							
<b>B</b> c	heck if	C Name of organization		D Employer identific	cation number						
a	pplicable	RHODE ISLAND PARENT INFORMATION									
	Addres	NETWORK, INC.									
一	Name			05-0	457336						
<u> </u>	Initial return		Room/surte	E Telephone number							
$\vdash$	Termin	·	ilooni salto		270-0101						
<u> </u>	⊸ated ∏Amend			4 444 550							
<u> </u>	_iretum ∏Applica	City or town, state or country, and ZIP + 4									
_	⊥tion pendin	CRANSION, RI 02320		H(a) Is this a group re							
		F Name and address of principal officer MATTHEW COX		for affiliates?	Yes X No						
		SAME AS C ABOVE		H(b) Are all affiliates inc							
		mpt status: X 501(c)(3) 501(c)( )	r 527	1	list (see instructions)						
		e:▶ WWW.RIPIN.ORG		H(c) Group exemption							
		organization: X Corporation	L Year	of formation: 1990 N	State of legal domicile; RI						
Pa		Summary									
ø	1	Briefly describe the organization's mission or most significant activities INFOR	RMATIO	N SERVICES							
Governance											
13	2	Check this box   (if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets						
Ş		Number of voting members of the governing body (Part VI, line 1a)		3	9						
Ğ	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	9						
ລ ຊ		Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	115						
Z i	1	Fotal number of volunteers (estimate if necessary)	-	. 6	5						
		Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
∌ઁ	i		et unrelated business taxable income from Form 990-T, ine 34								
	_ D	vet unrelated business taxable income from Form 990-1, the 34	<del>: :</del>	7b	0.						
SCANNED WAK Bevenue		2	-	Prior Year	Current Year						
≝ e	í	Contributions and grants (Part VIII, line 1h)	-	3,410,680.	4,304,369.						
<b></b>		Program service revenue (Part VIII, line 2g)		85,881.	113,375.						
<u> </u>	ŀ	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	-14,959.	46.						
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	6,750.	15,022.						
دُّرِيَّةً م	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,488,352.	4,432,812.						
(0)	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		152,619.	187,172.						
UU	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,320,410.	2,953,714.						
USE	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses	Ь.	Fotal fundraising expenses (Part IX, column (D) line 25)	0.								
ŵ	ŀ	Other expenses (Part IX, column (A) Junes (14-1) 111-240		1,023,729.	1,215,708.						
	18	Total expenses, Add lines 13-17 (must equal Part IX, colling (A), line 25)		3,496,758.	4,356,594.						
	19	Revenue less expenses Subtract tige 18 from line 12		-8,406.	76,218.						
es		Total expenses Add lines 13 (must south Part IX, ceilinn (A), line 25) Revenue less expenses Subtract line 18 from line 12  Total assets (Part X, line 18)	Ra	ginning of Current Year	End of Year						
anc	an .	Total accests (Bort V fine 1871) FFB 18 1	100	614,798.	769,962.						
Net Assets or Fund Balances	20	Total liabilities (Part X, line 16)	<del> </del>	312,070.	391,016.						
net Lind	21										
		Net assets or fund balances Subtracture Promine 20		302,728.	378,946.						
	ırt II	Signature Block									
		ties of perjury, I declare that I have examined this return, including accompanying schedules		-	y knowledge and belief, it is						
true,	correct	, and <del>com</del> plete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.							
		I MAMINS BUY		2/14/18	<u> </u>						
Sign	n	Signature et officer		Vate '/							
Her	е	MATTHEW COX, EXECUTIVE DIRECTOR	1								
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid	1	BRIAN FRENETTE, CPA/MST / //	NORA	TICITA Self-employe	d						
Prep	arer	Firm's name RESTIVO MONACELLI/ LLP	v	Firm's EIN							
Use	1	Firm's address 36 EXCHANGE TERRACE									
		PROVIDENCE, RI 02903		Phone no. (	401) 273-7600						
Mar	the ID	S discuss this return with the preparer shown above? (see instructions)	<del></del>	i none no.	X Yes No						
iviay	uie ir	o discuss this return with the preparer shown above (see instructions)		· · · · · · · · · · · · · · · · · · ·	LOUITES LINO						

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

(Expenses \$ including grants of \$

) (Revenue \$

e Total program service expenses ► 3,727,221

Form 990 (2010)

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# Form 990 (2010) NETWORK, INC. 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)?	1	x	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	duning the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		
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? If "Yes, " complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	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	446		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	<del> </del> -
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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		İ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			1
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			_ v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
40	column (A), lines 6 and 11e <sup>9</sup> If "Yes," complete Schedule G, Part I	17	<u> </u>	A
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 10	1	<del>                                     </del>
19	complete Schedule G, Part III	19		Х
20	Date to the second of the seco	20a	1	X
20a h	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that		†	T
J	operate one or more hospitals must attach audited financial statements (see instructions)	20b		L
		Form	990	(2010)

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	ters of the date o			
	Old the examination report many than 65 000 of counts and other counts are a superior and account to		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		v	ĺ
~	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 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			х
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		<b>├</b> ^
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	Į I		1
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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).			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			İ
	contributions? If "Yes," complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			ĺ
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38		L 2010)
		LOUIT	33U ()	∠U IU)

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tale. Either the number reported in Box 3 of Form 1096. Enter 9-4 in out applicable be Either the number of Form W2C included in line 1a. Either 0 of not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize winners?  2a. Either the number of employees eported on Form W3. Transmittal of Wage and Tax Statements. [2a.] 115  b if at least one is reported on line 28, did the organization file all required federal employment tax returns? 2b. Interest of the calendar year onling with or within the year covered by this return. [2b.] 115  b if at least one is reported on line 28, did the organization file all required federal employment tax returns? 2b. If Yes, 'has if filed a Form 990 T for this year? If 'No, 'provide an explanation in Stendule O. 3b. If Yes, 'has if filed a Form 990 T for this year? If 'No, 'provide an explanation in Stendule O. 3b. If Yes, 'has if filed a Form 990 T for this year? If 'No, 'provide an explanation in Stendule O. 3b. If Yes, 'has if filed a Form 990 T for this year? If 'No, 'provide an explanation in Stendule O. 3b. If Yes, 'the site of the region country (such as a bank account, securities account, or other financial accounts. 3c. If Yes, 'to list the organization in the organization have not interest in or a singilar control of the gradination of the organization have reported to a file of the gradination of the organization have reported to a file of the organization have a report to a prohibited tax sheller transaction at any time during the tax year? 5b. Did any transaction a party to a prohibited tax sheller transaction? 5c. If Yes, 'to line Sa or 5b, did the organization file Form 8898 that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable? 5c. If Yes, 'to line Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gradinations that may receive ded	Pai	Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W.SG included in line 1a. Enter - 0f not applicable of bitth the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within gambling with professional payments to vendors and reportable gaming (gambling) within gambling within the pear covered by the return of the state of the calendar year ending with or within the year covered by the return of the state of the calendar year ending with or within the year covered by the return of the state of the state of the calendar year ending with or within the year covered by the return of the state of the organization flavor of the state of the organization flavor of the state of the organization flavor of the state of the organization have unrelated business gross income of \$1,000 or more during the year?  3a Dut the organization have unrelated business gross income of \$1,000 or more during the year?  3a It is a star yith the cultural that the state of the organization have an interest in, or a signature or other authority over, a financial account? with the state organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, scuttes account, or other financial account)?  5a Was the organization a party to a prohibition that we are not party to a prohibition of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the organization flavor or TDF 90.22 1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibition of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the organization or gambling and state of the organization state of the state of the state of the organization				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) wirmings to price winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by the return.  5	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 18	,		
gambing) wrinings to prize winners?  a Either the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b I rat least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, files enstructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If Yes, here the name of the foreign country. I report of Foreign Bank and Financial accounts.  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes, in the Sac 95, did the organization freform 880F 27  5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization short any contributions that were not tax deductible?  6c Does the organization thave annual gross receipts that are normally greater than \$100,000, and did the organization short any orthrobinous that were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, i'd di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7d Unit the organization receive a payment in excess of \$7 saide partly as a contribution of underplay for which it was required to the Foreign 820°2?  7d Organizations that may receive deductible contributions under section 170(c).  8d If Yes, indicate the number of Forms 8282 filed during the year  9d Dolt the organizati	ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Eiter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements, 2a 115 b If at least one is reported on here 2a, did the organization file all required federal employment tax returns? Note, if the sum of here 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3b Dd the reginarization have unrelated bissness gross income of St. (000 or more during the year? 3a X Yes, and a form 990 T for the year? If "No," provide an explanation in Schedule O 3b If "Yes," has if filed a Form 990 T for the year? If "No," provide an explanation in Schedule O 3c A lat syntem during the sciendary year, of the organization have unniferest in, or a significant or foreign country (such as a bank account, socienties account, or other financial account)?  b If "Yes," earlier the name of the foreign country, Issue organization as party to a prohibited tax shelter transaction? 5a Was the organization a party to a prohibited that shelter transaction? 5b Did any taxabile party northy the organization that it was or as party to a prohibited tax shelter transaction? 5c Did she the organization and it was or as party to a prohibited tax shelter transaction? 5c Did she the organization file form 8886 it? 5c Did she the organization file that it was or as party to a prohibited tax shelter transaction? 5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 make party is a contribution and party for goods and services provided to the payor? 8 Did the organization received a contribution of quality of goods and services provided to the payor? 9 Did the organization received a contribution of undersord to a services provided? 9 Did the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1038 C? 9 Did the organizat	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field for the calendary year enting with or within the year covered by the return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Dot the organization have unrelated business gross income of \$1,000 or more during the year?  3b If 1'ves, in an if filed a form 990-17 for the year? I' No, "provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an intensitii, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  5b If "Yes," either the name of the foreign country, but has a bank account, securities account, or other financial accounts?  5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b If Yes, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b If Yes, "did the organization notify the clonor of the value of the goods or services provided?  9 b If Yes, "did the organization notify the clonor of the value of the goods or services provided?  10 b Id the organization receive any purpose of the section \$90 (the section \$90 (the supporting organization receive any under directly or indirectly, on a personal benefit contract?  10 b Id the organization received an contribution of qualified intellectual property, did the organization file a form 1098-07  13 Sponsoring		(gambling) winnings to prize winners?	1c		<u> </u>
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file, (see instructions)  Jud the organization have unrelated business gross income of \$1,000 or more during the year?  3a If yes, this is filed a form 990-T for the year? If 'No,' provide an explanation in Schedule O  At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' there the name of the foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If 'Yes,' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If 'Yes,' to line 5a or 5b, did the organization include with every solicitation and party lor goods and services provided to the organization receive apparent in excess of \$\forall she did not she year layer layer layer layer layer layer layer la	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more dump the year?  3 If "Yes," has it filed a Form 950-T for the year? If "No," provide an explanation in Schedule O  4 At Any time dump the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  4 If "Yes," enter the name of the foreign country, Inc.  5 If "Yes," enter the name of the foreign country, Inc.  5 See instructions for fitting requirements for Form TD F 80-22 1, Paport of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization file Form 8886.7?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them ent tax deductible?  6 Did the organization shall may receive deductible contributions under section 170(c).  8 Did the organization is that may receive deductible contributions under section 170(c).  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?  8 Did the organization received a contribution of the value of the goods or services provided?  9 Did the organization received as contribution of organization tongenization file Form 889 as required?  10 Did the organization received as contribution of qualified intellectual property, did the organization file Form 889 as required?  11 Did the organization received as contribution of cars, boats, ampliance, or other vehicles, did the organization file form 899 as required?  12 Did the organization received as contributions included on Part VIII, intel 12 (a) If Yes, intellectual property, di		filed for the calendar year ending with or within the year covered by this return 2a 115	1		
3a X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has filled a Form 990-T for the year? If "No," provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country, IP— See enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Did she organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that time in access of \$75 media party as a contribution and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," indicate the organization notify the donor of the value of the goods or services provided?  9 If If "Yes," indicate the number of Forms 8282 fleed during the year  1 of Life organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8899 as required?  17 If the organization increaved a contribution of cas, boats, amplianes, or other vehicles, did the organization file and form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organizations maintaining donor advised funds.  9 Did the organization make any taxable distributions under section 4966?  10 Section 501(c)(7) organizations. Enter a linitation fees and capatat contributions or clores, b		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
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b if "Yes," enter the name of the foreign country. ▶  See instructions for filing requirements for Form TD F 90·22 1, Peport of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Desire organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a JX  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  8c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c Did the organization receive a payment in excess of \$75 made partly as a contribution of angle property for which it was required to file Form 8282?  8c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9c Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  10c If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  11d the organization of a donor advised funds and section 509(a)(3) supporting organizations Did the supporting organizations. Did the supporting organization in an any traxibid estimation good and serviced funds and section 509(a)(3) supporting organization Did the supporting organization on a donor advised funds and section 509(a)(3) supporting organization file form 899 as required?  11d Did be organization make a distribution to a donor, donor advised, or oth	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9b D  10 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from emmebres or shareholders  b Gross income from emmebres or shareholders  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11a			7-		v
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			Form	990	(2010)

Form 990 (2010)

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Form 990 (2010) NETWORK, INC. 05-0457336 Page
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			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent  1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			3.7
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7-		v
	governing body?	7a		$\frac{x}{x}$
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	_7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following The governing hody?	80	x	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	80	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	1 3		Λ
000	tion D. I onoics (This Section B requests information about policies not required by the internal nevertice Gode)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1.02		
-	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
		12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	:		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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.	le for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request	~		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	statements available to the public	<u>►</u>		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organic	ation	_	
	STEVEN DULUDE - 401-270-0101 1210 PONTIAC AVENUE, CRANSTON, RI 02920			
	1210 PONTIAC AVENUE, CRANSTON, RI 02920	Form	990	2010)

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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.

(A) Name and Title	(B) Average			(C) Position				(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	heck lustitutonal trustee			Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MAXIMO ARIAS										
CHAIRPERSON	1.00	X	-	X	<u> </u>	<u> </u>		0.	0.	0.
KATHLEEN DICHIARA										•
VICE-CHAIR	1.00	X		X	ļ	<u> </u>	<u> </u>	0.	0.	0.
STEPHEN A FURTADO								_	_	
TREASURER	1.00	X	<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.
JOSE GONZALEZ, ED.D										
BOARD MEMBER	1.00	X		_		ļ		0.	0.	0.
DAVID HAMEL								_	_	
BOARD MEMBER	1.00	X	_	<u> </u>		_	<u> </u>	0.	0.	0.
WILLIAM HOLLINSHEAD, MD, MPH			1							
BOARD MEMBER	1.00	Х	<u> </u>	ļ		_	ļ	0.	0.	0.
REBECCA KISLAK, ESQ									_	_
SECRETARY	1.00	X	<u> </u>	X		<u> </u>		0.	0.	0.
DALE LONGWORTH			1			}	l		_	_
BOARD MEMBER	1.00	X	<b>!</b>			<u> </u>	<u> </u>	0.	0.	0.
LOUIS J SIMON, CPA, MST									_	_
BOARD MEMBER	1.00	Х		_	_	<u> </u>	<u> </u>	0.	0.	0.
MATTHEW COX										
EXECUTIVE DIRECTOR	40.00			X	-	<u> </u>	ļ	75,176.	0.	5,910.
STEVEN DULUDE			1	l						
DIRECTOR OF FINANCE	40.00			X				60,861.	0.	5,910.

Form 990 (2010)

Part VII	Section A. Officers, Directors, Tru	stees, Key Er	npk	oyee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	2)			(D)	(E)			(F)	
	Name and title	Average hours per	6	heck	Posi			lv)	Reportable	Reportable			mate	
		week	-(0	licer		liiai	арр	יעיי	compensation from	compensation from related			ount c ther	)1
		(describe	rector						the	organizations		comp		ion
		hours for related	90.0	itee			sated		organization	(W-2/1099-MISC	<i>i</i> )		m the	
		organizations	truste	ial trus		),ce	omper		(W-2/1099-MISC)			_	nizatıd relate	
		ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	喜			1	organ		
		0)	를	SE.	5	ā	₹ E	8			$\dashv$			
											ŀ			
		-						_			$\dashv$			
							$\vdash$			<del>-</del>	$\dashv$			
	<u> </u>													
				<u> </u>			ļ	ļ			$\dashv$			
			ļ	├			<u> </u>	-			$\dashv$			
											十			
				-										
				_			ļ	<u> </u>			$\rightarrow$			
		l i				l I								
4 h C - h			L	<u></u>			<u> </u>	<u> </u>	136,037.		0.	11	, 82	20
1b Sub-	-tota। il from continuation sheets to Part VI	I Section A							130,037.		0.		, 02	0.
	il (add lines 1b and 1c)	i, occuon A							136,037.		0.	11	, 82	
	I number of individuals (including but n	ot limited to th	nose	liste	ed at	bov	e) wl	ho r		,000 in reportable				
com	pensation from the organization											<del></del>		0
											г		/es	No
	the organization list any former officer,			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on		_	1	v
	1a? If "Yes," complete Schedule J for s any individual listed on line 1a, is the su			-m-	oneo	ation	200	4 041	her compensation from	the organization	-	3		<u> </u>
	related organizations greater than \$150									trie organization		4		X
	any person listed on line 1a receive or a									dual for services	f			
	lered to the organization? If "Yes," com											5		X
	3. Independent Contractors													
	plete this table for your five highest co	mpensated inc	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensa	ation fro	om	
the	organization NONE		-									(C)		
	(A) Name and business	address							<b>(B)</b> Description of s	ervices	Co	(C) ompen		1
-														
								_						
-								_		<del></del>				
								İ						
						_	-							
	Il number of independent contractors (i	_	ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100	0,000 in compensation from the organi	zation 🕨					0						OC :-	
											F	Form 9	<b>Y</b> U (2	(010

		Statement of Revenu			(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		1a	<del></del>	_			
g a	ь	•	. 1b	<del>-</del>	_			
ar ts	С	Fundraising events	1c					
<u>ig</u> ig	d	•	1d		_			
S.E		Government grants (contribution		352,754.	<u>. </u>	1		
er i	f	All other contributions, gifts, grants,	1 1					
ફ		similar amounts not included above	1f	951,615.	<u>. </u>			
<u> </u>	_	Noncash contributions included in lines 1a	i-1f \$					
OB	<u>h</u>	Total. Add lines 1a-1f	<u>.</u>	<u> </u>	4,304,369.		<del></del>	
		DD00D114 00D11400		Business Code		440 000		
<u>ğ</u>	2 a	PROGRAM SERVICE		621300	113,375.	113,375.		
e S	b		•					
E S	С							
Reg	d		<del></del>	<u> </u>				1
Program Service Revenue	e	All Albania						
_	f		ie e		113,375.	-	<del></del>	<del>                                     </del>
	<u>9</u>	Total. Add lines 2a-2f	udondo intor	not and	113,3/3.			
	3	Investment income (including di other similar amounts)	viderius, iriter	est, and	46.			46.
	4	Income from investment of tax-e	vernet bond :	rocoods	40.		·	40.
	5	Royalties	skempt bond )	Dioceeds			<del></del>	
	•	Tioyanics	(i) Real	(ii) Personal			•	<del> </del>
ŀ	6 a	Gross Rents	() NCA	liji ersonar	1			†
	b	Less rental expenses			1			
	c	Rental income or (loss)			1			
	d		<del></del>	<b>•</b>	1	1		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	<u> </u>		1			
	ь	Less. cost or other basis			-			
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraising e including \$						
ě		contributions reported on line 10						
ᇤ		Part IV, line 18	а					
ξĺ	b	Less direct expenses	. b	8,961.				
~	C	Net income or (loss) from fundra	ısıng events		15,022.			15,022.
	9 a	Gross income from garning activ	rities See					
		Part IV, line 19	. а		]			
		Less direct expenses	. b					
		Net income or (loss) from gaming	_	<u> </u>				
	10 a	Gross sales of inventory, less ref	turns		]			
		and allowances	а					
		Less: cost of goods sold	b	L				
⊢	<u>c</u>	Net income or (loss) from sales of	of inventory	<u> </u>				
		Miscellaneous Revenue		Business Code				
	11 a						<del></del>	
	b	·					·	ļ
	C	All adhan and a second			<del> </del>			<del> </del>
		All other revenue		L			-	<del> </del>
.	е 12	Total Add lines 11a-11d			4,432,812.	112 275		15 060
032009	0	Total revenue. See instructions.			±,434,014.	113,3/3.	0.	15,068. Form <b>990</b> (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)( All other organizations must com	(3) and 501(c)(4) organiza			1
	<del></del>		(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and	405 450	405 450	,	
	organizations in the U.S. See Part IV, line 21	187,172.	187,172.	- · · · -	
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,	157,399.		157,399.	
_	trustees, and key employees	137,333.		131,333.	.,
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	2,374,637.	2,243,698.	130,939.	
7 8	Pension plan contributions (include section 401(k)	2,317,0310	2,243,000		
o	and section 403(b) employer contributions)	14,234.	11,703.	2,531.	
9	Other employee benefits	171,311.	149,717.	21,594.	
10	Payroll taxes	236,133.	211,564.	24,569.	
11	Fees for services (non-employees):				
	Management				
b	Legal	11,059.	3,656.	7,403.	
c	Accounting	25,500.		25,500.	
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	278,545.	256,776.	21,769.	
12	Advertising and promotion	273.	273.		
13	Office expenses	222,804.	154,712.	68,092.	
14	Information technology	70,749.	50,278.	20,471.	
15	Royalties				
16	Occupancy	186,626.	156,377.	30,249.	
17	Travel	43,519.	43,217.	302.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	232,693.	174,778.	57,915.	
20	Interest	299.		299.	
21	Payments to affiliates	06 250		26 250	
22	Depreciation, depletion, and amortization	26,350.	6 771	26,350.	
23	Insurance	15,387.	6,771.	8,616.	
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.)				
а	EDUCATIONAL AND TRAININ	49,476.	49,476.		
b	MISCELLANEOUS	29,951.	19,593.	10,358.	
c	PAYROLL SERVICE FEES	9,649.		9,649.	
d	DUES & SUBSCRIPTIONS	8,645.	3,277.	5,368.	
e	STIPENDS	4,183.	4,183.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,356,594.	3,727,221.	629,373.	0.
26	Joint costs. Check here   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				

Pai	rt X	Balance Sheet			0457550 1 ago 1.1
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	215,614.	_1	154,663.
	2	Savings and temporary cash investments		2	20,402.
	3	Pledges and grants receivable, net	319,775.	3	514,556.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L .		5	
	6	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)		6	
sets	7	Notes and loans receivable, net		7	·····
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,561.	9	17,203.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 182,130.			
	b	Less accumulated depreciation 10b 118,992.	74,848.	10c	63,138.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	<del></del>	13	<del></del>
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	614,798.	16	<u>769,962.</u>
	17	Accounts payable and accrued expenses	35,843.	17	184,022.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	<del></del>	21	
Ē	22	Payables to current and former officers, directors, trustees, key employees,		ľ	
Liabilities		highest compensated employees, and disqualified persons Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	200	24	206 004
	25	Other liabilities Complete Part X of Schedule D	276,227.	25	206,994.
	26	Total liabilities. Add lines 17 through 25	312,070.	26	391,016.
		Organizations that follow SFAS 117, check here   X and complete		1	
ces		lines 27 through 29, and lines 33 and 34.	202 720		270 046
lan	27	Unrestricted net assets	302,728.	27	378,946.
Ва	28	Temporarily restricted net assets		28	
pur	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117, check here and			
Net Assets or Fund Balances	20	complete lines 30 through 34.		<u></u>	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	302,728.	32	379 016
	33	Total habitus and not assets (fund belongs	614,798.	33	378,946. 769,962.
	34	Total liabilities and net assets/fund balances	014,/98.	34	

Form **990** (2010)

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.

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name of	the organizat	ion RHODE I	SLAND PARENT	INFC	RMATI	ON		E	mployer id	lentificati	on nun	nber
		NETWORK							05	-0457	336	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t) See inst	tructions				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1 🗔	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	).				
2 🗀	A school des	cribed in section 17	' <b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)	•							
з 🗀			tal service organization			170(b)(1)	(A)(iii).					
4 🔲			operated in conjunction					(b)(1)(A)(i	ii). Enter th	e hospital	's name	e,
	city, and stat								•			
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	nental un	t describe	d ın		
		(b)(1)(A)(iv). (Comple	_	_	-	-						
6 🗌	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(	1)(A)(v).					
7 X			eives a substantial part					or from the	e general p	ablic desc	nbed in	า
		b)(1)(A)(vi). (Comple				•			•			
8 🔲			ection 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 i	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization af	ter June 3	0, 197!	5.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizat	on organized and op	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	<b>1</b> ).				
11 🔲	An organizat	on organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fui	nctions of,	or to carr	y out the p	urposes c	f one o	)r
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2) See sec	tion 509(	a)(3). Chec	k the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h						
	a Type	l b	Type II 🔻 🕻	с 🔲 Тур	e III - Func	tionally inf	tegrated		d 🗀	Type III - C	Other	
е 🗀	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r ındırectly	by one o	r more dis	qualified p	ersons oth	er than	1
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	itions des	cribed in s	ection 50	9(a)(1) or se	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	ns box		٠							
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or ind	rectly controls, either al	lone or tog	ether with	persons o	lescribed i	n (ii) and (	(iii) below,		Yes	No
	the gov	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	)						11g(ii)	$\sqcup \sqcup$	
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)	oxdot	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
								T'				
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Did yo	ı notıfy the	(vi) is organizati	s the	(vii) Am	ount of	:
orga	anization		(described on lines 1-9	in col. (i) li	sted in your document?	organizat	1011 111 001.	l (i) ordaniz	ed in the l	sup	port	
			above or IRC section					U.S				
-			(see instructions))	Yes	No	Yes	No	Yes	No			
				ļ	-							
									-			
								Į				
				ļ	<del> </del>							
	•				<del> </del>		<u> </u>		<del> </del>		<del></del>	
<b></b>												
Total							l					
LHA FOR F	aperwork Re	eduction Act Notice,	, see the Instructions f	or				Schedul	e A (Form	990 or 99	∪- <b>ŁZ</b> } :	<b>2</b> 010

Form 990 or 990-EZ.

05-0457336 Page 2

Schedule A (Form 990 or 990 EZ) 2010 NETWORK, INC. 05-0457.

| 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not		*				
	include any "unusual grants.")	2510752.	2802562.	3291047.	3410680.	4304369.	16319410.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through.3	2510752.	2802562.	3291047.	3410680.	4304369.	16319410.
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)						_
	Public support. Subtract line 5 from line 4					·	<u>16319410.</u>
	ction B. Total Support	· · · · · ·					r
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	2510752.	2802562.	3291047.	3410680.	4304369.	16319410.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			437.	86.	46.	569.
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.)						4.604.0050
	Total support. Add lines 7 through 10						16319979.
	Gross receipts from related activities,					12	510,066.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	<u> </u>
Sec	organization, check this box and storection C. Computation of Publ	ic Support Per	rcentage				. ▶∟⊥
	<del></del>				-	44	100 00 %
	Public support percentage for 2010 (Public support percentage from 2009)		•	xolumin (1))			$\frac{100.00}{100.00}$ %
	33 1/3% support test - 2010.If the o	•	•	line 12 and line 1	4 to 22 1/20/ or m		_
IUa	stop here. The organization qualifies	-			4 IS 33 1/370 UI III	ore, check this bo	× and   ► X
h	33 1/3% support test - 2009.If the o		_		lina 15 is 33 1/304	or more, check th	
	and stop here. The organization qual				ille 13 is 33 1/3/0	of more, check in	<b>▶</b> □
17a	10% -facts-and-circumstances tes	, ,			13 16a or 16h a	nd line 14 is 10%	or more
ı ı a	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"					tiv now the organ	<b>▶</b>
h	10% -facts-and-circumstances tes	<del>-</del>	•		-	7a and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						<b>▶</b> □
18	Private foundation. If the organization						
		S.CC ONOON A		<u>,,</u>			or 990-EZ) 2010

032022 12-21-10

# Schedule A (Form 990 or 990 EZ) 2010 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.)

Se	ction A. Public Support	picase com	picto i tat ii j		•		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513			~			
4	Tax revenues levied for the organ-	<del></del>					
	ization's benefit and either paid to					,	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			1			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			,			
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6		, ,			, , , , , , , , , , , , , , , , , , , ,	
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses			ì			
	acquired after June 30, 1975						
	Add lines 10a and 10b				İ		
	Net income from unrelated business						· · · · · · · · · · · · · · · · · · ·
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain					-	
	or loss from the sale of capital			•			
13	assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first second the	rd fourth or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation
	check this box and stop here	ino organización i	o mot, occorra, trii	a, rourti, or tall t	ax your as a sooin	or correspond	<b>■</b>
Sec	ction C. Computation of Public	c Support Pe	rcentage				
	Public support percentage for 2010 (lii		<del></del>	column (fi)		15	%
	Public support percentage from 2009		=	(//		16	%
	ction D. Computation of Inves			· • · · · · · · · · · · · · · · · · · ·		1.0 1	· · · · · · · · · · · · · · · · · · ·
	Investment income percentage for 20°		——— <del>-</del>			17	%
	Investment income percentage from 2	•	•	,		18	
	33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than	·	
.52	more than 33 1/3%, check this box an	-				•	<b>▶</b>
F	33 1/3% support tests - 2009. If the		-				and
_	line 18 is not more than 33 1/3%, chec	_			•	-	<b></b>
20	Private foundation. If the organization			•		•	
		u	<u> </u>				

### **SCHEDULE D**

(Form 990)

**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. Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RHODE ISLAND PARENT INFORMATION NETWORK, INC.

**Employer identification number** 05-0457336

Pa	art I Organizations Maintaining Donor Adv	ised 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	s in writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization	•	Yes No
6	Did the organization inform all grantees, donors, and don	-	
	for charitable purposes and not for the benefit of the don		
	impermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the	e organization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (e.g., recreation	or education) Preservation of an hist	torically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a q	ualified conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	: Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquir	ed after 8/17/06, and not on a historic structu	ıre
	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 easemer	nts it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, and enforcing conservation easements du	ırıng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, a	and enforcing conservation easements during t	the year ► \$
8	Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conser		
	include, if applicable, the text of the footnote to the organ	nization's financial statements that describes t	he organization's accounting for
Do	conservation easements  Irt III Organizations Maintaining Collections	of Art Historical Transcers on Ot	han Cimilan Assats
Pai			ner Similar Assets.
	Complete if the organization answered "Yes" to Fo		
та	If the organization elected, as permitted under SFAS 116		
	historical treasures, or other similar assets held for public		ice of public service, provide, in Part XIV,
L	the text of the footnote to its financial statements that de		
D	If the organization elected, as permitted under SFAS 116		
	treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		<b>S</b>
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b>
2	If the organization received or held works of art, historical		gain, provide
_	the following amounts required to be reported under SFA	5 116 (ASC 958) relating to these items:	<b>&gt;</b> 2
a	•		<b>S</b>
b	Assets included in Form 990, Part X		. \$

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Schedule D (Form 990) 2010

### RHODE ISLAND PARENT INFORMATION

	dule D (Form 990) 2010 NETWORK									Page 2
Par	t III   Organizations Maintaining C									
3 a	Using the organization's acquisition, accessi (check all that apply):  Public exhibition	on, and other record			following that hange progra		nificant use	of its	collection	items
b	Scholarly research	-		Other	3- p-3-					
c	Preservation for future generations	_								
<i>A</i>	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	on's exem	nt numose	ın Part	ΧIV	
5	During the year, did the organization solicit of								. ,	
3	to be sold to raise funds rather than to be ma					0, 0,,,,,,	200010		Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Yes" to F	orm 990 F	Part IV I		110
	reported an amount on Form 990, Pa		oto ii tiic	organizano		100 101		<b></b> ,.	0, 0.	
12	Is the organization an agent, trustee, custod		hary for	contribution	s or other as	sets not in	ncluded			
ıa	on Form 990, Part X?	an or other intermet	alary loi		0 01 01101 40		1010000		Yes	☐ No
<b>h</b>	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing i	tahle .					3 103	
Ь	ii res, explain the arrangement in rait XIV	and complete the ic	MOWING	labic					Amount	
•	Reginning halance						1c		7 a i i o di i c	
ن	Beginning balance Additions during the year					•	1d			
u ^	Distributions during the year						1e			
4	Ending balance	•					1f			
) (1	_	orm 990 Part Y line	212				<u> </u>		Yes	No
	2a Did the organization include an amount on Form 990, Part X, fine 21?  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 complete	(a) Current year		nor year	(c) Two year			rs back	(e) Four	years back
1a	Beginning of year balance	(a) Carrent year	107.	nor your	(6) 1.10 / 04.	TO BUOK 1	<b>2)</b> (111 00 ) 00.	0 000	(0) ( 02.	,
h	Contributions									
	Net investment earnings, gains, and losses					<del>-  </del> -				
ر م	Grants or scholarships						****			
u	Other expenditures for facilities					——— <del> -</del>	-			
-	and programs				:					
	Administrative expenses				<del></del>		<del></del>			
' -	End of year balance	_			<del>                                     </del>					
g 2	Provide the estimated percentage of the year	r and halance held s			l	t	<del></del>			
	Board designated or quasi-endowment	i end balance neld t	. <del>%</del>							
a 5	Permanent endowment	%								
33	Are there endowment funds not in the posse	•	ation the	at are held a	nd administe	ered for the	e organizat	ıon		
Sa	by	osion of the organiz	411011 1110	20 010101010	ard administra	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o organica:		ſ	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required r	on Scher	dule R2					3b	
4	Describe in Part XIV the intended uses of the	•				•			[ 00 ]	
Par	t VI Land, Buildings, and Equipm									
<u> </u>	Description of investment	(a) Cost or o		r	or other	(c) Acc	cumulated		(d) Book	value
	bescription of investment	basis (investi			(other)		reciation		(u) 200/	14.40
10	Land				• •	<u> </u>				
	Buildings								··	
	Leasehold improvements			2	5,000.		5,000	) .	20	0,000.
	Equipment				2,970.		34,523	3.		3,447.
e	Other				4,160.		79,469			691.
	I. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X. colur				1	<b>&gt;</b>		3,138.

Schedule D (Form 990) 2010

. RHODE ISLA	ND PARENT INE	ORMATION		
Schedule D (Form 990) 2010 NETWORK, I	INC.		05-0	457336 Page
Part VII Investments - Other Securities.	See Form 990, Part X, line	12	- · · · <del>-</del> · · · - · · · · · · · · · · · · · · ·	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation or end-of-year market	
(1) Financial derivatives				-
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>			-	
<u>(F)</u>				
(G)				·
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.		. 12		<del> </del>
			(c) Method of valuation	
(a) Description of investment type	(b) Book value		or end-of-year market	
(1)				
(2)		-		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, fin				(h) Book volus
	a) Description			(b) Book value
(1)	<del></del>			•
(2)	<del></del>			
(3)				
(6)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) I	line 15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part	X, line 25.			
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) ADVANCES ON GRANTS		206,994.		
(3)				
(4)				
(5)				
(6)				
(7)				

(8) (9) (10) (11)

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

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 1032053
12-20-10

Schedule D (Form 9

Schedule D (Form 990) 2010

RHODE ISLAND PARENT INFORMATION

_	edule D (Form 990) 2010 NETWORK, INC.				0457336 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	Audited	Financial S	tatement	<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1		4,432,812.
2	Total expenses (Form 990, Part IX, column (A), line 25)		. 2		4,356,594.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		76,218.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities	`	5		
6	Investment expenses	••	6		
7	Prior period adjustments		7	-	
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net) Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	a	10		76,218.
	t XII Reconciliation of Revenue per Audited Financial Statemen			er Return	
1	Total revenue, gains, and other support per audited financial statements			1	4,441,773.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		'	<u> </u>
a	Net unrealized gains on investments	2a			
a b	Donated services and use of facilities				
-	• •	2b			
C .	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d		<b>-</b>	0
e	Add lines 2a through 2d			2e	<u> </u>
3	Subtract line 2e from line 1			3	4,441,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	-8,96	1.	
С	Add lines 4a and 4b			4c	-8,961.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,432,812.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses	per Retu	
1	Total expenses and losses per audited financial statements			1	4,365,555.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	8,96	51.	
е	Add lines 2a through 2d			2e	8,961.
3	Subtract line 2e from line 1		-	3	4,356,594.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	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	4,356,594.
Pa	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a an	d 4, Part IV, Im	es 1b and 2	2b; Part V, line 4, Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple				
		•		•	
		•			
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
SPI	CIAL EVENT EXPENSES				-8,961.
					<u> </u>
		-			
<u>PA</u> I	RT XIII, LINE 2D - OTHER ADJUSTMENTS:				
SPI	CIAL EVENT EXPENSES				8,961.
					:

### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2010

Open To Public Inspection

Name of the organization

RHODE ISLAND PARENT INFORMATION NETWORK, INC.

Employer identification number

05-0457336

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ flers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b С Phone solicitations Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual fincluding officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes Nο

	<u> </u>		<u> </u>			
otal			•			
List all states in which the or licensing	organization is registered	d or licensed to solicit	contribution	s or has been not	rfied it is exempt fro	om registration
		·····				
		-	·			

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

Schedule G (Form 990 or 990-EZ) 2010

### RHODE ISLAND PARENT INFORMATION

05-0457336 Page 2 Schedule G (Form 990 or 990-EZ) 2010 NETWORK, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events BULLYING NONE (add col. (a) through AWARENESS col. (c)) (total number) (event type) (event type) Revenue 17,523 17,523. 1 Gross receipts 2 Less. Charitable contributions Gross income (line 1 minus line 2) 17,523 17,523. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 6 Food and beverages Entertainment 8,931 8,931. Other direct expenses 8,931 10 Direct expense summary Add lines 4 through 9 in column (d) 8,592 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, ine 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor 6 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain. Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2010 032082 01-13-11

### RHODE ISLAND PARENT INFORMATION 05-0457336 Page 3 Schedule G (Form 990 or 990-EZ) 2010 NETWORK, INC. Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Vac to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility ... ... 13a b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records. Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party >\$ c If "Yes," enter name and address of the third party: Address > Gaming manager information: Gaming manager compensation > \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions. a Is the organization required under state law to make chantable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Schedule G (Form 990 or 990-EZ) 2010

Name of the organization RHODE ISI NETWORK, 1 Does the organization maintain records General Information on Grants Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part

criteria used to award the grants or assistance?

	OMB No 1545-0047
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	2010
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public
► Attach to Form 990.	Inspection
LAND PARENT INFORMATION Emplo	Employer identification number •
INC.	05-0457336
and Assistance	
to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
istance?	X Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	toring the use of grant	funds in the United	d States				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any received that social and the ECON Charles the box if an account that social and the ECON Charles the box if an account that social and the ECON Charles the box if an account that social and the ECON Charles the Box is a second that social and the ECON Charles the Box is a second that social and the ECON Charles the Box is a second that social and the ECON Charles the Box is a second that the Bo	Governments and	d Organizations in the	United States. C	omplete if the organical	anization answered "\	res" to Form 990, Part	IV, line 21, for any	Γ
recipient that received more than	SIDE CHECK THE	DOX II NO ONE recipier	ir received more in	ari \$5,000. Part II	can be duplicated if	additional space is nee	-	1
1 (a) Name and address of organization (b) EiN (c) IRC section (d) Amount of valuation (book, or government or government (b) EiN (c) IRC section (d) Amount of valuation (book, or government or government (b) EiN (d) EiN (e) Amount of valuation (book, or government or	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CONNECTING FOR CHILDREN AND FAMILIES, INC - 46 HOPE STREET -							TO SUPPORT PARENTS AS	
WOONSOCKET, RI 02895	05-0475365	501(C)(3)	8,607,	0			TEACHERS PROGRAM	
COZ PROGRAM - HUGH COLE SCHOOL 50 ASYLUM ROAD WARREN, RI 02885	30-0241373	501(C)(3)	5,497,	•0			TO SUPPORT PARENTS AS TEACHERS PROGRAM	
DORCAS PLACE ADULT & FAMILY LEARNING CTR - 220 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0391754	501(C)(3)	10, 123,	0			TO SUPPORT PARENTS AS TEACHERS PROGRAM	
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY			o c				TO SUPPORT PARENTS AS	
NORTHERN RHODE ISLAND COLLABORATIVE - 640 GEORGE	PROTECT CO	25/10/10/10/10/10/10/10/10/10/10/10/10/10/	0//0				LEACHERS PROGRAM TO SUPPORT PARENTS AS	
WASHINGTON HWY - LINCOLN, RI 02865	05-0430847	501(C)(3)	79,204,	0			TEACHERS PROGRAM	
WARWICK PUBLIC SCHOOLS 383 OAKLAND AVENUE				•	,		TO SUPPORT PARENTS AS	
WARWICK RI 02889	05-0462792	501(C)(3)	5,242,	0			TEACHERS PROGRAM	
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations						
3 Enter total number of other organizations	S						<b>A</b>	

27

Schedule I (Form 990) (2010)

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

RHODE ISLAND PARENT INFORMATION NETWORK, INC.

Schedule I (Form 990)

Page 1

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Schedule I (Form 990) TO SUPPORT PARENTS AS (h) Purpose of grant or assistance TEACHERS PROGRAM (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Ö (d) Amount of cash grant 10,000, (c) IRC section if applicable 05-6033975 501(C)(3) (b) EIN WASHINGTON COUNTY COALITION FOR CHILDREN - 14 WOODRUFF AVENUE -(a) Name and address of organization or government MARRAGANSETT, RI 02882 ΕĦ

# RHODE ISLAND PARENT INFORMATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed NETWORK, INC. Schedule I (Form 990) (2010) Part III

Page 2

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Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11

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

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

Department of the Treasury Internal Revenue Service 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.

2010 Open to Public Inspection

Name of the organization

RHODE ISLAND PARENT INFORMATION NETWORK, INC.

Employer identification number 05-0457336

1221101417 11101
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED AND EXPLAINED
TO THE BOARD. QUESTIONS ARE ASKED AND ANSWERED. THE BOARD VOTES ON WHETHER
TO APPROVE OR NOT.
FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS COMPLETE AND SIGN A
CONFLICT OF INTEREST STATEMENT WHEN JOINING, THEN ANNUALLY AT THE FIRST
REGULAR MEETING OF THE NEW FISCAL YEAR. MEMBERS ARE ASKED AT REGULAR BOARD
MEETINGS TO DISCLOSE ANY POTENTIAL CONFLICTS WHEN VOTING ON ANY ISSUE.
FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR'S COMPENSATION
IS VOTED ON BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS AND
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 2C: THE PROCESS OF THE COMMITTEE THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS
AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED.

### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			X
	are filing for an Additional (Not Automatic) 3-Month Ex	_		form)		
	complete Part II unless you have already been granted a				m 8868	
	nic filing (e-file). You can electronically file Form 8868 if y					oration
	I to file Form 990-T), or an additional (not automatic) 3-mo					
•	to file any of the forms listed in Part I or Part II with the ex		<u>.</u>			
	al Benefit Contracts, which must be sent to the IRS in pap	•				
	w.irs gov/efile and click on e-file for Charities & Nonprofits		(000 111011 0011011)		<b>g</b>	•
Part			bmit original (no copies needed)			
	ration required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and com	plete		
Part I o	nly	_			•	· 🔲
All othe	r corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
to file in	come tax returns.					
Type or	Name of exempt organization			Empl	oyer identificatio	n number
print	RHODE ISLAND PARENT INFORM	ATION				
-	NETWORK, INC.			0	5-0457336	
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions						
filing your 1210 PONTIAC AVENUE						
return Sei instruction		oreign add	lress, see instructions			
	CRANSTON, RI 02920	•				
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	is For			Code
Form 99	<del></del>	01	Form 990-T (corporation)		-	07
Form 99	90-BL	02	Form 1041-A			08
Form 99	90-EZ	03	Form 4720		•	09
Form 99	90-PF	04	Form 5227	-		10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	STEVEN DULUDE					
• The	books are in the care of > 1210 PONTIAC A	VENUE	- CRANSTON, RI 0292	0		
	phone No. ► 401-270-0101		FAX No. ▶			
	e organization does not have an office or place of busines	s in the Ur	nited States, check this box			<b>▶</b> □
	s is for a Group Return, enter the organization's four digit			is is fo	r the whole group,	check this
box 🕨	. If it is for part of the group, check this box	- ·	ich a list with the names and EINs of all			
	request an automatic 3-month (6 months for a corporation					
•	FEBRUARY 15, 2012, to file the exemp				The extension	
- IS	for the organization's return for:		<b>3</b>			
	calendar year or					
	X tax year beginning JUL 1, 2010	. an	id ending <u>JUN 30, 2011</u>		_	
_		,				
2 If	the tax year entered in line 1 is for less than 12 months, of	heck reas	on. Initial return Fina	al retur	n	
	Change in accounting period					
	Onlings in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	inter the tentative tax less any	Г		<del>-</del>
	onrefundable credits. See instructions.	0, 0000, 0	inter the terms tax, loss any	За	\$	0.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja	<b></b>	
				3b	\$	0.
	stimated tax payments made. Include any prior year over			30	<del></del>	<u> </u>
	alance due. Subtract line 3b from line 3a. Include your pa	•	•	2-		0.
	y using EFTPS (Electronic Federal Tax Payment System)			3c	EO for pourset :	
<u>Caution</u> I HA	n. If you are going to make an electronic fund withdrawal		onn 6000, See Form 6453-EO and Form	0019.		Rev 1.2011)