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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 20 11

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

C Name of organization
RECOVERY NETWORK OF PROGRAMS, INC.

Doing Business As

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

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

D Employer identification number
06-0910080

E Telephone number
(203) 929-1954

G Gross receipts $ 16,553,508.

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.RECOVERY-PROGRAMS.ORG

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

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

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	232.
6	Total number of volunteers (estimate if necessary)	6	20.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,072,235.	6,295,718.
9	Program service revenue (Part VIII, line 2g)	8,145,264.	10,240,667.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,543.	-6,634.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,207,956.	16,529,751.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,860,746.	12,045,734.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,482,250.	4,197,120.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,342,996.	16,242,854.
19	Revenue less expenses Subtract line 18 from line 12	-135,040.	286,897.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,286,235.	2,331,108.
21	Total liabilities (Part X, line 26)	2,260,934.	2,018,910.
22	Net assets or fund balances Subtract line 21 from line 20	25,301.	312,198.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 1/10/12

▶ JOHN HAMILTON CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ALBERTO C. MARTINS, CPA	Preparer's signature	Date JAN 09 2012	Check if self-employed ▶ ☐ PTIN P00448516
Firm's name ▶ DWORKEN HILLMAN LAMORTE & STERCZALA			Firm's EIN ▶ 06-1308345
Firm's address ▶ FOUR CORPORATE DRIVE, SUITE 488 SHELTON, CT 06484			Phone no 203-929-3535

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

JSA
0E1010 1 000

SCANNED JAN 23 2012

GA 2

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . [X] Yes [ ] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: _____) (Expenses $ 2,730,311 including grants of $ _____) (Revenue $ 3,589,133)

ATTACHMENT 1

4b (Code: _____) (Expenses $ 1,934,082. including grants of $ _____) (Revenue $ 2,455,814.)

ATTACHMENT 2

4c (Code _____) (Expenses $ 1,329,575 including grants of $ _____) (Revenue $ 1,046,498.)

ATTACHMENT 3

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

(Expenses $ 7,346,322 including grants of $ 0.) (Revenue $ 3,149,222.)

4e Total program service expenses ▶ 13,340,290.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during 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		X
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *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
14 a	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 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 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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	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*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	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).			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	40		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	232		
b	If at 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* (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a			X
6a	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?	6b			
b	If "Yes," 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).**				
a	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?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Section 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	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3			X
4	Did the organization make any significant changes to its 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			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ PAUL KELLY 2 TRAP FALLS ROAD SHELTON, CT 06484
203-929-1954

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JERRY MCCARTHY MEMBER	1.00	X						0.	0.	0.
(2) LINDA MASSARIA MEMBER	1.00	X						0.	0.	0.
(3) JAMES VAN VOLKENBURGH MEMBER	1.00	X						0.	0.	0.
(4) SALVATORE A. MARESCA, JR. MEMBER	1.00	X						0.	0.	0.
(5) DEBORAH SCHLEIN MEMBER	1.00	X						0.	0.	0.
(6) THOMAS E. WALSH JR. VICE PRESIDENT	1.00			X				0.	0.	0.
(7) BEVERLY NEWELL MEMBER	1.00			X				0.	0.	0.
(8) JOSHUA DICKINSON PRESIDENT	1.00			X				0.	0.	0.
(9) NANCY GANASSINI TREASURER	1.00			X				0.	0.	0.
(10) JOHN HAMILTON CEO	40.00			X	X	X		179,242.	0.	23,705.
(11) PAUL KELLY CFO	40.00			X	X	X		134,076.	0.	20,295.
(12) PATRICK J. SCHMINCKE SECRETARY	1.00			X				0.	0.	0.
(13) DORNA STOVER COO	40.00				X	X		125,641.	0.	19,893.
(14) JUDY MARTINO DIRECTOR OF BUDGET/FINANCE	40.00				X	X		104,382.	0.	23,599.
(15) MATTHEW BELCOURT DIRECTOR OF OPS	40.00				X	X		78,704.	0.	21,575.
(16) BARBARA CRUDUP SUPERVISING NURSE	40.00				X			77,712.	0.	20,594.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(17) JENNIFER KOLAKOWSKI DIRECTOR RESIDENTIAL SERVICES	40.00				X	X			99,461.	0.	23,324.
(18) JOANNE MONTGOMERY DIR. OF MEDICATED ASSISTANCE	40.00					X			103,626.	0.	9,636.
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											
1b Sub-total ▶									902,844.	0.	162,621.
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c) ▶									902,844.	0	162,621.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 5

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GIL KATIGBAK 2 BAYBERRY LANE SHELTON, CT 06484	MEDICAL	115,375.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 20,618				
	b	Membership dues	1b				
	c	Fundraising events	1c 21,803				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 6,082,127.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 171,170.				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		6,295,718.			
Program Service Revenue			**Business Code**				
	2a	FEES/CONTRACTS WITH GOVT	624200	8,307,562	8,307,562		
	b	THIRD PARTY FEES FOR SERVICE	624200	701,989.	701,989		
	c	CLIENT FEES	624200	1,231,116.	1,231,116		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		10,240,667.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including $ 21,803. of contributions reported on line 1c) See Part IV, line 18	ATCH 5 a 17,123.				
	b	Less direct expenses	b 23,757				
	c	Net income or (loss) from fundraising events	ATCH. 6.	-6,634.			-6,634
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		0			
	12	**Total revenue.** See instructions		16,529,751	10,240,667.		-6,634.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,001,584.		1,001,584.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	8,488,468.	7,510,036.	978,432.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	199,356.	132,211.	67,145.	0.
9 Other employee benefits	1,550,120.	1,213,374.	336,746.	0.
10 Payroll taxes	806,206.	662,854.	143,352.	0.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	5,187.	5,187.		0.
c Accounting	57,797.		57,797.	0.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	95,816.	90,998.	4,818.	0.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,086,823.	909,880.	176,943.	0.
17 Travel	121,657.	104,397.	17,260.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	38,231.	26,739.	11,492.	0.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	163,681.	163,681.		
23 Insurance ATCH 8	58,543.	56,870.	1,673.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a EQUIPMENT RENTAL	93,798.	83,296.	10,502.	
b LABORATORY SERVICES AND DRUG	254,936.	254,936.		
c CONTRACTED SERVICES	1,176,642.	1,090,148.	86,494.	
d FOOD SUPPLIES	348,370.	348,370.		
e MAINTENANCE & SUPPLIES	150,913.	150,913.		
f All other expenses	544,726.	536,400.	8,326.	
25 Total functional expenses. Add lines 1 through 24f	16,242,854.	13,340,290.	2,902,564.	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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	540,674.	1	401,662.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,118,150.	4	1,351,084.
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges ATCH 7	58,982.	9	61,256.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a: 3,679,620.			
	b	Less accumulated depreciation — 10b: 3,162,514.	568,429.	10c	517,106.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,286,235.	16	2,331,108.
Liabilities	17	Accounts payable and accrued expenses	1,923,876.	17	2,006,766.
	18	Grants payable		18	
	19	Deferred revenue	2,058.	19	12,144.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	335,000.	24	0.
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	2,260,934.	26	2,018,910.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-216,516.	27	84,479.
	28	Temporarily restricted net assets	61,817.	28	47,719.
	29	Permanently restricted net assets	180,000.	29	180,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	25,301.	33	312,198.
	34	Total liabilities and net assets/fund balances	2,286,235.	34	2,331,108.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,529,751.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,242,854.
3	Revenue less expenses Subtract line 2 from line 1	3	286,897.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,301.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	312,198.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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	3b	X	

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

2010

Open to Public Inspection

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

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

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

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,907,303.	10,037,744.	5,002,807.	6,072,235.	6,295,718.	35,315,807
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,907,303.	10,037,744.	5,002,807	6,072,235.	6,295,718	35,315,807.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						35,315,807

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,907,303.	10,037,744	5,002,807	6,072,235.	6,295,718.	35,315,807.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3.	3	2.			8.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						35,315,815.

12 Gross receipts from related activities, etc (see instructions) . . . . . 12 30,567,080.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 100.00 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 100.00 %

16a **33 1/3 % support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3 % support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

RECOVERY NETWORK OF PROGRAMS, INC.

Employer identification number

06-0910080

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	2,100.		2,100.
b Buildings	0.	2,046,769.	1,898,463.	148,306.
c Leasehold improvements	0.	878,993.	740,359.	138,634.
d Equipment	0.	751,758.	523,692.	228,066.
e Other	0.	0.	0.	0.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				517,106.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

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

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

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,529,751.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,242,854.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	286,897.
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	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	286,897.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	16,594,851.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	65,100.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	65,100.
3	Subtract line 2e from line 1			3	16,529,751.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	16,529,751.

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

1	Total expenses and losses per audited financial statements			1	16,307,954.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	65,100.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	65,100.
3	Subtract line 2e from line 1			3	16,242,854.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	16,242,854.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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RECOVERY NETWORK OF PROGRAMS, INC.

Employer identification number
06-0910080

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events 0. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	38,926.			38,926.
	2 Less Charitable contributions	21,803.			21,803.
	3 Gross income (line 1 minus line 2)	17,123.			17,123.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,519.			5,519.
	6 Rent/facility costs	6,710.			6,710.
	7 Food and beverages	11,528.			11,528.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(23,757.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-6,634.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain. _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in.

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records·

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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 explanation 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 J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶**See separate instructions.**

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Name of the organization

RECOVERY NETWORK OF PROGRAMS, INC.

Employer identification number

06-0910080

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN HAMILTON	(i)	154,867.	24,375.	0.	5,606.	18,099.	202,947.	187,034.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PAUL KELLY	(i)	121,576.	12,500.	0.	6,875.	13,420.	154,371.	157,178.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

INCENTIVE COMPENSATION

PART I, LINE 7

INCENTIVE COMPENSATION WAS PAID BASED ON PERFORMANCE CRITERIA SET AND

APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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Open to Public Inspection

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RECOVERY NETWORK OF PROGRAMS, INC.

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OTHER PROGRAM SERVICES

PART III, QUESTION 4D

THE AGENCY PROVIDED THE FOLLOWING OTHER PROGRAM SERVICES FOR THE FISCAL YEAR 2011:

AMBULATORY DETOXIFICATION-THE KINSELLA TREATMENT CENTER PROVIDES INDIVIDUALS WITH THE OPTION OF A SIX-MONTH METHADONE DETOXIFICATION PROGRAM. THIS PROGRAM IS AVAILABLE FOR PERSONS WITH A HISTORY OF OPIATE ABUSE WHO DESIRE TO BE SUBSTANCE FREE IN A SHORTER PERIOD OF TIME. INDIVIDUAL, GROUP, AND/OR FAMILY COUNSELING SESSIONS ARE HELD ONCE PER WEEK AND REFERRALS ARE MADE TO SELF HELP GROUPS, BOTH WHILE IN TREATMENT AND AS A FORM OF AFTERCARE. THE PROGRAM MAINTAINED AN AVG. UTILIZATION RATE OF 12.7% FOR THE FISCAL YEAR. BASED ON RNP DATA ANALYZED BY DMHAS, 100% OF THE CLIENTS HAD IMPROVED/MAINTAINED THEIR LIVING SITUATION UPON DISCHARGE; 100% MAINTAINED/IMPROVED FUNCTIONING (MGAF); AND 33.3% COMPLETED TREATMENT.

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

RECOVERY PLAN TO ACHIEVE INDEPENDENCE. COORDINATION WITH AND FACILITATING REFERRALS AMOUNG OTHER COMMUNTITY SERVICE PROVIDERS IS NECESSARY IN ORDER TO LINK THE INDIVIDUAL WITH NEEDED SUPPORTS. THE PROGRAM HAD AN AVG. ANNUAL UTILIZATION RATE OF 102.1% FOR 2011 FISCAL YEAR. ON THE "DISCHARGED INTO A STABLE LIVING SITUATION" OUTCOME MEASURE, A RATE OF CLIENTS 83.3% WAS ACHIEVED. ON THE "SATISFACTION WITH SERVICES" OUTCOME MEASURE (CONSUMER SATISFACTION SURVEY), 88% COMPLIANCE WAS ACHIEVED FOR THE JULY 1, 2010 TO JUNE 30, 2011 REPORTING PERIOD.

TRANSITIONAL LIVING CENTERS- THE CENTERS ARE 8 BED GROUP HOME RESIDENTIAL FACILITIES FOR MEN AND WOMEN WHO SUFFER FROM SEVERE AND PERSISTENT PSYCHIATRIC DISABILITIES. THE PROGRAMS PROVIDE RESIDENTIAL AND REHABILITATIVE SERVICES TO INDIVIDUALS WHO HAVE SIGNIFICANT SKILL DEFICITS IN THE AREAS OF SELF-CARE AND INDEPENDENT LIVING AND WHO REQUIRE A NON-HOSPITAL, SUPERVISED COMMUNITY-BASED RESIDENCE. STAFF STRIVE TO PROTECT THE PRIVACY AND PERSONAL DIGNITY OF EACH INDIVIDUAL, WHILE TEACHING, COACHING,EDUCATING, TRAINING, COUNSELING AND ASSISTING WITH DAILY LIVING AND SELF-CARE SKILLS TO ENABLE EACH CLIENT TO ASSUME INCREASED RESPONSIBILITY NECESSARY FOR A FULL AND INDEPENDENT LIFE IN THE COMMUNITY. THE AGENCY HAS 2 GROUP HOME RESIDENTIAL FACILITIES AND BOTH ARE LOCATED IN BRIDGEPORT, CT.

HUNTINGTON HOUSE-PROGRAM MAINTAINED AN AVG. BED UTILIZATION RATE OF 88.4% FOR THE FISCAL YEAR. IT DEMONSTRATED 80% COMPLIANCE FOR THE "DISCHARGED INTO STABLE LIVING SITUATION" OUTCOME MEASURE, AND A 100% COMPLIANCE ON

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

THE "MAINTAINED/IMPROVED FUNCTIONING (MGAF)" OUTCOME MEASURE. THE CONSUMER SATISFACTION SURVEY INDICATED A 66.7% "SATISFACTION WITH SERVICES RATE".

IRANISTAN HOUSE-PROGRAM MAINTAINED AN AVG. BED UTILIZATION RATE OF 88.1% FOR THE FISCAL YEAR. IT DEMONSTRATED A 100% COMPLIANCE FOR THE "DISCHARGED INTO STABLE LIVING SITUATION" OUTCOME MEASURE. THE CONSUMER SATISFACTION SURVEY INDICATED A 100% "SATISFACTION WITH SERVICES RATE".

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

Name of the organization	Employer identification number
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"DISCHARGED INTO STABLE LIVING SITUATION" AND "MAINTAIN/IMPROVE FUNCTIONING (MGAF)". THE PROGRAM HAS ALSO ACHEIVED AN AVERAGE RATING OF 87.5% FOR THE "SATISFACTION OF SERVICES" OUTCOME MEASURE.

FORM 990 REVIEW

PART IV, SECTION A, QUESTION 10

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

WRITTEN CONFLICT OF INTERESTS

PART VI, SECTION B, QUESTION 12C

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

COMPENSATION DETERMINATION

PART VI, SECTION B, QUESTION 15A

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

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THE AGENCY AND PRESENTED TO THE BOARD OF DIRECTORS WITH RECOMMENDATIONS.

COMPENSATION DETERMINATION

PART VI, SECTION B, QUESTION 15B

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

HOW GOVERNING DOCUMENTS, FINANCIAL STATEMENTS ARE MADE PUBLIC

PART VI, SECTION C, QUESTION 19

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

DIRECTOR BUSINESS RELATIONSHIP

PART VI SECTION A, QUESTION 2

TWO OF THE AGENCY'S CURRENT DIRECTORS ARE EMPLOYED BY THE SAME EMPLOYER.

SIGNIFICANT PROGRAM SERVICES

FORM 990, PART III, QUESTION 2

DURING 2011, THE AGENCY ADDED THE FIRST STEP (INPATIENT DETOXIFICATION) PROGRAM. THIS IS A HIGHLY STRUCTURED INPATIENT MEDICALLY MONITORED DETOXIFICATION PROGRAM LOCATED IN BRIDGEPORT, CT.

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OTHER PROGRAM SERVICES (CONT)

PART III, QUESTION 4D

THE AGENCY PROVIDED THE FOLLOWING OTHER PROGRAM SERVICES FOR THE FISCAL YEAR 2011:

SEAVIEW APARTMENTS (EAST END PARTNERSHIP PROGRAM) - THIS PROGRAM, LOCATED IN BRIDGEPORT, CONNECTICUT, PROVIDES PERMANENT, SUPPORTIVE HOUSING FOR 16 INDIVIDUALS WHO ARE CHRONICALLY HOMELESS AT THE TIME OF ADMISSION AND WHO ARE ALSO LIVING WITH PSYCHIATRIC DISORDERS, SUBSTANCE USE DISORDERS AND/OR HIV/AIDS. THIS PROGRAM MAINTAINED AN AVERAGE ANNUAL UTILIZATION RATE OF 99% FOR THE FISCAL YEAR.

REGIONAL ADOLESCENT PROGRAM- PROGRAM, LOCATED IN BRIDGEPORT, CT, IS CARF ACCREDITED AND LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH. THE PROGRAM SERVES MALE AND FEMALE CLIENTS UNDER 18 YEARS OF AGE WHO HAVE BEEN AFFECTED BY SUBSTANCE ABUSE WITHIN THEIR FAMILY SYSTEM. THE PROGRAM OFFERS A VARIETY OF GROUP SESSIONS TO HELP CLIENTS LEARN TOOLS AND SKILLS TO REDUCE THEIR USE OF SUBSTANCES AND EVENTUALLY BECOME ABSTINENT. IN ADDITION, IT ASSISTS ADOLESCENTS IN ESTABLISHING POSITIVE PEER SUPPORT AND RECREATIONAL ACTIVITIES. FAMILY/COUPLES SESSIONS ARE STRONGLY ENCOURAGED AS A MEANS OF IMPROVING COMMUNICATION AND TO SERVE AS A FOUNDATION FOR ESTABLISHING HEALTHIER RELATIONSHIPS. THE PROGRAM MAINTAINED AN AVG. ANNUAL UTILIZATION RATE OF 170.8% FOR 2011. WITH REGARD TO OUTCOMES, THE PROGRAM ACHIEVED A COMPLIANCE RATE OF 99.1% FOR THE "MAINTAIN/INCREASE FUNCTIONING (MGAF)" MEASURE AND A RATE OF 98.1% FOR THE "SATISFACTION WITH SERVICES" MEASURE FOR THE 2011 FISCAL YEAR.

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REGIONAL COUNSELING SERVICES AND INTENSIVE OUTPATIENT PROGRAM-PROGRAM IS A CARF ACCREDITED, AND DEPARTMENT OF PUBLIC HEALTH LICENSED CO-OCCURING CLINIC PROVIDING OUTPATIENT SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO ADULT MEN AND WOMEN. LOCATED IN BRIDGEPORT, CT, THE FACILITY ACCEPTS MEN AND WOMEN AGES 18 AND OLDER WITH NEEDS REGARDING SUBSTANCE ABUSE ONLY, MENTAL HEALTH ISSUES ONLY, OR WITH CO-OCCURRING ISSUES RELATING TO BOTH AREAS. THE OUTPATIENT PROGRAM AND INTENSIVE OUTPATIENT PROGRAM (IOP) OF RCS MAINTAINED AN AVG. ANNUAL UTILIZATION OF 110.8% AND 216.7%, RESPECTIVELY, FOR THE 2011 FISCAL YEAR. THE OUTPATIENT PROGRAM HAD THE FOLLOWING RATINGS FOR THE PROGRAM'S OUTCOME MEASURES; 40% IN "INCREASE INDEPENDENCT LIVING"; 99.3%% COMPLIANCE WITH THE "MAINTAIN/IMPROVE FUNCTIONING (MGAF)" MEASURE, AND 54% COMPLIANCE WITH THE "COMPLETED TREATMENT" MEASURE. THE IOP PROGRAM HAD A RECORD 94.6% COMPLIANCE RATE WITH THE "INCREASE INDEPENDENT LIVING" OUTCOME MEASURE; 99.5% IN THE "MAINTAIN/IMPROVE FUNCTIONING (MGAF)" MEASURE; AND 37.8% COMPLIANCE WITH THE "COMPLETED TREATMENT" MEASURE. THIS OUTPATIENT PROGRAM RECEIVED AN AVERAGE SATISFACTION RATING OF 86%, AND THE IOP PROGRAM RECEIVED A 93.5% AVERAGE SATISFACTION RATING IN DMHAS'S CONSUMER SURVEY FOR 2011 FISCAL YEAR.

HORIZONS-PROGRAM, LOCATED IN BRIDGEPORT, CT, IS A CARF ACCREDITED, INTENSIVE SHORT-TERM INPATIENT PROGRAM FOR INDIVIDUALS STRUGGLING WITH ADDICTION. CLIENTS CONSIST OF MALES AND FEMALES, AGED 18 OR OVER WITH A SUBSTANCE DEPENDENCE DISORDER, INCLUDING THOSE RECEIVING OR IN NEED OF

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MEDICATION-ASSISTED SERVICES AND OPIATE ADDICTION. POST-DISCHARGE REFERRALS ARE MADE TO A VARIETY OF HOUSING, OUTPATIENT ADDICTION AND MENTAL HEALTH SERVICES. CLIENTS WHO COMPLETE SUCCESSFULLY ARE ENCOURAGED TO BECOME MEMBERS OF THE ALUMNI GROUP IN ORDER TO OFFER HOPE TO THOSE WHO ARE BEGINNING THE RECOVERY PROCESS. HORIZONS MAINTAINED AN AVERAGE ANNUAL UTILIZATION RATE OF 98.6% FOR THE FISCAL YEAR. THE PROGRAM ACHIEVED A COMPLIANCE RATE OF 65.3% WITH THE "STABLE LIVING SITUATION AT DISCHARGE" MEASURE; 99.6% WITH THE "MAINTAIN/IMPROVE FUNCTIONING (MGAF)" MEASURE; AND 87.3% COMPLIANCE WITH THE "COMPLETED TREATMENT" MEASURE. HORIZONS DEMONSTRATED AN AVG. "SATISFACTION WITH SERVICES" RATING OF 79.4% WITH THE DMHAS CONSUMER SURVEY FOR THE 2011 FISCAL YEAR.

OTHER PROGRAM SERVICES (CONT)

PART III, QUESTION 4D

THE AGENCY PROVIDED THE FOLLOWING OTHER PROGRAM SERVICES FOR THE FISCAL YEAR 2011:

PROSPECT HOUSE-PROGRAM PROVIDES EMERGENCY SHELTER TO 32 ADULTS ON A DAILY BASIS IN A FACILITY LOCATED IN BRIDGEPORT, CT. THE PROGRAM PROVIDES COMPREHENSIVE CASE MANAGEMENT SERVICES TO MEET THE VARIED AND COMPLEX NEEDS OF INDIVIDUALS WHO ARE HOMELESS. THE CASE MANAGEMENT PROGRAM AT PROSPECT HOUSE INCLUDES ASSESSMENT, TRANSPORTATION, LIFE SKILLS TRAINING, INDIVIDUAL, GROUP AND FAMILY SESSIONS. THE PROGRAM MAINTAINED AN AVERAGE UTILIZATION RATE OF 125.5% FOR THE FISCAL YEAR. FOR THE "SATISFICATION WITH SERVICES" MEASURE, THE PROGRAM RECEIVED AN AVERAGE RATING OF 98%.

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FIRST STEP(INPATIENT DETOXIFICATION PROGRAM)-THIS IS A HIGHLY STRUCTURED INPATIENT MEDICALLY MONITORED DETOXIFICATION PROGRAM. LOCATED IN BRIDGEPORT, CT, THIS PROGRAM OFFERS INDIVIDUAL COUNSELING, GROUP THERAPY, CASE MANAGMENT, REFERRAL SERVICES FOR CONTINUING CARE, MEDICAL MANAGEMENT, AND INTENSIVE SERVICES FOR PERSONS LIVING WITH HIV, AIDS AND PSYCHIATRIC ISSUES. INDIVIDUAL THERAPY SESSIONS FOCUS ON COMPREHENSIVE ASSESSMENT, TREATMENT PLANNING, AND ACHIEVEMENT OF GOALS. FAMILY INVOLVEMENT IS STRONGLY ENCOURAGED. THE PROGRAM HAD AN AVG. ANNUAL BED UTILIZATION RATE OF 105.1% FOR THE FISCAL YEAR. IT EXHIBITED A 75.6% COMPLIANCE RATE FOR THE "INCREASED INDEPENDENCE IN LIVING" OUTCOME MEASURE; 98.6% COMPLIANCE FOR THE "MAINTAIN/IMPROVE FUNCTIONING (MGAF) MEASURE; 78.3% FOR THE "TREATMENT COMPLETED" MEASURE; AND 85.9% FOR THE "SATISFACTION WITH SERVICES" SURVEY.

REGIONAL COUNSELING SERVICES: DRUG INTERVENTION PROGRAM (DIP)-THE OUTPATIENT PROGRAM, LOCATED IN BRIDGEPORT, CT, IS DESIGNED TO ADDRESS GAPS IN SERVICES BY EXPEDITING THE IDENTIFICATION AND ASSESSMENT OF SUBSTANCE ABUSE TREATMENT NEEDS OF CLIENTS REFERRED BY THE COURT SYSTEM. THE PROGRAM IS ALSO DESIGNED TO IMPROVE THE ENGAGEMENT AND RETENTION OF THE TARGET POPULATION THROUGH MOTIVATIONAL ENHANCEMENT THERAPY AND CULTURALLY APPROPRIATE SERVICES. THE PROGRAM HAD AN ANNUAL UTILIZATION RATE OF 90.8% FOR 2011. THE PROGRAM ACHIEVED 94.3% COMPLIANCE FOR THE "INDIVIDUALS SERVED INCREASING/MAINTAINING THEIR LEVEL OF FUNCTIONING" MEASURE, AND 81.8% FOR THE "INDIVIDUALS INCREASED INDEPENDENT LIVING"

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

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MEASURE. ON THE "SATISFACTION WITH SERVICES" MEASURE, THE PROGRAM ACHIEVED AN AVERAGE RATING OF 91.5% FOR THE FISCAL YEAR.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE CENTER FOR HUMAN SERVICES LOCATED IN STRATFORD, CONNECTICUT IS A CARF ACCREDITED, DEPARTMENT OF PUBLIC HEALTH LICENSED MEDICATION-ASSISTED TREATMENT PROGRAM FOR OPIATE ADDICTED PERSONS UTILIZING PRESCRIBED METHADONE OR BUPRENORPHINE/SUBOXONE AND, SUPPORTIVE COUNSELING IN CONJUNCTION WITH OTHER SUPPORT AND REFERRAL SERVICES. THE PROGRAM RAN AT AN ANNUAL AVERAGE UTILIZATION OF APPROXIMATELY 146.1% FOR THE FISCAL YEAR. WITH REGARD TO OUTCOME MEASURES, 42.6% OF THE POPULATION "INCREASED INDEPENDENCE IN LIVING". A RATE 87.6% COMPLIANCE WAS ACHIEVED WITH THE "MAINTENANCED/IMPROVED THEIR FUNCTIONING (MGAF)" MEASURE, AND 12.4% HAD BEEN "EFFECTIVELY RETAINED IN METHADONE TREATMENT (12 MONTHS)". HIV/AIDS SERVICES, A SPECIAL POPULATION PROGRAM, IS HOUSED AT CHS AND ADDRESSES AND INDIVIDUALIZES THE SPECIAL NEEDS OF THESE CLIENTS. THE PERSONS SERVED ATTEND INDIVIDUAL COUNSELING TO ADDRESS DRUG USE/ABUSE, PERSONAL/FAMILY, EMPLOYMENT, HEALTH, AND LEGAL ISSUES. GROUP AND FAMILY COUNSELING ARE OFFERED TO THOSE WHO VOLUNTARILY SEEK ADDITIONAL SUPPORT. CHS EXHIBITED AN AVERAGE RATING OF 88.2% FOR "SATISFACTION WITH SERVICES" WITH THE DMHAS ANNUAL CONSUMER SURVEY.

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ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE KINSELLA TREATMENT CENTER (KTC) LOCATED AT 1438 PARK AVENUE BRIDGEPORT, CONNECTICUT IS A CARF ACCREDITED, DEPARTMENT OF PUBLIC HEALTH LICENSED MEDICATION-ASSISTED PERSONS UTILIZING PRESCRIBED METHADONE OR BUPRENORPHINE/SUBOXONE, AND SUPPORTIVE COUNSELING IN CONJUNCTION WITH OTHER SUPPORT AND REFERRAL SERVICES. INDIVIDUAL, FAMILY AND/OR GROUP COUNSELING SESSIONS ARE HELD ONCE PER WEEK AND REFERRALS ARE MADE TO SELF-HELP GROUPS BOTH WHILE IN TREATMENT AND AS A FORM OF AFTERCARE. THE PROGRAM HAD AN ANNUAL AVERAGE UTILIZATION RATE OF 118.9% FOR THE FISCAL YEAR. UPON DISCHARGE FROM THE PROGRAM, 52.5% OF THE CLIENTS HAD "INCREASED INDEPENDENCE IN LIVING", WHILE 85.5% HAD "MAINTAINED OR IMPROVED THEIR LEVEL OF FUNCTIONING (MGAF)". THE RETENTION RATE (12 MONTHS) IN METHADONE TREATMENT IS 12.2%. KTC ACHIEVED AN AVERAGE RATING OF 87.1% FOR "SATISFACTION WITH SERVICES" BASED ON THE DMHAS CONSUMER SURVEY CONDUCTED FOR THE FISCAL YEAR.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

NEW PROSPECTS LOCATED AT 392 PROSPECT STREET BRIDGEPORT, CONNECTICUT IS UNIQUELY POSITIONED TO OFFER GENDER-SPECIFIC CO-OCCURRING ENHANCED INTENSIVE RESIDENTIAL SERVICES TO ADULT MEN AND WOMEN. THIS 3.7 RE LEVEL OF CARE IS DESIGNED TO PROVIDE SERVICES FOR INDIVIDUALS WHO ARE EXPERIENCING DIFFICULTIES STABILIZING THEIR SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES AND ARE

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

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ATTACHMENT 3 (CONT'D)

IN NEED OF SHORT-TERM TREATMENT OF APPROXIMATELY 30 DAYS. THE PROGRAM ACCEPTS MEN AND WOMEN AGE EIGHTEEN AND UP WHOM ARE ASSESSED WITH HIGH SEVERITY OF SUBSTANCE USE AND LOW TO MODERATE SEVERITY OF MENTAL HEALTH SYMPTOMS WHO MAY ALSO REQUIRE MEDICATION-ASSISTED TREATEMENT SUPPORT WITH METHADONE OR SUBOXONE. INDIVIDUALS MAY BE ACCEPTED IF THEY DEMONSTRATE INCREASED RISK OF SELF HARM. NEW PROSPECTS HAD AN ANNUAL UTILIZATION RATE OF 107.5% FOR THE FISCAL YEAR. FOR THE OUTCOME MEASURES COMPLIANCE RATES, THE PROGRAM HAD 53.4% FOR "DISCHARGED INTO STABLE LIVING SITUATION"; 89.5% FOR "INCREASED INDEPENDENCE IN LIVING"; 99.6% FOR "MAINTAIN/IMPROVE FUNCTIONING (MGAF)"; 82.6% FOR "TREATMENT COMPLETED (SA ONLY)AND; 98.6% FOR "SATISFACTION WITH SERVICES".

ATTACHMENT 4

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
HUNTINGTON HOUSE	0.	490,342.	330,226.
IRANISTAN HOUSE	0.	458,040.	328,360.
SUPERVISED APT. PROGRAM	0.	632,535.	31,374.
HORIZONS	0.	1,005,413.	759,267.
PROSPECT HOUSE	0.	909,907.	14,021.
REGIONAL COUNSELING SERVICES	0.	705,593.	116,686.
REGIONAL ADOLESCENT PROGRAM	0.	290,531.	41,965.
INTENSIVE PATIENT SERVICES	0.	70,480.	161,207.
SUPPORTIVE HOUSING	0.	351,540.	0.
TRANSITIONAL HOUSING	0.	116,868.	0.

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

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ATTACHMENT 4 (CONT'D)

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
OFFENDER RE-ENTRY	0.	35,182.	0.
SEAVIEW AVENUE	0.	296,538.	0.
RYAN WHITE OUTPATIENT	0.	159,771.	0.
RYAN WHITE OUTREACH	0.	34,491.	0.
RYAN WHITE INPATIENT	0.	109,475.	0.
AIDS	0.	68,277.	0.
DRUG COURT	0.	356,976.	171,749.
FIRST STEP	0.	1,254,363.	1,194,367.
TOTALS	0.	7,346,322.	3,149,222.

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
ANNUAL GOLF TOURN FUNDRAISER	21,803.
TOTAL	21,803.

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
ANNUAL GOLF TOURN FUNDRAISER	17,123.	23,757.	-6,634.
TOTALS	17,123.	23,757.	-6,634.

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

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ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	61,256.
TOTALS	61,256.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
RECOVERY NETWORK OF PROGRAMS, INC.

Employer identification number
06-0910080

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) GOLDEN HILL FOUNDATION, INC 2 TRAP FALLS ROAD, SUITE 405 SHELTON, CT 06484	LEASE FACILIT	CT	501(C)(3)	LINE 11B	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e	X	
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	GOLDEN HILL FOUNDATION, INC.	C	65,100.	ACCRUAL
(2)	GOLDEN HILL FOUNDATION, INC.	E	335,000.	ACCRUAL
(3)	GOLDEN HILL FOUNDATION, INC.	J	294,102.	ACCRUAL
(4)				
(5)				
(6)				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Supplemental Information

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return

RECOVERY NETWORK OF PROGRAMS, INC.

Identifying number

06-0910080

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

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

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	163,681.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	163,681.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24a Do you have evidence to support the business/investment use claimed? Yes [X] No **24b** If "Yes," is the evidence written? Yes [X] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 **Total.** Add amounts in column (f) See the instructions for where to report				**44**	

2010

Description of Property ATTACHMENT 8

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation	
EQUIPMENT	06/30/1983	51,062.	100 000			51,062	51,062		SL		5 000					*
EQUIPMENT	06/30/1983	18,497.	100 000			18,497	18,497		SL		7.000					*
EQUIPMENT	06/30/1984	8,161	100 000			8,161	8,161.		SL		5.000					*
EQUIPMENT	06/30/1984	7,886	100 000			7,886.	7,886.		SL		7.000					*
EQUIPMENT	06/30/1984	13,595	100 000			13,595	13,595		SL		7.000					*
EQUIPMENT	06/30/1985	1,055	100.000			1,055	1,055		SL		5.000					*
EQUIPMENT	06/30/1986	5,304.	100 000			5,304	5,304		SL		5 000					*
EQUIPMENT	06/30/1987	3,634	100 000			3,634	3,634		SL		5 000					*
EQUIPMENT	06/30/1989	16,471	100.000			16,471	16,471		SL		5 000					*
EQUIPMENT	06/30/1990	1,999	100.000			1,999.	1,999.		SL		5 000					*
EQUIPMENT	06/30/1991	5,053.	100.000			5,053	5,053		SL		5.000					*
SAW	03/01/1992	1,695	100 000			1,695.	1,695.		SL		5 000					*
COMPUTER (OPS)	06/01/1992	2,028.	100 000			2,028.	2,028.		SL		5 000					*
COMPUTER (SAP)	04/30/1994	3,162.	100.000			3,162	3,162.		SL		5.000					*
TELEPHONE (SAP)	04/14/1994	2,971	100.000			2,971	2,971.		SL		5 000					*
F & F (REG)	06/30/1989	12,128	100 000			12,128	12,128	12,128	SL		5 000					
F & F (HORIZ)	06/30/1989	22,129.	100 000			22,129.	22,129	22,129	SL		7 000					
APPLIANCES (PH)	05/01/1992	9,983	100 000			9,983.	9,983.		SL		7 000					*
FURNITURE (SAP)	06/20/1994	1,448.	100 000			1,448	1,448		SL		7.000					*
Less Retired Assets		184,036				184,036.		184,036.								
Subtotals		3,679,667.				3,677,567.	2,989,267	3,152,948.							163,681.	

Listed Property

Less Retired Assets																
Subtotals																
TOTALS		3,679,667				3,677,567	2,989,267.	3,152,948.							163,681	

AMORTIZATION

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

*Assets Retired

JSA
0X9024 1 000

2010

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
SHELF UNITS (PH)	12/13/1993	1,500	100.000			1,500	1,500		SL		7.000				*
SEC SYSTEM (PH)	02/14/1994	3,050	100 000			3,050	3,050	3,050.	SL		7 000				
VAN	06/01/1992	28,382	100.000			28,382	28,382.	28,382.	SL		5 000				
LEASEHOLD IMPROVE	06/30/1982	5,643	100.000			5,643	5,643	5,643.	SL		7.000				
LEASEHOLD IMPROV	06/30/1982	6,998.	100.000			6,998	6,998.	6,998.	SL		8.000				
LEASEHOLD IMPROVE	06/30/1983	11,371	100 000			11,371	11,371	11,371	SL		7.000				
LEASEHOLD IMPROVE	06/30/1984	1,078.	100 000			1,078.	1,078	1,078.	SL		6 000				
LEASEHOLD IMPROVE	06/30/1985	694	100 000			694	694	694	SL		5 000				
LEASEHOLD IMPROVE	06/30/1985	2,389	100.000			2,389	2,339	2,339.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1985	2,175	100.000			2,175	1,981.	1,981.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1985	14,769.	100.000			14,769	14,357	14,357	SL		18.000				
LEASEHOLD IMPROVE	06/30/1986	5,200	100 000			5,200	5,200	5,200	SL		18.000				
LEASEHOLD IMPROVE	06/30/1987	19,423.	100 000			19,423	19,245.	19,245	SL		18 000				
LEASEHOLD IMPROVE	06/30/1988	282,163	100 000			282,163	282,163.	282,163	SL		18 000				
LEASEHOLD IMPROVE	06/30/1989	234,010	100 000			234,010	234,010	234,010.	SL		18.000				
LEASEHOLD IMPROVE	06/30/1991	32,304.	100 000			32,304.	32,304	32,304.	SL		18 000				
ALARM	10/01/1991	3,780	100 000			3,780.	3,780.	3,780.	SL		18.000				
DRIVEWAY (CHS)	06/01/1992	4,500	100 000			4,500.	4,500.	4,500	SL		18.000				
ALARM/INS (RAS)	10/01/1991	3,791	100.000			3,791.	3,791.		SL		18 000				*
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

JSA
0X9024 1 000

ATTACHMENT 8

2010

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
BOILER (HORIZ)	10/01/1991	6,555.	100 000			6,555	6,555	6,555	SL		18 000				
FURNACE (TLC1)	07/01/1992	9,450	100 000			9,450.	9,450	9,450	SL		18 000				
SIDING (TLC1)	08/30/1992	14,025.	100.000			14,025.	13,892	14,025	SL		18.000				133
WINDOWS (TLC1)	07/01/1992	6,210	100 000			6,210.	6,210	6,210	SL		18 000				
RAMP (CHS)	04/01/1993	3,950	100 000			3,950.	3,778	3,950	SL		18 000				172
ARCH FEES (RAS)	06/30/1993	2,004.	100.000			2,004	1,887	1,998	SL		18.000				111
FLOOR (TLC2)	12/30/1992	450	100 000			450	425	450.	SL		18.000				25.
ALARM (OPS)	11/18/1993	614	100 000			614	567.	601.	SL		18 000				34.
FURNACE (SAP)	12/17/1993	1,680	100 000			1,680	1,457	1,550	SL		18 000				93.
WINDOWS (SAP)	12/27/1993	7,600.	100 000			7,600.	6,998	7,420	SL		18 000				422.
APPLIANCE HOOK-UP	06/25/1994	1,350	100 000			1,350.	1,206	1,281	SL		18.000				75
PAINT/STAIN (SAP)	06/25/1994	1,905	100 000			1,905	1,705	1,811	SL		18 000				106
ALARM (CHS)	11/04/1993	1,012.	100 000			1,012	933	989.	SL		18 000				56
WATER INST (RAS)	06/15/1994	7,000	100.000			7,000.	6,256	6,645	SL		18 000				389
ROOF (HORIZ)	09/17/1993	10,954	100.000			10,954.	10,251	10,860	SL		18 000				609.
FURNACE (HORIZ)	06/03/1994	8,491	100.000			8,491.	7,591.	8,063	SL		18 000				472.
BUILDING (PH)	06/30/1984	177,900	100.000			177,900	167,435	167,435	SL		20 000				
LAND (PH)	06/30/1984	2,100	100 000												
IMPROV (PH)	06/30/1986	510.	100 000			510	505	505.	SL		18 000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

2010

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
IMPROV (PH)	06/30/1988	19,500.	100.000			19,500	19,500	19,500	SL		18 000				
IMPROV (PH)	06/30/1991	72,569	100 000			72,569	72,569	72,569	SL		18 000				
KITCHEN (PH)	01/01/1992	17,800	100 000			17,800	17,800	17,800	SL		18 000				
EXHAUST (PH)	04/01/1992	7,836.	100.000			7,836	7,836	7,836	SL		18 000				
ARCH FEES (PH)	06/30/1993	67,148	100 000			67,148	58,202	61,932	SL		18 000				3,730.
ALARM SYSTEM (PH)	05/01/1993	17,487	100 000			17,487	16,872	17,487	SL		18 000				615
FLOOR (PH)	04/30/1993	42,582	100 000			42,582	40,622	42,582	SL		18.000				1,960
FIRE SYSTEM (PH)	06/30/1993	16,000	100 000			16,000	13,594.	14,483.	SL		18.000				889
ENVI SURV (PH)	06/30/1993	3,330.	100 000			3,330	2,829	3,014	SL		18.000				185.
BLD IMP (PH)	06/30/1994	415,856	100 000			415,856	353,282.	376,385	SL		18.000				23,103
EQUIPMENT (REG)	07/30/1994	2,576	100.000			2,576.	2,576	2,576.	SL		5.000				
COMPUTER (PH)	08/30/1994	2,031.	100 000			2,031	2,031		SL		5 000				*
COMPUTER (FLD HILL	08/30/1994	6,519	100 000			6,519	6,519		SL		5 000				*
WASHER/DRYER (PH)	06/30/1995	1,726.	100 000			1,726	1,726		SL		7.000				*
CARPET (TLC1)	11/30/1994	1,976	100 000			1,976	1,976	1,976.	SL		7 000				
SECURITY (PH)	01/30/1995	9,358.	100.000			9,358	8,690	8,690.	SL		7.000				
FURNITURE (PH)	07/31/1994	29,860	100 000			29,860	29,860	29,860	SL		7 000				
FURNITURE (PH)	07/31/1994	21,374.	100.000			21,374	21,374	21,374	SL		7 000				
CARPET (CHS)	11/30/1994	1,885.	100 000			1,885	1,885		SL		7 000				*
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

JSA
0X9024 1 000

ATTACHMENT 8

2010

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
CARPENTRY (SAP)	08/31/1994	9,136	100 000			9,136.	8,043	8,551.	SL		18 000				508.
SECURITY SYSTEM(TL	06/30/1995	2,250	100 000			2,250.	1,875	2,000	SL		18 000				125
VENTING (HORIZ)	06/30/1995	160	100 000			160	135	144.	SL		18 000				9
ROOFING (HORIZ)	06/30/1995	10,130	100 000			10,130	8,445.	9,008	SL		18 000				563
WINDOWS (HORIZ)	06/30/1995	8,700	100 000			8,700.	7,245.	7,728	SL		18 000				483
SECURITY SYSTEM(HO	06/30/1995	2,250	100 000			2,250	1,875	2,000	SL		18.000				125.
BUILDING IMPROVEME	06/30/1995	963,263	100 000			963,263	818,333	871,848.	SL		18 000				53,515.
CARPET (SAP)	11/30/1994	272	100 000			272.	272.		SL		7 000				*
CARPET (TLC3)	11/30/1994	767	100 000			767	767.		SL		7 000				*
OFFICE EQUIP. (REG	09/30/1996	10,900	100 000			10,900	10,900	10,900.	SL		5 000				
SAFE (GHTC)	06/30/1996	1,500	100 000			1,500	1,500		SL		5 000				*
COMPUTER (PH)	03/28/1996	1,581	100 000			1,581	1,581.		SL		5 000				*
FURNITURE (PH)	10/30/1995	1,750	100 000			1,750	1,750	1,750.	SL		7.000				
ALARM SYSTEM (GHTC	06/30/1996	2,260	100 000			2,260	2,260		SL		5 000				*
BUILDING IMPROVEME	06/30/1996	57,741.	100.000			57,741	46,315	49,523.	SL		18 000				3,208
EQUIPMENT (REG)	10/31/1996	1,125	100.000			1,125	1,125	1,125.	SL		5.000				
EQUIPMENT (REG)	04/10/1997	6,054.	100 000			6,054	6,054	6,054.	SL		5.000				
EQUIPMENT (PH)	01/31/1997	1,400	100 000			1,400	1,400	1,400.	SL		5 000				
LEASEHOLD (CHS)	09/30/1996	7,064.	100 000			7,064.	5,390	5,782	SL		18 000				392
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

JSA
0X9024 1 000

ATTACHMENT 8

2010

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD (CHS)	10/31/1996	17,945	100.000			17,945	13,626	14,623.	SL		18.000				997
LEASEHOLD (CHS)	06/17/1997	24,190	100 000			24,190	17,472	18,816	SL		18.000				1,344
COMPUTER EQUIP - P	11/30/1997	4,390	100 000			4,390	4,390		SL		5 000				
COMPUTER EQUIP - P	04/30/1998	1,810	100.000			1,810	1,810		SL		5.000				
FURN & FIXT - PH	06/30/1998	2,969	100 000			2,969	2,969.	2,969.	SL		7 000				
FURN & FIXT - SRO'	06/30/1998	1,783	100 000			1,783	1,783	1,783.	SL		7 000				
COMPUTER EQUIPMENT	09/16/1998	5,420	100 000			5,420	5,420	5,420.	SL		5 000				
2 CARPETS	05/31/1999	1,560.	100 000			1,560	1,560	1,560.	SL		7 000				
L/HOLD IMPROV-DECK	10/31/1998	4,680	100 000			4,680	3,033	3,293	SL		18.000				260
L/H IMPROVEMENTS	03/31/2000	1,575.	100.000			1,575	902	990	SL		18.000				88
OIL TANK (SAP)	08/01/2000	1,200.	100.000			1,200	1,200	1,200.	SL		5 000				
COMPUTER EQUIPMENT	06/30/2001	5,613.	100 000			5,613.	5,613	5,613	SL		5 000				
EQUIPMENT (CHS)	01/24/2001	3,280	100.000			3,280	3,280	3,280.	SL		5 000				
CARPET (CHS)	03/31/2001	1,349.	100 000			1,349.	1,349	1,349.	SL		7 000				
FENCE KTC	11/30/2000	775.	100.000			775.	412.	455	SL		18 000				43
LEASEHOLD IMPR KTC	01/31/2001	8,222.	100 000			8,222	4,303	4,760.	SL		18 000				457
PHONE WIRING KTC	03/22/2001	12,774	100 000			12,774.	6,567	7,277	SL		18.000				710
SECURITY SYS KTC	03/16/2001	7,280	100 000			7,280	3,737	4,141	SL		18.000				404.
SECURITY SYST KTC	05/31/2001	9,926	100 000			9,926	5,005	5,556.	SL		18.000				551
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

JSA
0X9024 1 000

2010

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT (KTC)	04/30/2002	2,596	100 000			2,596.	2,596.	2,596	SL		5.000				
BLDG IMPR (PH)	12/31/2001	1,586	100 000			1,586.	748	836	SL		18 000				88
METHADONE PUMP- KT	10/01/2002	28,913	100 000			28,913	28,913	28,913	SL		5.000				
COMP EQUIP- KTC	04/01/2003	11,786	100 000			11,786.	11,786	11,786	SL		3 000				
COMP EQUIP- SAP	04/01/2003	2,993	100.000			2,993.	2,993	2,993	SL		3 000				
COMP EQUIP- RCS	04/01/2003	5,864	100.000			5,864	5,864.	5,864	SL		3 000				
COMP EQUIP- HUNT	04/01/2003	2,994	100 000			2,994	2,994	2,994.	SL		3 000				
COMP EQUIP- SUP H	03/01/2003	1,932.	100 000			1,932	1,932	1,932.	SL		3 000				
COMP EQUIP P H	10/01/2002	1,493	100 000			1,493	1,493	1,493	SL		3 000				
COMP EQUIP- P H	04/01/2003	8,603.	100.000			8,603	8,603	8,603	SL		3 000				
COMP EQUIP- CHS	04/01/2003	7,808.	100.000			7,808	7,808	7,808	SL		3 000				
METHADONE PUMP- CH	10/01/2002	28,862.	100.000			28,862.	28,862	28,862	SL		5 000				
COMP EQUIP- IRAN	04/01/2003	2,994	100 000			2,994	2,994.	2,994	SL		3 000				
COMP EQUIP- HORIZ	04/01/2003	3,133	100.000			3,133.	3,133	3,133	SL		3 000				
CARPET- HORIZON	02/01/2003	2,232	100.000			2,232.	2,232	2,232.	SL		7 000				
ROOFING- SUMMIT	11/01/2002	10,980	100.000			10,980.	4,677.	5,287	SL		18 000				610
COMP EQUIPMENT-KTC	12/31/2003	12,694	100.000			12,694.	12,694	12,694	SL		3 000				
COMP EQP - SAP	12/31/2003	1,887	100.000			1,887	1,887	1,887	SL		3 000				
COMP EQP - RCS	02/02/2004	4,935	100 000			4,935	4,935.	4,935	SL		3 000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

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0X9024 1 000

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Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT - TLC I	03/31/2004	1,228.	100 000			1,228.	1,228.	1,228.	SL		3 000				
COMP EQP - SUPP HO	12/31/2003	400	100 000			400	400.	400.	SL		3.000				
COMP EQP - PROSPEC	12/31/2003	1,412.	100 000			1,412.	1,412	1,412	SL		3 000				
COMP EQUIP - CHS	03/31/2004	33,986.	100.000			33,986	33,986	33,986	SL		3.000				
EQUIPMENT - TLC II	12/31/2003	1,228	100 000			1,228.	1,228.	1,228.	SL		3.000				
COMPUTERS HORIZON	12/31/2003	2,317	100 000			2,317	2,317.	2,317	SL		3.000				
LEASEHOLD IMPROV	09/30/2003	13,980	100 000			13,980.	5,245	6,022	SL		18 000				777
LEASEHOLD IMPROVEM	02/29/2004	17,862	100.000			17,862	6,283.	7,275	SL		18 000				992
EQUIPMENT KTC	12/31/2004	13,792	100 000			13,792	13,792	13,792	SL		3 000				
EQUIPMENT SAP	12/31/2004	67	100.000			67	67	67	SL		3 000				
EQUIPMENT OPS	09/30/2004	6,542	100 000			6,542.	6,542	6,542	SL		3 000				
EQUIPMENT TLC	07/31/2004	93	100 000			93	93	93.	SL		3 000				
EQUIPMENT PH	07/31/2004	386	100.000			386	386	386.	SL		3 000				
EQUIPMENT CHS	12/31/2004	24,672	100.000			24,672.	24,672	24,672	SL		3 000				
EQUIPMENT TLC2	07/31/2004	93.	100.000			93	93	93	SL		3.000				
EQUIPMENT HORIZONS	05/31/2005	1,223	100 000			1,223	1,223	1,223.	SL		3 000				
LEASEHOLD IMP CHS	04/30/2005	3,289	100 000			3,289	945	1,128.	SL		18 000				183
LEASEHOLD IMP HOR	12/31/2004	14,131	100 000			14,131	4,318	5,103.	SL		18.000				785
BLDG IMPRO. PH	03/21/2005	59,251	100 000			59,251	17,283	20,575.	SL		18 000				3,292
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

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Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD IMP. HOR	12/31/2005	10,681	100.000			10,681	2,669.	3,262	SL		18.000				593
FURNITURE HORIZONS	12/31/2005	6,572.	100 000			6,572	4,225	5,164	SL		7 000				939
EQUIPMENT KTC	12/31/2005	4,404.	100 000			4,404	4,404	4,404	SL		3 000				
EQUIPMENT SAP	12/31/2005	981	100 000			981	981.	981	SL		3 000				
EQUIPMENT OPS	12/31/2005	3,280	100 000			3,280	3,280	3,280.	SL		3 000				
EQUIPMENT TLC I	12/31/2005	709	100 000			709.	709.	709	SL		3 000				
EQUIPMENT PH	12/31/2005	37	100 000			37	37	37.	SL		3 000				
EQUIPMENT CHS	12/31/2005	2,923	100 000			2,923	2,923	2,923.	SL		3.000				
EQUIPMENT TLC II	12/31/2005	1,952	100 000			1,952	1,952.	1,952	SL		3.000				
EQUIPMENT HORIZONS	12/31/2005	4,531	100 000			4,531	4,531.	4,531	SL		3 000				
EQUIPMENT KTC	12/31/2006	1,272	100.000			1,272.	1,272.	1,272.	SL		3.000				
EQUIPMENT OPS	12/31/2006	2,545.	100.000			2,545.	2,545.	2,545	SL		3 000				
EQUIPMENT PROSPECT	12/31/2006	1,272.	100.000			1,272.	1,272	1,272	SL		3 000				
EQUIPMENT CHS	12/31/2006	1,272	100.000			1,272	1,272	1,272	SL		3.000				
EQUIPMENT SEAVIEW	12/31/2006	8,388	100.000			8,388.	8,388.	8,388	SL		3.000				
FURNITURE HUNTINGT	12/31/2006	6,799	100.000			6,799	3,399.	4,370	SL		7 000				971.
FURNITURE SEAVIEW	12/31/2006	15,152	100.000			15,152.	7,577	9,742	SL		7 000				2,165
LEASEHOLD IMP. CHS	12/31/2006	10,830	100.000			10,830	2,107.	2,709	SL		18.000				602
LEASEHLD HORIZONS	12/31/2006	17,250	100 000			17,250.	3,353	4,311	SL		18 000				958.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

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Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT NEW PROS	12/31/2007	5,737.	100 000			5,737	3,824.	5,737.	SL		3 000				1,913
EQUIPMENT NEW PROS	12/31/2007	8,224	100 000			8,224.	5,482	8,224	SL		3.000				2,742
EQUIPMENT NEW PROS	12/31/2007	13,600.	100 000			13,600	9,066	13,600	SL		3.000				4,534
EQUIPMENT NEW PROS	12/31/2007	2,545.	100 000			2,545	1,696.	2,545	SL		3.000				849
EQUIPMENT NEW PROS	12/31/2007	6,399	100.000			6,399.	4,266	6,399	SL		3 000				2,133
EQUIPMENT NEW PROS	12/31/2007	8,665	100 000			8,665	5,776	8,665	SL		3 000				2,889
FURNITURE OPS	12/31/2007	7,603	100 000			7,603.	2,715.	3,801	SL		7.000				1,086
FURNITURE NEW PROS	12/31/2007	22,421	100 000			22,421	6,406.	9,609	SL		7.000				3,203
EQUIPMENT KTC	12/31/2007	2,114	100 000			2,114	1,762	2,114	SL		3 000				352
EQUIPMENT KTC	12/31/2007	1,360	100.000			1,360.	1,133	1,360	SL		3.000				227
EQUIPMENT CHS	12/31/2007	3,478	100 000			3,478.	2,898	3,478	SL		3 000				580.
SOFTWARE	07/31/2008	15,500	100 000			15,500.	9,903.	15,070	SL		3 000				5,167
COMPUTER HARDWARE	06/30/2009	5,500	100.000			5,500	1,100.	2,200	SL		5 000				1,100
SECURITY SYSTEM	09/30/2008	5,403	100 000			5,403	525	825	SL		18 000				300
SECURITY SYSTEM	03/31/2009	5,622.	100.000			5,622	390	702.	SL		18 000				312.
SECURITY SYSTEM	09/30/2008	11,560	100.000			11,560	1,124	1,766.	SL		18 000				642.
CAMERA & ACCESSORY	02/28/2009	4,167	100 000			4,167	1,111	1,944.	SL		5 000				833
PHONE SYSTEM PH	04/30/2009	3,069	100 000			3,069	511	949	SL		7 000				438
PHONE SYSTEM HORIZ	01/30/2009	5,202.	100 000			5,202	1,053	1,796.	SL		7 000				743
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

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Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT CHS	02/28/2009	2,545	100 000			2,545	485	849	SL		7 000				364.
EQUIPMENT	10/31/2008	1,230	100 000			1,230	293	469.	SL		7 000				176
EQUIPMENT	12/31/2008	12,298	100 000			12,298	2,635	4,392.	SL		7 000				1,757
FURNITURES	06/30/2009	2,449	100.000			2,449	350	700	SL		7 000				350.
LEASEHOLD IMP IRAN	06/30/2008	15,000	100.000			15,000	1,666	2,499	SL		18 000				833
EQUIPMENT (CHS)	05/31/2010	4,103	100 000			4,103	114.	1,482.	SL		3 000				1,368
EQUIP (DRUG COURT)	08/31/2009	3,272	100.000			3,272	909	2,000.	SL		3 000				1,091
CARPET (SAP)	05/31/2010	2,397.	100 000			2,397	29	371	SL		7 000				342.
F&F (DRUG COURT)	08/31/2009	7,725	100 000			7,725	920.	2,024	SL		7 000				1,104
LEASEHOLD IMP SAP	09/30/2009	2,495.	100 000			2,495	104.	243	SL		18.000				139
LEASEHOLD IMP OPS	07/29/2009	29,464	100.000			29,464	1,500	3,137	SL		18 000				1,637
LH IMP. HORIZONS	09/30/2009	5,561.	100 000			5,561	232.	541	SL		18.000				309
COMPUTER EQUIPMENT	12/31/2009	3,964	100 000			3,964	396	1,189	SL		5 000				793.
EQUIPMENT	12/31/2009	1,889	100 000			1,889	189	567.	SL		5 000				378.
CARPETS - NEW STEP	09/30/2010	26,210.	100 000			26,210		2,808	SL		7 000				2,808.
ACOUSTICAL CEILING	10/26/2010	8,800.	100.000			8,800.		838	SL		7 000				838
F & F - NEW STEPS	10/29/2010	2,221	100.000			2,221.		212.	SL		7 000				212
F & F - NEW STEPS	11/16/2010	2,618	100 000			2,618		218.	SL		7 000				218
F & F - NEW STEPS	01/31/2011	6,400	100 000			6,400		381	SL		7 000				381
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

JSA
0X9024 1 000

ATTACHMENT 8

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Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT - KTC	02/01/2011	11,500	100 000			11,500.		958	SL		5 000				958.
EQUIPMENT - KTC	06/30/2011	4,044	100 000			4,044			SL		5 000				
EQUIPMENT - SAP	06/30/2011	1,753	100 000			1,753.			SL		5.000				
EQUIPMENT - CHS	06/30/2011	4,044	100 000			4,044			SL		5 000				
EQUIPNT - NEW STEP	07/30/2010	3,623	100.000			3,623		664.	SL		5 000				664
EQUIPNT - NEW STEP	07/30/2010	1,018.	100 000			1,018.		187	SL		5 000				187
VIDEO SYSTEM- NSTE	08/07/2010	22,125.	100 000			22,125		4,056.	SL		5 000				4,056.
PHONE - NEW STEPS	09/02/2010	6,130.	100 000			6,130		1,022	SL		5 000				1,022
COPIER - NEW STEP	09/30/2010	7,041.	100 000			7,041		1,056	SL		5 000				1,056
EQPMNT - NEW STEPS	09/30/2010	2,225.	100 000			2,225		334	SL		5 000				334.
SECURITY SYS-NEW S	10/20/2010	1,895.	100 000			1,895.		253	SL		5 000				253
PHONE - NEW STEPS	10/31/2010	710.	100 000			710		94.	SL		5 000				94.
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired

JSA
0X9024 1 000

ATTACHMENT 8

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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	RECOVERY NETWORK OF PROGRAMS, INC. F/ REGIONAL NETWORK OF PROGRAMS, INC.	06-0910080
	Number, street, and room or suite no. If a P.O box, see instructions 2 TRAP FALLS ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SHELTON, CT 06484	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ PAUL KELLY

Telephone No ▶ 203 929-1954 FAX No. ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ [ ] calendar year 20 ____ or

▶ [X] tax year beginning 07/01 , 2010 , and ending 06/30 , 20 11 .

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions