

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2003Department of the Treasury
Internal Revenue ServiceUnder 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.

Open to Public
Inspection**A** For the 2003 calendar year, or tax year beginning

and ending

B Check if
applicable

- ☒ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND**

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

299 PROMENADE STREET

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

PROVIDENCE, RI 02908**D** Employer identification number**05-0477052****E** Telephone number**401-459-6000****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **NHPRI.ORG****J** Organization type (check only one) ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS; but if the organization received a Form 990 Package
in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **144,564,869.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	1,841,947.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 1,841,947. noncash \$)	1d	1,841,947.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	133,821,235.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	494,589.	
	6 a	Gross rents SEE STATEMENT 1	6a	18,960.	
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	18,960.		
7	Other investment income (describe ▶)	7			
Revenue	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
			8,371,000.	8a	
	b	Less: cost or other basis and sales expenses	8,343,943.	8b	
	c	Gain or (loss) (attach schedule)	27,057.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2	8d	27,057.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10 a	Gross sales of inventory less returns and allowances	10a		
b	Less: cost of goods sold	10b			
c	Gross profit (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 108)	11	17,138.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 8d, 9c, 10c, and 11)	12	136,220,926.		
Expenses	13	Program services (from line 44, column (B))	13	127,711,563.	
	14	Management and general (from line 44, column (C))	14	6,637,172.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	134,348,735.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,872,191.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,472,215.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	<47,830.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	8,296,576.	

323001
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
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44 Total functional expenses (add lines 22 through 43).
Organizations completing columns (B)-(D), carry these totals to lines 13-15

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

What is the organization's primary exempt purpose? ► SEE STATEMENT 5

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

	(Grants and allocations \$	1,341,125.)	127,711,563.
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b	
	(Grants and allocations \$)

C	
	(Grants and allocations \$)

d

(Grants and allocations \$)

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Form 990 (2003)

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	10,325,741.	837,759.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	10,271,206.	
	b Less: allowance for doubtful accounts	258,390.	
	47 c	7,294,379.	10,012,816.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	745,389.	663,929.
	54 Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,753,172.	15,477,362.
	55 a Investments - land, buildings, and equipment: basis		
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	1,325,164.		
b Less: accumulated depreciation	955,615.		
57 c	456,636.	369,549.	
58 Other assets (describe SEE STATEMENT 9)	1,395,308.	3,197,465.	
59 Total assets (add lines 45 through 58) (must equal line 74)	29,970,625.	30,558,880.	
Liabilities	60 Accounts payable and accrued expenses	2,942,313.	5,123,857.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 10	2,000,000.	2,000,000.
	65 Other liabilities (describe IBNR LIABILITIES)	18,556,097.	15,138,447.
66 Total liabilities (add lines 60 through 65)	23,498,410.	22,262,304.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	6,472,215.	7,491,576.
	68 Temporarily restricted		805,000.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6,472,215.	8,296,576.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	29,970,625.	30,558,880.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a Total revenue, gains, and other support per audited financial statements	a 136207812.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify): \$	
Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 136207812.
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):	
STMT 12 \$ 13,114.	
Add amounts on lines (1) and (2)	d 13,114.
e Total revenue per line 12, Form 990 (line c plus line d)	e 136220926.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements	a 134383451.
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$ 47,830.	
(4) Other (specify):	
STMT 11 \$ <13,114.>	
Add amounts on lines (1) through (4)	b 34,716.
c Line a minus line b	c 134348735.
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):	
Add amounts on lines (1) and (2)	d 0.
e Total expenses per line 17, Form 990 (line c plus line d)	e 134348735.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MR. CHRISTOPHER F. KOLLER 299 PROMENADE ST PROVIDENCE, RI	CEO/DIRECTOR 40	181,731.	19,990.	0.
MS. KATHY GRANT 299 PROMENADE ST PROVIDENCE, RI	COO/DIRECTOR 40	125,640.	10,382.	0.
DEBBIE GREVE 299 PROMENADE ST PROVIDENCE, RI	CFO 40	70,703.	7,777.	0.
MS. ELAINE TAYLOR 299 PROMENADE ST PROVIDENCE, RI	CIO/DIRECTOR 40	99,807.	10,979.	0.
DR. RENEE B. RULIN 299 PROMENADE ST PROVIDENCE, RI	MEDICAL DIRECTOR/DIRECTOR 40	137,615.	15,138.	0.
SEE ATTACHED SCHEDULE		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2003	90b	165
91	The books are in care of KAREN FIFER FERRY Telephone no. 401-459-6000		

Located at 299 PROMENADE STREET, PROVIDENCE, RI

ZIP + 4 02908

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PREMIUMS EARNED					133,821,235.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	494,589.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	18,960.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	27,057.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					17,138.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		540,606.	133,838,373.
105 Total (add line 104, columns (B), (D), and (E))					134,378,979.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103	MISCELLANEOUS INCOME DERIVED FROM PROVIDED HEALTHCARE SERVICES.
93A	PREMIUMS EARNED FOR HEALTHCARE SERVICES TO ITS MEMBERS.
103	MISCELLANEOUS INCOME DERIVED FROM PROVIDED HEALTHCARE SERVICES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from any source other than the organization's members?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on any contract with respect to which the organization is a beneficiary?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. Declaration of preparer (other than officer) is based on all information furnished to preparer.
	Signature of officer: <i>Karen A. Kelly</i> Date: 8/11
Paid Preparer's Use Only	Preparer's signature: <i>John E. Smoot</i> Firm's name (or yours if self-employed): LEFKOWITZ, GARFINKEL, & ASSOCIATES Address: TEN WEYBOSSET STREET City and State: PROVIDENCE, RI 02903

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions.)**▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2003

Name of the organization

NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

Employer identification number

05 0477052

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KENNETH MARROCCO 299 PROMENADE STREET, PROVIDENCE, RI	DIR. INFO. 40	93,862.	10,325.	
TRACY MCCAUGHEY 299 PROMENADE STREET, PROVIDENCE, RI	DIR OF COMPL 40	90,534.	9,959.	
LEON MCTYEIRE JOHNSTON 299 PROMENADE STREET, PROVIDENCE, RI	ASST MED DIR 40	87,250.	9,598.	
NANCY HERMIZ 299 PROMENADE STREET, PROVIDENCE, RI	SEN DIR OF PR 40	86,737.	9,541.	
KENNETH PARISEAU 299 PROMENADE STREET, PROVIDENCE, RI	DIR OF NSP 40	78,689.	8,656.	
Total number of other employees paid over \$50,000 ▶	56			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SENIOR MANAGEMENT INC CLEVELAND, OHIO	INTERIM ACCOUNTANT/CFO	63,911.
SHORELINE SOFTWARE PROVIDENCE, RI	SOFTWARE	124,707.
HORTON INTERPRETING SERVICE PROVIDENCE, RI	INTERPRETATION SERVICES	274,977.
ATRION NETWORKING CORPORATION WARWICK, RI	COMPUTER CONSULTATION	145,601.
ADVANCED PHARMACY CONCEPTS NORTH KINGSTOWN, RI	ADMIN SERVICES FOR PHARMACY	72,677.
Total number of others receiving over \$50,000 for professional services ▶	2	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	495,174.	191,220.			686,394.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	140176660.	120902804.			261,079,464.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	885,313.	928,771.			1,814,084.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	8,500.		SEE STATEMENT 13		8,500.
23 Total of lines 15 through 22	141565647.	122022795.	0.	0.	263,588,442.
24 Line 23 minus line 17	1,388,987.	1,119,991.			2,508,978.
25 Enter 1% of line 23	1,415,656.	1,220,228.			

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶ 26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ 26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶ 26d	N/A
e Public support (line 26c minus line 26d total)	▶ 26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) 0. (2001) 0. (2000) 0. (1999) 0.	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) 0. (2001) 0. (2000) 0. (1999) 0.	
c Add: Amounts from column (e) for lines: 15 686,394. 16 _____ 17 261,079,464. 20 _____ 21 _____	▶ 27c 261,765,858.
d Add: Line 27a total 0. and line 27b total 0.	▶ 27d 0.
e Public support (line 27c total minus line 27d total)	▶ 27e 261,765,858.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 263,588,442.	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g 99.3085%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h .6882%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2003

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	Neighborhood Health Plan of Rhode Island	05-0477052
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	50 Holden Street	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Providence, RI 02908	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until August 16, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2003 or
- ☐ tax year beginning _____, and ending _____

- 2 If this tax year 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 \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

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

Signature John E. Summary Title CPA Date 5-11-04

LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

NHPRI Board of Directors

Page 2 of 3

3/17/04

Mr. Michael Frazier, Vice President Finance and Business/Chief Financial Officer
Providence College (for courier use: 549 River Ave, Harkins Hall, RM 410 Providence, 02918)
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(401) 865-2299 (direct line)
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E-Mail Mfrazier@Providence.edu

Mr. William Hochstrasser-Walsh, LICW
Executive Director
Family Health Services
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Cranston, RI 02910
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E-Mail: whochstrasserwalsh@COMCAP.org

Ms. Kerrie Jones Clark, Executive Director
RI Health Center Association
235 Promenade Street, Suite 104
Providence, RI 02908
Phone (401) 274-1771
Fax (401) 274-1789
E-Mail: kclark@rihca.org

Mr. Christopher F. Koller, President & Chief Executive Officer
Neighborhood Health Plan of RI
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Phone (401) 459-6000
Fax (401) 459-6175
E-Mail ckoller@nhpri.org

Mr. Joseph Nagle
President & Chief Executive Officer
Delta Dental of RI
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Phone (401) 752-6225
Fax (401) 752-6050
E-Mail inagle@deltadentalri.com

Neighborhood Health Plan of Rhode Island Board of Directors

Mr. Ernest A. Balasco, Executive Director
Wood River Health Services
Chair of NHPRI Board of Directors
823 Main Street
Hope Valley, RI 02832
Phone (401) 539-0228
Fax (401) 539-2663
E-Mail WRHSERNIE@aol.com

Mr. Ray Lavoie, Site Liaison
Vice Chair of NHPRI Board of Directors
Blackstone Valley Community Healthcare, Inc.
50 Park Place
Pawtucket, RI 02860
Phone (401) 729-0080
Fax (401) 729-0438
E-Mail BVCHCadmin@msn.com

Ms. Maria Montanaro, Executive Director
Secretary of NHPRI Board of Directors
Thundermist Health Associates, Inc.
191 Social Street
Woonsocket, RI 02895
Phone (401) 767-4163 Ex 3010
Fax (401) 767-4165
E-Mail Mmontanaro@thundermisthealth.org

Mr. Merrill Thomas, Executive Director
Treasurer of NHPRI Board of Directors
Providence Community Health Centers, Inc. (PCHC)
375 Allens Avenue
Providence, RI 02905
Phone (401) 444-0400
Fax (401) 444-0469
E-Mail mthomas@providencechc.org

Mr. Peter Bancroft, CPA, Director of Health Center Services
Northwest Health Center
P.O. Box 531 (For Courier, use 36 The Bridge Way, Pascoag RI)
Harmony, RI 02829
Phone (401) 568-7664 Ex.19 or 568-7949
Fax (401) 567-0900
E-Mail pbancroft@northwesthealthcare.org

NHPRI Board of Directors

Page 3 of 3

3/ 7/04

Mr. Dennis Roy, Executive Director
East Bay Family Health Care
100 Bullocks Point Avenue
Riverside, RI 02915
Phone (401) 437-0004
Fax (401) 433-1598
E-Mail Dennisr@newvisionsri.com

Ms. Nancy Turnbull, Director of Educational Programs
Harvard School of Public Health
26 Francis Street
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Ms. Karen Voci
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Rhode Island Foundation
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NHPRI Staff

Ms. Kathy Y. Grant, RN: COO
Ms. Karen Fifer Ferry: CFO
Renee B. Rulin, MD: Medical Director

Neighborhood Health Plan of Rhode Island
Fixed Assets Roll-forward
As of December 31, 2003

		Office		Leasehold		
		Computers	Equipment	Furniture	Improvements	Total
Asset:						
Balance as of 12/31/02	PY	753,277	26,258	189,519	331,160	1,300,215
Purchases (Jan-03 - Dec-03)	A	356,109	-	-	-	356,109
Adjustment from prior year	B	-	-	-	(331,160)	(331,160)
Write off/Disposals		-	-	-	-	-
Balance as of 12/31/03		1,109,386	26,258	189,519	-	1,325,164
	TB-2					
Accum. Depr.:						
Balance as of 12/31/02	PY	(540,494)	(28,118)	(153,030)	(121,937)	(843,579)
Depr. Expense (Jan-03 - Dec-03)	A	(218,632)	2,518	(17,859)	(38,635)	(272,608) TB-5
Adjustment from prior year		-	-	-	-	-
Write off/Disposals	B	-	-	-	160,572	160,572
Balance as of 12/31/03		(759,126)	(25,600)	(170,889)	0	(955,615)
	TB-2					
Net Book Value at 12/31/03		350,260	658	18,630	0	369,549

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
299 PROMENADE STREET, PROVIDENCE, RI	1	18,960.
TOTAL TO FORM 990, PART I, LINE 6A		18,960.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	8,371,000.	8,343,943.	0.	27,057.
TO FORM 990, PART I, LINE 8	8,371,000.	8,343,943.	0.	27,057.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/(LOSS) ON SALE OF SECURITIES	<47,830.>
TOTAL TO FORM 990, PART I, LINE 20	<47,830.>

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	433,191.	432,258.	933.	
TEMPORARY HELP	76,628.	36,957.	39,671.	
CONSULTING	853,214.	322,698.	530,516.	
PROFESSIONAL FEES	414,135.	348,897.	65,238.	
TRAINING	170,848.	34,345.	136,503.	
FEES	60,782.		60,782.	
MEALS	60,646.	21,309.	39,337.	
MISCELLANEOUS	42,060.	595.	41,465.	
INSURANCE	186,849.		186,849.	
DUES & SUBSCRIPTIONS	109,996.	8,504.	101,492.	

COMPUTER EXPENSE	79.	79.	
RECRUITMENT	96,001.		96,001.
HEALTHCARE COSTS	119,528,375.	119,528,375.	
TOTAL TO FM 990, LN 43	122,032,804.	120,734,017.	1,298,787.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

NHPRI PROVIDES COMPREHENSIVE HEALTH CARE SERVICES ON A PREPAID BASIS. NHPRI IS A NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION (HMO) AND CONTRACTS FOR THE PROVISION OF COMPREHENSIVE HEALTH CARE SERVICES TO ITS MEMBERS.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE ONE

NEIGHBORHOOD HEALTH PLAN OF RI PROVIDES COMPREHENSIVE HEALTH CARE SERVICES ON A PREPAID BASIS PRINCIPALLY TO MEDICAID RECIPIENTS AND CERTAIN OTHER ELIGIBLE PERSONS UNDER THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS MANAGED CARE PROGRAM, RITE CARE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	1,341,125.	127,711,563.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS		7,985,362.			7,985,362.
OTHER			0.		
TO 990, LN 54 COL B		7,985,362.	0.		7,985,362.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	8
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DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	7,492,000.		7,492,000.
TOTAL TO FORM 990, LINE 54, COL B	7,492,000.		7,492,000.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
STATE GUARANTY FUND DEPOSIT	2,288,000.
DEPOSITS	59,465.
CONTRIBUTIONS RECEIVABLE	850,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,197,465.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 10
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LENDER'S NAME		TERMS OF REPAYMENT	
RHODE ISLAND COMMUNITY FOUNDATION		PRINC. PMTS OF \$500,000 EVERY 5 YRS	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
01/01/01	01/21/21	0.	5.75%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
		SURPLUS NOTE PAYABLE	

RELATIONSHIP OF LENDER

RELATED PARTY

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	2,000,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		2,000,000.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
PHARMACY DIVIDENDS	<13,114.>
TOTAL TO FORM 990, PART IV-B	<13,114.>

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
PHARMACY DIVIDENDS	13,114.
TOTAL TO FORM 990, PART IV-A	13,114.

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
OTHER	8,500.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	8,500.	0.	0.	0.

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

OMB No. 1545-1709

▶ File a separate application for each return.

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

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	05-0477052
	Number, street, and room or suite no. If a P.O. box, see instructions. 299 PROMENADE STREET	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PROVIDENCE, RI 02908	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUGUST 16, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2003 or
- ▶ ☐ tax year beginning _____, and ending _____.

- 2 If this tax year 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 \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

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

Signature ▶ _____ Title ▶ _____ Date ▶ _____

LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)