Form	990)-PF			eturn of Private		-	OMB No 1545-0052
		<u> </u>		or Secti	on 4947(a)(1) Nonexe		rust	2010
		the Treasury	Note	The foundation ma	Treated as a Private y be able to use a copy of this		orting requirements.	
			or tax year beg		T 1, 2010	, and ending	SEP 30, 2011	
		that apply:		al return	Initial return of a fo		Final return	·····
	noon an			ended return	Address chang	· · · · ·	Name change	
Nan	ne of fou	Indation					A Employer identification	number
				NDATION			20-5791169	
Num	iber and s			is not delivered to stre	et address)	Room/suite	B Telephone number	1.0
City	or town	<u>3949</u> , state, and Z	OLD POS	ST RD			<u>401-213-63</u>	
UILY	OI LOWN		ESTOWN,	RI 028	13		C If exemption application is p D 1. Foreign organizations	· · · · · · · · · · · · · · · · · · ·
нс	heck tvo	be of organiza			exempt private foundation		2. Foreign organizations me check here and attach co	eting the 85% test,
		•			Other taxable private founda	tion		
i Fa	ır marke	t value of all	assets at end o	of year J Accour	nting method; 🛛 🗶 Cash	Accrual	 E If private foundation state under section 507(b)(1) 	
(fr	om Par	t II, col. (c),	lıne 16)		Other (specify)		F If the foundation is in a (60-month termination
			35,4		lumn (d) must be on cash t	basis.)	under section 507(b)(1)	
Pa	m —	he total of amo	evenue and Ex	b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	'n	ecessarily equa	I the amounts in c	column (a))	expenses per books	Income	income	(cash basis only)
			gifts, grants, et		43,439.			
	a Inte	erest on saving	s and temporary	t required to attach Sch. B	271.		071	
	່ ວ ca	sh investments	interest from se	ourition	2/1.	271.		STATEMENT 1 STATEMENT 2
		oss rents		ecurnies	/•		, /•	STATEMENT Z
		t rental income	or (loss)					
	_		from sale of assets	s not on line 10	-70.			
onu	Gro	oss sales price sets on line 6a		459.	,			
Revenue			come (from Part I			0	,	
æ	8 Ne	et short-term	capital gain				0.	
		come modific						
		oss sales less r d allowances	eturns			·		
		ss Cost of goo		<u></u>				<u> </u>
		oss profit or	• •	• • • • •			<u> </u>	
		her income		1		070	070	
			s 1 through 11		43,647.	<u> </u>		0
			officers, directors e salaries and v		7,640.	0.	0.	7,640
			employee bene		,,040.	0.	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ies		igal fees	0.11p10300 0011	STMT 3	37,595.	0	. 0.	0
ens		counting fee	s	STMT 4	4,935.	0	0.	0
Administrative Expenses		her professio		STMT 5	620.	0	. 0.	0
ive.		terest						
trat	1	ixes		STMT 6	1,281.	0		1,156
nist	1	epreciation ar	nd depletion		991.	0	. 817.	
dmi	1	cupancy						
Ϋ́р	21 Tr		nces, and meet	lings	10,826.	0	. 0.	0
and	22 Pr	inting and pu		000400 7	101 004	^	7 500	EA 526
perating	23 Ot	her expenses		STMT 7	101,694.	0	. 7,500.	54,536
era	24 10		g and administ I lines 13 throu		165,582.	0	8,317.	63,332
g		-	gifts, grants pa	-	105,502.	U		03,332
			s and disburse		.		1	· · · · · · · · · · · · · · · · · · ·
		dd lines 24 ar			165,582.	0	8,317.	63,332
			6 from line 12:				<u></u>	00,000
				und disbursements	-121,935.			
			t income (if neg			278	•	
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0.	

14380814 72006	3 00005091-000
----------------	----------------

1 2010.05090 THE RISC FOUNDATION INC 00005311 3

For	m 99	0-PF (2010) THE RISC FOUNDATION INC	· ·		5791169 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	7,962.	9,065.	9,065.
	2	Savings and temporary cash investments	139,112.	24,432.	24,432.
	3	Accounts receivable			· · · · · · · · · · · · · · · · · · ·
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			······································
	[.	Less: allowance for doubtful accounts			
s	8	Inventories for sale or use		· . · · · · · · · · · · · · · · · · · ·	
Assets	-	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - kond, buildings, and equipment: basis			
	11				
	10	Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 4,264. Less accumulated depreciation STMT 8 ▲ 2,629.	2 626	1 625	1 ()
			2,626.	1,635.	<u> </u>
	15	Other assets (describe STATEMENT 9)	7,500.	300.	300.
			455 000		
		Total assets (to be completed by all filers)	157,200.	35,432.	35,432.
		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
III	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities		Mortgages and other notes payable			
	22	Other liabilities (describe STATEMENT 10)	8,215.	8,382.	
	23	Total liabilities (add lines 17 through 22)	8,215.	8,382.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted	140,614.	18,679.	
lan	25	Temporarily restricted	8,371.	8,371.	
Ba	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here			
Ľ.		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		· -··	
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances	148,985.	27,050.	
Z					
	31	Total liabilities and net assets/fund balances	157,200.	35,432.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	ances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 30	······································		
'		st agree with end-of-year figure reported on prior year's return)	,	1	1/0 005
n		a agree with end-on-year lighter reported on phoryear's return)		1	<u> 148,985</u> 121,935
		•	-	2	
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	27,050
		eases not included in line 2 (itemize)	(1) 1 00	5	0.
<u>6</u>	l ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b), line 30	6	<u> </u>
	511				Form 990-PF (2010)
	07-10		•		

-

- - --

_

2 14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC 00005311

	RISC FOUNDATION and Losses for Tax on I		me		20-579	91169 Page 3
(a) List and desc	ribe the kind(s) of property sold (e.g arehouse; or common stock, 200 sh	j., real estate,	(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
·····		S. MLC CO.)		D - Donation P	04/23/11	
FIRST ALLIED S	ARA LEE STOCK			P	04/23/11	05/05/11
		() 0 ()				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or othe plus expense			(h) Gain or (los: (e) plus (f) minus	
459.			529	•		-70
				-		
					···· · -	
Complete only for assets shown	ng gain in column (h) and owned by	1) (1) Gains (Col. (h) gai . (k), but not less tha	n minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j),			Losses (from col.	(h))
						-70
				+		
	∫ If gain, also ente	.⊥ er in Part I, line 7	ر			
Capital gain net income or (net ca		D- in Part I, line 7		2		-70
	ss) as defined in sections 1222(5) a	nd (6):	י ר			
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8						0
Part V Qualification L	Inder Section 4940(e) fo	r Reduced Tax	on Net Ir	vestment Inc	come	0
"Yes," the foundation does not qua Enter the appropriate amount in	tion 4942 tax on the distributable and hify under section 4940(e). Do not content of the section 4940 section to the section of the section	omplete this part.	any entries.			Yes X No
(a) Base period years Calendar year (or tax year beginn	(b) Ing in) Adjusted qualifying di	stributions Net v				(d)
2009			alue of nonc	(c) haritable-use assets	Distr (col. (b) d	(d) Ibution ratio Ivided by col. (c))
2008		99,212.	alue of nonc	haritable-use assets	(col. (b) d	ubùtión ratio Ivided by col. (c))
2007		99,212. 39,248.	alue of nonc	haritable-use assets 124,270 111,783	(col. (b) d	ibùtión ratio ivided by col. (c)) . 79835 . 35110
		99,212. 39,248. 4,380.	value of nonc	haritable-use assets 124,270 111,783 6,901	(col. (b) d	ibùtión ratio ivided by col. (c)) • 79835 • 35110 • 63469
2006 2005		99,212. 39,248.	ralue of nonc	haritable-use assets 124,270 111,783	(col. (b) d	ibùtión ratio ivided by col. (c)) . 79835 . 35110 . 63469
2006 2005		99,212. 39,248. 4,380.	ralue of nonc	haritable-use assets 124,270 111,783 6,901	(col. (b) d	ibùtión ratio Ivided by col. (c))
2006 2005 Total of line 1, column (d)		99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	ibùtión ratio Ivided by col. (c))
2006 2005 Total of line 1, column (d) Average distribution ratio for the	5-year base period - divide the tota	99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	1921tión ratio Ivided by col. (c))
2006 2005 Total of line 1, column (d)	5-year base period - divide the tota	99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	1921tión ratio Ivided by col. (c))
2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe	5-year base period - divide the tota	99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	1921010 ratio 1979835 .35110 .63469 17.85173 19.63589 4.90897
2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharita	5-year base period - divide the tota ence if less than 5 years	99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	ibùtión ratio ivided by col. (c)) .79835 .35110 .63469 17.85173 19.63589 4.90897 75,800
2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharita	5-year base period - divide the tota ence if less than 5 years	99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	10000000000000000000000000000000000000
2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharita Multiply line 4 by line 3	5-year base period - divide the tota ence if less than 5 years ble-use assets for 2010 from Part X	99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	bùtión ratio ivided by col. (c)) .79835 .35110 .63469 17.85173 19.63589 4.90897 75,800 372,100
2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharita Multiply line 4 by line 3 Enter 1% of net investment incom	5-year base period - divide the tota ence if less than 5 years ble-use assets for 2010 from Part X	99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	ibùtión ratio ivided by col. (c)) .79835 .35110 .63469 17.85173 19.63589 4.90897 75,800 372,100 3
2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharita Multiply line 4 by line 3 Enter 1% of net investment incom	5-year base period - divide the tota ence if less than 5 years ble-use assets for 2010 from Part X	99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	ibùtión ratio Ivided by col. (c)) . 79835 . 35110 . 63469 17.85173 19.63589 4.90897 75,800 372,100 3
2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharita Multiply line 4 by line 3 Enter 1% of net investment inco Add lines 5 and 6	5-year base period - divide the tota ence if less than 5 years ble-use assets for 2010 from Part X me (1% of Part I, line 27b)	99,212. 39,248. 4,380. 5,659.		haritable-use assets <u>124,270</u> <u>111,783</u> <u>6,901</u> <u>317</u>	(col. (b) d	bùtión ratio ivided by col. (c)) . 79835 . 351109 . 63469 17.85173 19.63589 4.90897 75,800 372,100 3 372,103
2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharita Multiply line 4 by line 3 Enter 1% of net investment inco Add lines 5 and 6 Enter qualifying distributions fro	5-year base period - divide the tota ence if less than 5 years ble-use assets for 2010 from Part X me (1% of Part I, line 27b) m Part XII, line 4	99,212. 39,248. 4,380. 5,659.	ne number of	haritable-use assets 124,270 111,783 6,901 317 years	(col. (b) d	bùtión ratio ivided by col. (c)) . 79835 . 351109 . 63469 17.85173 19.63589 4.90897 75,800 372,100 3 372,103
2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharita Multiply line 4 by line 3 Enter 1% of net investment inco Add lines 5 and 6 Enter qualifying distributions fro	5-year base period - divide the tota ence if less than 5 years ble-use assets for 2010 from Part X me (1% of Part I, line 27b)	99,212. 39,248. 4,380. 5,659.	ne number of	haritable-use assets 124,270 111,783 6,901 317 years	(col. (b) d	bùtión ratio Nided by col. (c)) . 798354 . 351109 . 63469 17.85173 19.63589 4.90897 75,800 372,100 372,103 63,332
2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 5 Enter 1% of net investment inco 7 Add lines 5 and 6 8 Enter qualifying distributions fro 1f line 8 is equal to or greater tha	5-year base period - divide the tota ence if less than 5 years ble-use assets for 2010 from Part X me (1% of Part I, line 27b) m Part XII, line 4	99,212. 39,248. 4,380. 5,659.	ne number of	haritable-use assets 124,270 111,783 6,901 317 years	(col. (b) d	bùtión ratio Nided by col. (c)) . 798354 . 351109 . 63469 17.85173 19.63589 4.90897 75,800 372,100 372,103

I.

ł

I

Form	, 990-PF (2010) THE RISC FOUNDATION INC			20-	5791	169	1	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a)	, 4940(b), 4940	e), or 4	948	· see i	nstru		
	Exempt operating foundations described in section 4940(d)(2), check here)					,
	Date of ruling or determination letter: (attach copy of letter if necessar							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1				6.
_	of Part I, line 27b							
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Pa	art I. line 12. col. (b).	J					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others		-	2				0.
3	Add lines 1 and 2			3				6.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others	enter -0-)		4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,		5	-			<u>0.</u> 6.
6	Credits/Payments:							
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	1						
	Exempt foreign organizations - tax withheld at source 6t)		1				
	Tax paid with application for extension of time to file (Form 8868)	3		1				
	Backup withholding erroneously withheld			1				
	Total credits and payments. Add lines 6a through 6d			7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9				6.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		► È	10				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refu	nded 🕨	11				
	rt VII-A Statements Regarding Activities		- F					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did it participate o	r intervene	e in			Yes	No
	any political campaign?					1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (s	ee instructions for de	finition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	oies of any materials	publishe	ed or				
	distributed by the foundation in connection with the activities.							
C	Did the foundation file Form 1120-POL for this year?					1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	:						
	(1) On the foundation. > \$O . (2) On foundation managers. >	\$	0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure t	ax imposed on found	ation	-				
	managers. ► \$ 0 .							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?					2		Х
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instru	ment, articles of incor	poration,	Dr				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
	 By language in the governing instrument, or 							
	• By state legislation that effectively amends the governing instrument so that no mandatory dire	ctions that conflict wi	th the stat	e law				
	remain in the governing instrument?					_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.							
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) $$	•						
	RI					l		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	ey General (or designa	ite)					
of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 11					8b		X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar								
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," comp	lete Part XIV				_9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listi	ng their names and addre	sses S	TMT		10	_X	
					For	n 990	- PF (2010)

023531 12-07-10

4 14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC 00005311

	0-5791169) F	Page 5
Part VII-A Statements Regarding Activities (continued)		<u>т — т</u>	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11		X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
August 17, 2008?	12		<u> </u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address WWW.RISCFOUNDATION.COM			
14 The books are in care of ► DAVID LUCIER Telephone no. ►			
	P+4 ▶ <u>02813</u>		<u> </u>
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	15 N		
16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
securities, or other financial account in a foreign country?	16		X
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
the foreign country			
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	X No		
	X No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No		
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?	X No		
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
If the foundation agreed to make a grant to or to employ the official for a period after		1	
termination of government service, if terminating within 90 days.)	X No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	N/A 1b		
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2010?	10		Х
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 2010?	X No		
If "Yes," list the years 🕨 , , , , , , , , , , , , , , , , , ,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.)	N/A 2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
▶,,,,,			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	X No		
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	ose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
Form 4720, to determine if the foundation had excess business holdings in 2010.)	N/A 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the			
had not been removed from jeopardy before the first day of the tax year beginning in 2010?	46		x
	Form 99	0-PF (

023541 12-07-10

i L

> 5 14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC

Form 990-PF (2010) THE RISC FOUNDATION INC Part VII-B Statements Regarding Activities for Which	Form 4720 May Bo		<u>20-57911</u> ved)	69 Page	6
	UTILI 4720 Way De F			<u> </u>	_
 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section) 	n 4945(e)) ?		s X No		
 (1) Carry on propagatida, or otherwise attempt to influence registration (section) (2) Influence the outcome of any specific public election (see section 4955); or 					
any voter registration drive?	i to daily on, directly of main		s 🛣 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	-				
509(a)(1), (2), or (3), or section 4940(d)(2)?		T Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or f				
the prevention of cruelty to children or animals?	,, -		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instri	uctions)?	-	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check I	nere				_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	Ň	I/A 🗌 Ye	s 🗌 No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		🛄 Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b X	
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	L Ye	s 🛣 No 📙		
b if "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.			1	
(_) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, othe) er
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances	61 i
SEE STATEMENT 13		0.	0.	0	•
	···· ··· ···				
	-				
	-				
	4				
	-				
2 Compensation of five highest-paid employees (other than those in	luded on line 1) If none	enter "NONE "		L	
2 Compensation of the highest-paid employees (other than those in	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense	 e
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, othe allowances	er
NONE			compensation	allowances	
NONE	-				
	-				
		1			
	1				
		-		<u> </u>	
	1				
		1		1	
	1				
Total number of other employees paid over \$50,000					0

20-5791169 Page 7

(c) Compensation

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)						
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."					
(a) Name and address of each person paid more than \$50,000	(b) Type of service					
NONE						

NONE		
	_	
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Ex	rpenses
1 TRANSPARENCY - TO FACILITATE ACCESS TO RI PUBLIC RECORDS AND		
TO PROMOTE ACCOUNTABILITY AND RESPONSIBILITY RESULTING IN		
GOOD GOVERNMENT (INCLUDES \$4,015 OF PAYROLL EXPENSES)		22,840.
2 "DID YOU KNOW" - INFORMATIONAL COMMUNICATIONS REGARDING		
ISSUES OF STATE GOVERNMENT		
		8,208.
3		
SEE STATEMENT 14		25,200.
4 OPERATION CLEAN GOVERNMENT - SUPPORT FOR CANADIDATE SCHOOL		
		0.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	A	mount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

Form 990-PF (2010)

023561 12-07-10

14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC

7

00005311

. Form 990-PF (2010)

.

THE RISC FOUNDATION INC

-

Ρ	art X Minimum Investment Return (All domestic foundations	must complete this part.	Foreign four	idations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	able, etc., purposes:			<u></u>
a	Average monthly fair market value of securities	, ,, ,, ,		1a	0.
	Average of monthly cash balances			1b	76,954.
	Fair market value of all other assets		Ì	1c	
d	Total (add lines 1a, b, and c)		ĺ	1d	76,954.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	76,954.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	nt, see instructions)		4	1,154.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	75,800.
6	Minimum investment return. Enter 5% of line 5			6	3,790.
Ρ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here X and do not complete this particular the sector of th		oundations an	d certain	
1	Minimum investment return from Part X, line 6))		1	
2a	Tax on investment income for 2010 from Part VI, line 5	2a			
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b	-	ļ	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	
6	Deduction from distributable amount (see instructions)			6	
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	art XIII, line 1		_7	
	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., p	urposes:			CD D D D
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			<u>1a</u>	63,332.
b	5			<u>1b</u>	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out char	table, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
a	Suitability test (prior IRS approval required)		}	<u>3a</u>	
b	Cash distribution test (attach the required schedule)			<u>3b</u>	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,			4	63,332.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	vestment			0
_	income. Enter 1% of Part I, line 27b		-	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		l l	6	63,332.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years.	s when calculating whether th	e toundation o	ualifies for the	
					Farm 000-DE (0040)

_ _ _ _

Form **990-PF** (2010)

023571 12-07-10

8

, Form 990-PF (2010)

•

Part XIII Undistributed Income (see instructions)

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

023581 12-07-10

ŀ

Form **990-PF** (2010)

Form 990-PF (2010) THE RISC	FOUNDATION	I INC		20-57	7 91169 Page 10
Part XIV Private Operating For	undations (see inst	tructions and Part VII-	A, question 9)		
1 a If the foundation has received a ruling or d	fetermination letter that i	t is a private operating			
foundation, and the ruling is effective for 2	•	-	▶└		
b Check box to indicate whether the foundat		foundation described in		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	,,,,,,, _
Income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for			•		
each year listed	0.	0.	0.	345	
b 85% of line 2a	0.	0.	0.	293.	. 293.
c Qualifying distributions from Part XII,	62 222	00 010	20 240	4 200	0.00 170
line 4 for each year listed	63,332.	99,212.	39,248.	4,380.	. 206,172.
d Amounts included in line 2c not					
used directly for active conduct of	0.	0.	0.	0.	0
exempt activities			0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities.					
Subtract line 2d from line 2c	63,332.	99,212.	39,248.	4,380	206,172.
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter;	03,332.	, 212.		4,500	
(1) Value of all assets(2) Value of assets qualifying					0.
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					0.
2/3 of minimum investment return shown in Part X, line 6 for each year listed	2,527.	4,143.	3,726.	230	10,626.
c "Support" alternative test - enter:			• · · · ·		
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii) (3) Largest amount of support from					0.
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Infor			t the foundation	had \$5,000 or m	iore in assets
at any time during th	-	istructions.)			
 Information Regarding Foundation List any managers of the foundation who is year (but only if they have contributed mo 	have contributed more t		butions received by the	foundation before the cl	ose of any tax
SEE STATEMENT 15					
b List any managers of the foundation who other entity) of which the foundation has a			or an equally large portion	on of the ownership of a	partnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation onl the foundation makes gifts, grants, etc. (s	y makes contributions to	preselected charitable of	organizations and does r	not accept unsolicited req	uests for funds. If
a The name, address, and telephone number					<u> </u>
b The form in which applications should be	submitted and informati	on and materials they sh	iould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographical	areas, charitable fields,	kinds of institutions, or o	other factors:	
002801 40.07 40		,			
023601 12-07-10		10			Form 990-PF (2010)

				ΤU		
14380814	720063	00005091-000	2010.05090	THE	RISC	FOU

JNDATION INC 00005311

.

.

Form 990-PF (2010) THE RISC FOUNDATION INC

- - ----

20-5791169 Page 11

Part XV Supplementary Informat Grants'and Contributions Paid During t		Payment		
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		· · · · ·		
NONE				
NONE				
Total			► 3a	
b Approved for future payment			₽ Ja	
NONE				
		ļ		
			► 3b	
Total	·		-	
Total 38611 12-07-10		11	Fo	rm 990-PF

_ •

•

-

_

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		led by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
······································					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments		<u></u>			
3 Interest on savings and temporary cash					
investments			14	271	
4 Dividends and interest from securities			14	271.	
5 Net rental income or (loss) from real estate:			14	/ •	···
	· ·	<u> </u>			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other				50	
than inventory			18	-70.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					<u>_</u> .,
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.			0.
13 Total. Add line 12, columns (b), (d), and (e)				13	208.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which incorr		n actume (a) of Dart XV/L A			
			CONTRIDI	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing id				
				····	
		· · · · · · · · · · · · · · · · · · ·			
					<u>.</u>
023621 12-07-10					Form 990-PF (2010)

12

14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC 00005311

Pert XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations 1 Delife registration density or indensity impacts any othe following with any other organization described in section 50(1c) of the Code (other has section 50(1c)) organization or in anocharibile exempt organization of the Code (other has section 50(1c)) organization or in anocharibile exempt organization of the Code (other has section 50(1c)) organization or in anocharibile exempt organization of the Code (other has section 50(1c)) organization (1) Cash (2) Other section (3) Field Section 10 a noncharibile exempt organization (2) Fierbases of assets for an incocharibile exempt organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (4) Field Section 20 and a section 50(1c) organization (3) Field Section 20 and a section 50(1c) organization (4) Field Section 20 and a section 50(1c) organization (4) Field Section 20 and a section 50(1c) organization (5) Field Section 20 and a section 50(1c) organization (5) Field Section 20 and a section 50(1c) organization (6) Field Section 20 and a section 50(1c) organization (6) Field Section 20 and a section 50(1c) organization (6) Field Section 20 and a section 50(1c) organization (6) Field Section 20 and a section 50(1c) organization (6) Field Section 20 and a section 50(1c) organization (6) Field Section 20 and a section 50(1c) organization (6) F	Form 990-PF (2	2010) THE R	ISC FOUNDATION	INC	_20-5	7 <u>9116</u> 9	Pr	age 13
1 Del the organization decidy or indexetly engine may of the following with any offer enginezations (Section 50 (I(s) of the Cold (Cold Corporation 50 (I(s) of the Cor	Part XVII	Information Re	egarding Transfers To a		nd Relationships With Nonc	haritable		<u> </u>
a Transfers from the reporting foundation to a nonchantable exampl organization of the function of the functi		ganization directly or indi	rectly engage in any of the followin				Yes	No
(1) Gath 14(1) X (2) Other sets 14(1) X (3) Other sets 14(1) X (4) Determine transaction: 14(2) X (1) Sates of assets to an anouhambabe event organization 14(2) X (2) Purchase of assets to an anouhambabe event organization 18(2) X (3) Retaind statistics of assets on anouhambabe event organization 18(2) X (4) Retraindentiation of the sates, or adverse membership or fundrations product atoms 18(6) X (5) Purchased of savues or membership or fundrations product atoms 18(6) X (5) Performance of savues or membership or fundrations product atoms schedule. Column (b) should atoms schedule. The south sastes, or asset ended. 18(6) X (4) Uncore (b) Amount involved (c) Particulation research column (b) should atoms schedule. Column (b) should atoms, transaction or shoring arrangement, show in column (d) the states, or asset research. 18(6) X (4) Uncore (b) Amount involved (c) Particulation research column (b) should atoms schedule. Column (b) should atoms or anone transet, transet value of the pools, check assets, or asset, arrangement. 18(6) X (4) Uncore (b) Amount involved (c) Amount involves schedule. Column (b) should atoms the schedule and the pool (c) check and the matter value of the pool (c) check and the matter value of the pool (c) check and the matter value of the pool (c) check and the matter value of the pool (c) check and the matter value of the pool (c) check and the pool (c) check and the matter valu					izations?			
(2) Other assets 1a(2) X (1) Solve of assets to a noncharable exempt organization 1b(1) X (2) Purchase of assets to a noncharable exempt organization 1b(1) X (2) Purchase of assets to a noncharable exempt organization 1b(2) X (3) Rental of facilities, equipment, and indicating solutations 1b(2) X (4) Rentausement arrangements 1b(3) X (5) Loads of the quarantee 1b(2) X (6) Rental of facilities, equipment, and indicating iss, durit assets, or paid employees 1b(3) X (6) Hentomate of services or the facilities, equipment, and indication relevice terming tradition or the adverse to a non-therap arrangements. 1b(1) X (2) Inter of the appoint of the optication of the durition relevice terming tradition or the adverse to the appoint of the optication of the above is 7cc. Complete the following solutation relevice terming tradition or the adverse to the adverse to the adverse terming arrangements. 1b(1) X (2) Inter of the appoint of the appoint of oncharable exempt organization (d) the optication of the adverse to a non-therable exempt organization of the above is 7cc. Complete the following above adverse termine terule termine termine termine terule termine		• •	מווטוו נט מ ווטווכוומוומטוב באבווויףג טו	yanızation ol.		1a(1)	x	
b Chief transactions: c:	• •						- -	x
(2) Purchases of assists from a nonchardeble exempt organization 1921 X (3) Rend of focuses, supprenet, or other assets 1931 X (4) Performance of servaces or nambership of fundations solicitations 1951 X (5) I cours or foan guarantees 1942 X (6) Performance of servaces or nambership of fundations solicitations 1951 X (6) Performance of servaces or nambership of fundations steps, or anothership of fundation received less thin fair market value if any otods, other assets, or services queres by the regoritug foundation. If the building received less thin fair market value if any otods, other assets, or services queres the setter diverse transactions or sharing arrangement, show in column (3) the value of the goods, other assets, or services queres the setter diverse transactions or sharing arrangement, show in column (4) the value of the goods, other assets, and thera set value of the goods, other assets, and thera set value of the goods, other assets, and thera geragements E4 9, 289. COALITION INC SEE STATEMENT 16 E4 9, 289. COALITION, INC SEE STATEMENT 16 C 11, 041. COALITION, INC If (a) there dood (a) other than section 501(c)(a) or in section 527? If The second the fibric dood (a) the than section 501(c)(a) or in section 527? If Y esc indice dood (a) the fibric dood (a) the fibric dood on the other dood (a) the dood (a) other than section 501(c)(a) or in section 227? If Y esc indice do dopeor, lo								
(a) Rental of Eachlies, equipment, or other assets Integ in the second sec	(1) Sales	s of assets to a noncharita	ble exempt organization		<u>.</u>	<u>1b(1)</u>	<u> </u>	
(i) Beamburseneul arrangements Int(a) X (i) Lens or loas guarantees Int(b) X (ii) Performance of serveds or membership or fundrasing soliolations Int(b) X (ii) Performance of serveds or membership or fundrasing soliolations Int(b) X (ii) Performance of serveds or membership or fundrasing soliolations Int(b) X (iii) Harmon of loadities, equipment, mailing lists, other assets, or gale entropyces Int(b) X (iii) Harmon of loadities, equipment, mailing lists, other assets, or services areas (iii) Harmon of loadities, fundational to express received. (ii) Harmon (iv) Performance (ii) Name of nonchatable exempt organization (iii) Description of transfers, transaction, and atwang areagements. (iii) Harmon (iv) Performance (iii) Name of nonchatable exempt organizations (iii) Description of transfers, transaction, and atwang areagements. (iii) Harmon (iv) Performance (iv) Performance (iii) Name of nonchatable exempt organizations described Iiii Performance (iii) Performance (iiii) Performance (iii) Performance (iii) Performance (i	• •						<u> </u>	
(e) Loans or load guarantes Ibig X (f) Performance discricts or membership or fundrasing solecidations Ibig X • Sharing of facilities, requipment, making lists, other assets, or paid employees Ibig X • If the answer to any of the above is Yes, Complete the following solecidate. Colume (b) should always show the fair market value of the goods, other assets, or services proceeved. (e) Amount mobile • Other answer to any of the above is Yes, Complete the following solecidate. Colume (b) should always show the fair market value of the goods, other assets, or services proceeved. (e) Amount mobile • Other answer to any of the above is Yes, Complete the following solecidate complete the goods, other assets, or services proceeved. (e) Amount mobile • Other answer to any of the above is Yes, Complete the following solecidate complete the goods, other assets, or services proceeved. (e) Description of transform, and always amogenetis. • Other answer to any of the above is Yes, Complete the following solecidate. Image: Complete the following solecidate. Image: Complete the following solecidate. • Other answer to any of the above is Yes, Complete the following solecidate. Image: Complete the following solecidate. Image: Complete the following solecidate. • If Yes, Complete the following solecidate. (f) Type of organization (f) Type of organization (f) Description of relationship RHODE ISLAND STATEWIDE COALITION, INC SEE STATEMENT 17	• •						-	<u>X</u>
(e) Performance of serves or membership or fundasing solutions Imp (a) x (b) Ferror distance of serves or membership or fundasing solutions Imp (a) x (c) Sharing of ficklings equipment, maining lists, other assets, or prodemptopess Imp (a) x (c) Inter on (b) Amount involved (c) Name of nonchainable besing transactions and many transactions or sharing arrangement, show in cohm (a) the value of the goods, other asset, or services received. (d) Inter on (b) Amount involved (c) Name of nonchainable besing transactions and strang arrangement. (d) Inter on (b) Amount involved (c) Name of nonchainable besing transactions. Imp (a) Description of transactions, and strang arrangement. (d) Inter on (b) Amount involved (c) Name of nonchainable besing transactions. Imp (a) Description of transactions, and strang arrangement. (e) Inter on (b) Amount involved (c) Name of nonchainable besing transactions. Imp (a) Description of transactions, and strang arrangement. (e) Inter on (b) Amount involved (c) Name of nonchainable besing transactions. Imp (a) Description of transactions. (e) Inter on (b) Amount involved (c) Name of nonchainable besing transactions. Imp (a) Description of transactions. (f) Inter on (c) Inter Oxide (other than section 501(c)(3) or in section 527? Imp (a) Name of organization (c) Description of relationship (f) Namo of organization (c) Name o	• •	-						v
e Starung of facilities, equipment, mailing isst, other assets, or pad employees d if the answer to any of the above is Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. d if the narket value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the goods, other assets, or services received. d if the value of the			embershin or fundraising solicitatio	פחנ				
d If the answer to any of the above is Yes, "complete the following schedule. Column (b) should always show the far market value of the goods, other assets, or services given by the reporting foundation. If the foundation recoved lists than thar market value in any transaction of sharing arrangement, show in column (d) the value of the goods, other assists, or services given by the tegoring foundation. If the foundation recoved lists than thar market value in any transaction of sharing arrangement, show in column (d) the value of the goods, other assists, or services given by the tegoring foundation. If the foundation recoved lists than thar market value in any transaction of sharing arrangement, show in column (d) the value of the goods, other assists, or services given by the tegoring foundation of services given by the tegoring foundation of services given by the tegoring foundation of the following schedules are provided by the tegoring foundation of the provided by the tegoring foundation of the goods, other assets, or section 50 (c) (d) the Code (d) the then section 50 (c) (d) the code (d) the foundation of related to one or more tax-secure) organizations described in section 50 (c) (d) the Code (d) the than section 50 (c) (d) or in section 527? A is the foundation directly affiliated with, or related to, one or more tax-secure) organizations described in section 50 (c) (d) the Code (d) the than section 50 (c) (d) or in section 527? A is the foundation directly affiliated with, or related to, one or more tax-secure) organization (e) Description of relationship (f) the Code (d) the than section 50 (c) (d) or in section 527? A is the foundation of provide the function section 50 (c) (d) is section 527? A is the foundation of organization (f) Dispersion for the best of my knowledge and belef, if is tow, correct, end of the provide tax provide distance of pranet. (f) Recordship is addiced of pranet that have some of factorship is addiced of pranet tax than every is the addiced prace of the tax prevent o							x	
or serves gree by the reporting foundation. If the foundation received lies than far market value in any transaction or sharing arrangement, show in column (if the value of the goods, or so serves reserved. (a) Line no (b) Amount involved (c) Mame of noncharitable stempt organization (d) Description of transfers, transactions, and sharing arrangements. B4 8, 288, COALTTION INC SEE STATEMENT 16 C 11, 041. COALITION, INC C 11, 050. COALITION Bit Pesi_COMPACHAL (b) Type of organiza					ways show the fair market value of the goo			1
(a) Los no (b) Amount involved (c) Name of noncharitable exemptor organization (d) Description of transfers, transactions, and sharing amagements B4 8, 288 COALITION INC SEE STATEMENT 16 C 11, 041 COALITION, INC C C 11, 041 COALITION, INC SEE STATEMENT 16 C 11, 041 COALITION, INC C C 11, 041 COALITION, INC C 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? IX Yes No b If Yes, complete the following schedule. (d) Name of organization (e) Discription of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 State of organization (e) Discription of relationship RHODE ISLAND STATEWIDE COALITION, See STATEMENT 17 State of organization (e) Discription of relationship Sign in discription of prepare (distribution science) State of organization or which prepare tax any knowledge and belef, if is two, correct, the one prepare (distribution science) or science of which prepare tax any knowledge Sign in discription of organization Prepare transfer science or thight and scanding sconcompanying schedules and statements, and t	or service	es given by the reporting f	oundation. If the foundation receiv	ed less than fair market valu				
B4 8,288. COALITION INC RHODE ISLAND STATEWIDE C 11,041. COALITION, INC 24 Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? A b if Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, INC SEE STATEMENT 17 Sign Signature of offer dir har have examined the return, including accompanying addidules and statements, and to the best of my knowledge and based, if is true, correct, and complete Designation of preserver's name TERENCE J. MALAGHAN, CPA Prid Prepare in SANSIVERI, KIMBALL & CO Imm's address > 107 AIRPORT ROAD WESTERLY, RI 02891-3420	(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions	, and sharing ar	rangem	ents
C 11,041.COALITION, INC 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? X Yes No b If Yes, 'complete the following sectedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC Signature of oil/set of Wuslee Prime Signature of oil/set of Wuslee Preparer Preparer's Grading Signature of oil/set of Wuslee Preparer's Grading Preparer Signature of oil/set of Wuslee Preparer Preparer's Grading Firm's name > SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-3420				ATEWIDE	SEE STATEMENT 16			
C 11,041.COALITION, INC Image: Comparison of the construction of t	B4							
24 Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Image: Image	<u> </u>			ATEWIDE				
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(COALITION, INC					
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(····		
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(··					
n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (X) Yes No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penalties of pergary, 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 Declarition of preparer (other than lexpays or fiducary) is based on all information of which preparer has any knowledge Firm's name ► SANSIVERI, KIMBALL & CO WESTERLY, RI 02891-342(
(a) Name of organization (b) Type of organization (c) Description of relationship RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Under penallies of perjury, 1 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 texparer or fiduciary) is based on all information of which preparer has any knowledge Sign Here Print/Type preparer's name Print Print/Type preparer's name Print Print Type preparer's name Print Print S address ► 107 AIRPORT ROAD WESTERLY, RI 02891-3420 D023022 D023022	in section	1 501(c) of the Code (othe	r than section 501(c)(3)) or in sec		zations described	X Yes] No
RHODE ISLAND STATEWIDE COALITION, SEE STATEMENT 17 INC 501(C)(4) Sign Under penalties of perury, 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 Deckaration of preparer (other than texparer or fiduciary) is based on all information of which preparer has any knowledge Sign Under penalties of perury, 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 Deckaration of preparer (other than texparer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer of visitee Preparer's signature Preparer Preparer's name TERENCE J. MALAGHAN, Preparer's signature CPA Firm's address ▶ 107 AIRPORT ROAD WESTERLY, RI 02891-342(b IT-Yes,"C			(b) Type of organization	(c) Description of relat	tionshin		
INC 501 (C) (4) Sign 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 laxpayer or fiducary) is based on all information of which preparer has any knowledge Sign Image: Signature of officer of Brustee Print/Type preparer is name Preparer's signature TERENCE J. MALAGHAN, CPA Preparer Firm's name SANSIVERI, KIMBALL & CO Firm's name SANSIVERI, KIMBALL & CO Firm's address > 107 AIRPORT ROAD WESTERLY, RI 02891-3420	RHODE I			(b) type of organization				
Sign Here Under penalties of per ury, 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 prepare (other than laxpayer or fiducary) is based on all information of which preparer has any knowledge Paid Preparer Use Only Print/Type preparer's name TERENCE J. MALAGHAN, CPA Firm's name ► SANSIVERI, KIMBALL & CO Firm's address ► 107 AIRPORT ROAD WESTERLY, RI 02891-3420				501(C)(4)				
Sign Here and complete Decleration of preparer (other than texpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer of trustee Preparer's signature Print/Type preparer's name Preparer's signature TERENCE J. MALAGHAN, Preparer's signature CPA Firm's name ► SANSIVERI, KIMBALL & CO Firm's address ► 107 AIRPORT ROAD WESTERLY, RI 02891-3420								
Sign Here and complete Decleration of preparer (other than texpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer of trustee Preparer's signature Print/Type preparer's name Preparer's signature TERENCE J. MALAGHAN, Preparer's signature CPA Firm's name ► SANSIVERI, KIMBALL & CO Firm's address ► 107 AIRPORT ROAD WESTERLY, RI 02891-3420								
Sign Here and complete Decleration of preparer (other than texpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer of trustee Preparer's signature Print/Type preparer's name Preparer's signature TERENCE J. MALAGHAN, Preparer's signature CPA Firm's name ► SANSIVERI, KIMBALL & CO Firm's address ► 107 AIRPORT ROAD WESTERLY, RI 02891-3420								
Sign Here Signature of officer of trustee Paid Print/Type preparer's name Preparer TERENCE J. MALAGHAN, Use Only Firm's name ► SANSIVERI, KIMBALL & CO Firm's address ► 107 AIRPORT ROAD WESTERLY, RI 02891-3420	and					nd belief, it is tr	ue, com	ect,
Paid Print/Type preparer's name Preparer's signature TERENCE J. MALAGHAN, Preparer's signature TERENCE J. MALAGHAN, Preparer's signature Firm's name ► SANSIVERI, KIMBALL & CO Firm's address ► 107 AIRPORT ROAD WESTERLY, RI 02891-3420	Sign	γ	1 Mart.					
Paid Print/Type preparer's name Preparer's signature TERENCE J. MALAGHAN , . Preparer CPA . . Firm's name ► SANSIVERI, KIMBALL & CO . . . Use Only Firm's address ► 107 AIRPORT ROAD . . . wESTERLY, RI 02891-3420 . . .			Linten					
Paid TERENCE J. MALAGHAN, Preparer CPA Firm's name ► SANSIVERI, KIMBALL & CO Firm's address ► 107 AIRPORT ROAD WESTERLY, RI 02891-3420								
Paid Preparer Use Only CPA ////////////////////////////////////								
Preparer Use Only Firm's address ► 107 AIRPORT ROAD WESTERLY, RI 02891-3420	Paid							
Use Only Firm's address > 107 AIRPORT ROAD WESTERLY, RI 02891-3420			ISIVERI, KIMBALI	& CO				
WESTERLY, RI 02891-3420	-		,					
023822		Firm's address 🕨 10	7 AIRPORT ROAD					
		WE	STERLY, RI 0289	1-342				
	023622							

14380814 720063 00005091-000 2010.05090

- - - ---

- - -

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Employer identification number

Name	e of th	e organ	ization
------	---------	---------	---------

Organization type (check one):

THE RISC FOUNDATION INC

20-5791169

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt chantable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	X 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, chantable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals Complete Parts I, II, and III

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, chantable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, chantable, etc., purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

.

Name of organization •

.

.

THE RISC FOUNDATION INC

Part I Contributors (see instructions)

(-)	//->	(-)	الم)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BIRLE, JAMES R. 2 PINE LANE EAST VILLAGE OF GOLF, FL 33436	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	WESTERLY SHORELINE ALLIANCE P.O. BOX 1893 MISQUAMICUT, RI 02891	\$14,662.	Person X Payroll Noncash (Complete Part II ff there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	RI FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	\$10,000.	Person X Payroll Noncash (Complete Part II ff there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2	3-10	\$ Schedule B (Form	Person Payroll Noncash Complete Part II of there is a noncash contribution.)
	15		, , , (, (,)

14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC

00005311

Page 1 of 1 of Part i

Employer identification number

<u>20-5791169</u>

Schedule	R	Form	000	990-F7	or	990-PF	۱,	2010
Galedale	U	(FOILIN	880,	000-LL,	0	000-F1	/1	2010

Name of organization .

Page of of Part II

Employer identification number

20-5791169

THE RISC FOUNDATION INC

Part II Noncash Property (see instructions)

(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

me of orga	nization ,		Employer identification number
<u>HE RI</u> 'art III	SC FOUNDATION INC Exclusively religious, charitable, etc., more than \$1,000 for the year. Comple Part III, enter the total of <i>exclusively</i> relig \$1,000 or less for the year. (Enter this in	te columns (a) through (e) and the ious, charitable, etc., contribution	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	 it
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gi	[
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF

2010 DEPRECIATION AND AMORTIZATION REPORT

M 99	0-PF PAGE 1	- <u></u>	<u> </u>		гт	r		990-P	F	1				<u> </u>	· ·
sset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciation
	FURNITURE & FIXTURES														
6	FIREPROOF FILE CABINET * 990-PF PG 1 TOTAL	02/11/10	200DB	7.00	нү	17	605.				605.	86.		148.	23
:	FURNITURE & FIXTURES						605.				605.	86.		148.	23
	MACHINERY & EQUIPMENT														
1	COMPUTER	05/28/08	200DB	5.00	нү	17	802.				802.	571.		92.	66
2	COMPUTER	06/09/08	200DB	5.00	нү	17	800.				800.	570.		92.	66
4	LAPTOP	05/17/10	200DB	5.00	ну	17	711.				711.	142.		228.	37
	LCD PROJECTOR	06/24/10	200DB	5.00	нү	17	1,346.				1,346.	269.		431.	7(
	* 990-PF PG 1 TOTAL MACHINERY & EQUIPMENT						3,659.				3,659.	1,552.		843.	2,39
	OTHER							r 7							
3	WEBSITE .	10/01/08		36M	нү	43	22,500.				22,500.	15,000.		7,500.	22,50
	* 990-PF PG 1 TOTAL OTHER						22,500.				22,500.	15,000.		7,500.	22,50
	* GRAND TOTAL 990-PF PG 1 DEPR & AMORT						26,764.				26,764.	16,638.		8,491.	25,12
											1 - -				

028111 05-01-10

19 STATEMENT(S) 1, 2, 3, 4 14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC 00005311

THE	RISC [.]	FOUNDATION	INC	
-----	-------------------	------------	-----	--

FORM 990-PF INTEREST ON SAVI	NGS A	ND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
WASHINGTON TRUST COMPANY						2	71.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A			2	71.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUR	ITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
WASHINGTON TRUST COMPANY			7.		0.		7.
TOTAL TO FM 990-PF, PART I, I	-N 4		7.		0.		7.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN((C) ADJUSTED NET INCOM		
LEGAL SERVICES	3	37,595.		0.		0.	0.
TO FM 990-PF, PG 1, LN 16A =	3	7,595.		0.		0.	0.
FORM 990-PF	AC	COUNTI	NG FEES	· · · · · · · · · · · · · · · · · · ·		STATEMENT	4
	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN((C) ADJUSTED NET INCOM		
DESCRIPTION	FER						
DESCRIPTION ACCOUNTING		4,935.		0.		0.	0.

20-5791169

20-5791169

FORM 990-PF (OTHER PROFES	SIONAL FEES	S1	ATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
PAYROLL SERVICE	620.	0.	0.	0.		
TO FORM 990-PF, PG 1, LN 16C =	620.	0.	0.	0.		
FORM 990-PF	ТАХ	ES	STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
PAYROLL TAXES INVESTMENT INCOME TAX	1,263. 0 18. 0		0.0.	1,156.		
TO FORM 990-PF, PG 1, LN 18 =	1,281.	0.	0.	1,156.		
FORM 990-PF	OTHER E	XPENSES	ទា	TATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
TRANSPARENCY PROGRAM COMPUTER EXPENSES DATABASE INSURANCE	17,078. 772. 4,107. 2,154.	0.	0. 0. 0.	17,078. 0. 0.		
MISCELLANEOUS SUPPLIES AND OFFICE EXPENSE POSTAGE ADMINISTRATIVE SUPPORT	806. 6,884. 45. 11,239.	0. 0. 0.	0. 0. 0.	0. 0. 0.		

DID YOU KNOW PROGRAM	8,208.	0.	0.	8,208.
COMMUNICATIONS	25,200.	0.	Ο.	25,200.
WATSON VS MURPHY	6,280.	0.	0.	0.
ADVERTISING	7,371.	0.	0.	0.
DONOR SEARCH	4,050.	0.	0.	4,050.
AMORTIZATION	7,500.	0.	7,500.	0.
TO FORM 990-PF, PG 1, LN 23	101,694.	0.	7,500.	54,536.
=				

STATEMENT(S) 5, 6, 7 20 14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC 00005311

20-5791169

FORM 990-PF DEPRECIATION OF ASS	SETS NOT HELD FOR	INVESTMENT	STATEMENT	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
COMPUTER	802.	663.	139	
COMPUTER	800.	662.	138	
LAPTOP	711.	370.	341	
LCD PROJECTOR	1,346.	700.	646	
FIREPROOF FILE CABINET	605.	234.	371	
TOTAL TO FM 990-PF, PART II, LN 1	4,264.	2,629.	1,635	
FORM 990-PF	OTHER ASSETS		STATEMENT	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
PREPAID EXPENSE	0.	300.		
WEBSITE	7,500.	0.	0	
TO FORM 990-PF, PART II, LINE 15	7,500.	300.	300	
FORM 990-PF OT	THER LIABILITIES		STATEMENT 1	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
DUE TO RHODE ISLAND STATEWIDE COALITION, INC		8,121. 94.	8,288 94	
PAYROLL WITHHOLDINGS	TOTAL TO FORM 990-PF, PART II, LINE 22			
	INE 22	8,215.	8,382	

EXPLANATION

THE FOUNDATION WAS NOTIFIED BY THE ATTORNEY GENERAL'S OFFICE THAT A RETURN IS NOT REQUIRED TO BE FILED.

21 STATEMENT(S) 8, 9, 10, 11 14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC 00005311

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 12 PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS JOHN J FAUTH 333 S 7TH ST #3100 MINNEAPOLIS, MN 55402 PETER BAKEWELL GRIFFIN 8 WINDABOUT DR GREENWICH, CT 06831 20 STONE RIDGE RD DAVID BOURQUE ATTLEBORO, MA 02760 FORREST C & FRANCIS H LATTNER 198 NE 6TH AVE FOUNDATION DELRAY BEACH, FL 33483 WESTERLY SHORELINE ALLIANCE P.O. BOX 1893 MISQUAMICUT, RI 02891 THE RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903 HARRY STALEY 90 DONIZETTI ROAD WESTERLY , RI 02891 JAMES R. BIRLE 2 PINE LANE EAST RILLAGE OF GOLF, FL 33436 HOBE SOUND OFFICE PLAZA, 11450 SE DIXIE FINN M W CASPERSEN HIGHWAY HOBE SOUND, FL 33436 THE LATTNER FAMILY FOUDNATION 777 E ATLANTIC AVENUE STE 317 DELRAY BEACH, FL 33483 COMMUNITY FOUNDATION FOR PALM BEACH 700 SOUTH DIXIE HIGHWAY, SUITE 200 AND MARTIN COUNTIES WEST PALM BEACH, FL 33401 MCCORMACK FAMILY TRUST **68 MEADOW AVENUE** WESTERLY, RI 02891 HOBE SOUND OFFICE PLAZA, 11450 SE DIXIE OW CASPERSON FOUNDATION HIGHWAY HOBE SOUND, FL 33436 FREDERICK AND MARION WHITTEMORE 136 EAST 79TH STREET NEW YORK, NY 10021

20 - 5791169

22 STATEMENT(S) 12 14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC 00005311 JOHN DUFFY

•

6 WAXCADOW WESTERLY, RI 02891

	LIST OF OFFICERS, AND FOUNDATION MAN		STATE	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HARRY L STALEY 3949 OLD POST RD CHARLESTOWN, RI 02813	PRESIDENT & D 10.00	DIRECTOR 0.	0.	0.
THOMAS G FROST 3949 OLD POST RD CHARLESTOWN, RI 02813	ASSISTANT TRE 2.00	ASURER & DIRE(0.		0.
RICHARD A SMITH 3949 OLD POST RD CHARLESTOWN, RI 02813	DIRECTOR 4.00	0.	0.	0.
JAMES T BEALE JR 3949 OLD POST RD CHARLESTOWN, RI 02813	EXECUTIVE VIC 10.00	E-PRESIDENT & 0.	DIRECTOR 0.	0.
JAMES R BIRLE 3949 OLD POST RD CHARLESTOWN, RI 02813	DIRECTOR 1.00	0.	0.	0.
JOHN P DUFFY 3949 OLD POST RD CHARLESTOWN, RI 02813	DIRECTOR 1.00	0.	0.	0.
LILLIAS T LANE 3949 OLD POST RD CHARLESTOWN, RI 02813	DIRECTOR 1.00	0.	0.	0.
ROBERT C MCCORMACK 3949 OLD POST RD CHARLESTOWN, RI 02813	DIRECTOR 1.00	0.	0.	0.
FREDERICK B WHITTEMORE 3949 OLD POST RD CHARLESTOWN, RI 02813	DIRECTOR 1.00	0.	0.	0.

23 STATEMENT(S) 12, 13 14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC 00005311

THE RISC FOUNDATION INC			20-5791	169
ROBERT P SENVILLE ESQ 3949 OLD POST RD CHARLESTOWN, RI 02813	GENERAL COUNSEL 5.00	0.	0.	0.
KERNAN KING 3949 OLD POST RD CHARLESTOWN, RI 02813	DIRECTOR 1.00	0.	0.	0.
HOLLIS PETERSEN 3949 OLD POST RD CHARLESTOWN, RI 02813	DIRECTOR 1.00	0.	0.	0.
DAVID LUCIER 3949 OLD POST RD CHARLESTOWN, RI 02813	TREASUER & DIRECTOR 4.00	0.	0.	0.
ROBERT G FLANDERS, JR 3949 OLD POST RD CHARLESTOWN, RI 02813	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, P.	AGE 6, PART VIII	0.	0.	0.
FORM 990-PF SUMMARY O	F DIRECT CHARITABLE ACTIVI	TIES	STATEMENT	14
ACTIVITY THREE COMMUNICATIONS - VIDEO SUPPO DOCUMENT VARIOUS MEETINGS AN FOR DISTRIBUTION TO THE FOUN POSTING ON THE WEB SITE.	D TO DEVELOP EDUCATIONAL V	IDEOS		
			EXPENSES	;
TO FORM 990-PF, PART IX-A, L	INE 3		25,2	00.
FORM 990-PF	PART XV - LINE 1A OF FOUNDATION MANAGERS		STATEMENT	15

NAME OF MANAGER

JAMES R BIRLE JOHN P DUFFY

990-PF · INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS S PART XVII, LINE 1, COLUMN (D)

STATEMENT 16

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

RHODE ISLAND STATEWIDE COALITION INC

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE PAYMENT FOR SHARED SPACE IS REIMBURSED AFTER THE END OF THE QUARTER. THE BALANCE OF REIMBURSEMENT DUE FOR THE QUARTER ENDED SEPTEMBER 30, 2010 WAS \$8,121 AND WAS PAID IN OCTOBER 2010.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

RHODE ISLAND STATEWIDE COALITION, INC

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

AN AGREEMENT HAS BEEN SET UP TO SHARE OFFICE SPACE BEGINNING OCTOBER 1, 2007. RISC FOUNDATION WILL BE USING 40% OF THE SPACE AND WILL WRITE CHECKS TO RHODE ISLAND STATEWIDE COALITION, INC TO REIMBURSE FOR THE SPACE USED. 990-PF '

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C) STATEMENT 17

NAME OF AFFILIATED OR RELATED ORGANIZATION

RHODE ISLAND STATEWIDE COALITION, INC

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

RISC FOUNDATION INC AND RHODE ISLAND STATEWIDE COALITION INC SHARE OFFICE SPACE. IN ADDITION, SEVERAL MEMBERS OF THE BOARD OF DIRECTORS OF ONE ORGANIZATION SIT ON THE SAME BOARD ON THE OTHER ORGANIZATION.

Form 45662		(Including	iation and A Information on I	isted Proper	ty)	PF	OMB No 1545-0172
Internal Revenue Service (99) Name(s) shown on return	► Se	e separate inst		ach to your tax re usiness or activity to wh			Sequence No 67
						~	identifying number
THE RISC FOU				<u> DRM 990-P</u>		1	20-5791169
		ty Under Section 1	79 Note: If you have an	/ listea property, d	complete Part		
1 Maximum amount (s			· · · · · · ·	• •	·· ·	1	500,000.
2 Total cost of section				· ····· ·		2	2 000 000
3 Threshold cost of se4 Reduction in limitation						4	2,000,000.
_						5	
5 Dollar limitation for tax year 6	(a) Description of pro		-0- If married filing separately	usiness use only)	 (c) Elected		<u>.</u>
	(0) 2020. p. 0. p. 0		(5) 0001 (2				
· · · · · · · · · · · · · · · · · · ·							
	· ·			·····			
7 Listed property. Ente	ar the amount from	line 29		7			
8 Total elected cost of		•			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
9 Tentative deduction.		•				8	
10 Carryover of disallow				·			
11 Business income lim			· · · · · ·	zoro) or ling 5	• •• •• •	10	
12 Section 179 expense				-			
13 Carryover of disallow				► 13	<u> </u>	. 12	
Note: Do not use Part II				I 3		L	
			epreciation (Do not in	clude listed prope	erty)		
14 Special depreciation			·······				
the tax year	allowance for qual	med property (ou	ner man isted property	placed in service	auning		
15 Property subject to s	 .ection 168(f)(1) ele			• •		14	
16 Other depreciation (i						15	<u>.</u>
		t include listed o	roperty) (See instruction	ns)	· _ <u>- </u>	. 16	
			Section A				
17 MACRS deductions	for assets placed in			010		17	991.
18 If you are electing to group					· · · · .	┑╞╨⊥	
			e During 2010 Tax Ye		eral Deprecia	ation Syste	
		(b) Month and	(c) Basis for depreciation				<u></u>
(a) Classification	of property	year placed in service	(business/investment use only - see instructions)	d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		-				<u> </u>	
b 5-year property		1					
c 7-year property		1	· · - · ·			┼───┼	
d 10-year property		1					
e 15-year property		-					
f 20-year property		1					
0E		1		25 yrs.		S/L	
g 25-year property			· · ·	27.5 yrs.	MM	S/L S/L	
h Residential renta	l property	·····					
		/		27.5 yrs.	MM	S/L	
i Nonresidential re	eal property			39 yrs.	MM	S/L	
So	ction C - Accote D	/	During 2010 Tax Yea	Ling the Alter	MM	S/L	
			During 2010 Tax Tea	Using the Alten		<u> </u>	
20a Class life		-				S/L	<u> </u>
b 12-year c 40-year		· · · · · · · · · · · · · · · · · · ·	<u> </u>	12 yrs.		S/L	<u> </u>
		/		40 yrs.	MM	S/L	_
	See instructions.)						
21 Listed property. Ente		••••				. 21	
22 Total. Add amounts							~~4
		•	artnerships and S corp		r	22	991.
23 For assets shown at		-	e current year, enter th				
portion of the basis a			· · · · ·	23_			
12-21-10 LHA For Pap	erwork Reduction	ACT NOTICE, See	separate instructions				Form 4562 (2010)

				27			
14380814	720063	00005091-000	2010.05090	THE	RISC	FOUNDATION	INC

Form 4562 (2010)		RISC F											<u>169</u>	
Part V Listed Pr	operty (Include a	utomobiles, ce	rtain oth	ter vehic	les, cer	taın com	puters	s, and prop	perty use	d for er	ntertainm	nent, rec	reation,	or
Note: For	any vehicle for w	hich you are us	sing the	standard	d mileag	e rate or	dedu	cting lease	expense	, comp	lete only	y 24a, 24	4b, colur	nns (a)
	c) of Section A, all							A						
	on A - Depreciati				<u> </u>									
24a Do you have eviden		1	nt use cla	aimed?	<u> </u>	<u>'es [</u>	No	24b If "Y					<u> </u>	<u>No</u>
(a)	(b) Date	(c) Business/		(d)	Bas	(e) sis for depre	eciation	(f)	(g Moti			h)		(i) cted
Type of property (list vehicles first)	placed in	investment		Cost or her basis		isiness/inve	stment	Recovery period	Meti Conve			ciation	sectio	on 179
	service	use percentaç	je j			use only	· · · · · · · · · · · · · · · · · · ·	1					<u> </u>	ost
25 Special depreciation			property	placed	in servi	ce during	g the ta	ax year an	d					
used more than 50						-		•		25				
26 Property used mor	$\frac{1}{100}$ in a c	1						1	1		I		r	
		9												
		9							<u>.</u>	· · · ·				
		9									1			
27 Property used 50%	o or less in a quai	r			- T -			1	0/1			_	[
	·····		6						S/L-				{	
		9	6						S/L·				ł	
00 Add amounts in or			·						S/L -	00		· ·	1	
28 Add amounts in co		-				, page i	•		· ·· ·	28			·	
29 Add amounts in co	<u>Murini (I), inte 20. c</u>					on Use	of Val		······		···-	29		
Complete this section	for volveloe upod	-							or rolated		_			
If you provided vehicle										•		na this s	section fo	or
those vehicles.		,						,						
				a)		(b)		(c)	(d	N		e)	(1	
30 Total business/invest	ment miles driven d	luring the		nicle		hicle		/ehicle	Vehi	-		ncle	Veh	
year (do not include					¥0		`	Chicle	V CI			11010	VCh	1010
31 Total commuting n	- ,	the vear												
32 Total other person	-													
driven		<i>y</i> mics									1			
33 Total miles driven		• • •							· · · ·					
Add lines 30 throu														
34 Was the vehicle av	•	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty ho	•				105	1			103		105		103	
35 Was the vehicle us		more												
than 5% owner or														1
36 Is another vehicle	•	onal .	<u> </u>											
use?														1
	Section C	- Questions f	or Emp	lovers W	/ho Pro	vide Vel	nicles	for Use b	v Their E	mplov	ees	•		1
Answer these question			-	-					-			re not m	ore than	۱5%
owners or related pers									··· ·					
37 Do you maintain a	written policy sta	tement that pr	ohibits a	all persor	nal use	of vehicle	es, inc	ludina cor	nmutina.	bv vou	r		Yes	No
employees?		•		•				5	3,					1
38 Do you maintain a	written policy sta	tement that pr	 ohibits p	bersonal	use of v	vehicles,	excer	ot commut	ing, by ye	our .	•	•		
employees? See ti							-							
39 Do you treat all us			• •								•	•		
40 Do you provide mo	-				informa	tion from	1 your	employee	s about			•		
the use of the veh		-					•					-		
41 Do you meet the re	equirements conc	erning qualifie	d autom	obile de	monstra	ation use	?			•				1
Note: If your answ								covered ve	hicles.		-			1
Part VI Amortizat	ion												-	
_	(a)	P-1-	(b)		(c)			(d)		(e)			(f)	
Descri	ption of costs	Date	amortization begins		Amortiza amoun			Code section	,	Amortuza enod or pe		A. fo	mortization or this year	
42 Amortization of co	sts that begins di	uring your 2010) tax ye	ar:										
			<u>.</u> .											
43 Amortization of co	sts that began be	fore your 2010) tax yea	ur							43		7,	500.
44 Total. Add amoun	ts in column (f) S	ee the instruct	ions for	where to	o report	·		<u></u> .		<u> </u>	44			500.
016252 12-21-10												F	orm 456	2 (2010)

•

.

Form **4562** (2010)

00005311

28 14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC

• · ·					
Form 8868 (Rev. 1-2011)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Ex				. 🕨	X
Note. Only complete Part II if you have already been granted an a			Form	8868.	
• If you are filing for an Automatic 3-Month Extension, complet					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of lime. Only file the original (no co	r `		
Type or			Emp	loyer identification	number
print THE RISC FOUNDATION INC				0-5791169	
File by the		tions	<u> </u>	0-5791109	
due date for 3949 OLD POST RD		lions.			
return See City, town or post office, state, and ZIP code For a for	preign add	lress see instructions			
Instructions CHARLESTOWN, RI 02813					
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			04
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720		· · · ·	09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	<u>sly file</u>	ed Form 8868.	
DAVID LUCIER			2		
 The books are in the care of ► <u>3949 OLD POST I</u> Telephone No.► 401-213-6316 	$\mathbf{x}\mathbf{D} = \mathbf{v}$	FAX No. $\blacktriangleright 401 - 213 - 6326$			
 If the organization does not have an office or place of business 	s in the Lir			>	
 If this is for a Group Return, enter the organization's four digit 			 Is is fo	r the whole group of	heck this
	7	ach a list with the names and EINs of all			
		T 15, 2012 .			
5 For calendar year, or other tax year beginning			SEP	30, 2011	
6 If the tax year entered in line 5 is for less than 12 months, c			Final r		
Change in accounting period					,
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO (COMPI	LE THE INFORMATION N	IECE	SSARY TO	
PREPARE A COMPLETE AND ACCURAT	<u>re re</u>	TURN.			
			1	E	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, 6	or 6069, e	enter the tentative tax, less any			•
nonrefundable credits. See instructions	· · · · ·		<u>8a</u>	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	-				
tax payments made. Include any pnor year overpayment all	lowed as a	a credit and any amount paid			•
previously with Form 8868.			_8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	-	th this form, if required, by using			0
EFTPS (Electronic Federal Tax Payment System). See instru-		d Verification	8c	\$	0.
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this for	ling accom		e best o	of my knowledge and b	elief,
		DENIT	Data		
Signature Title 1	PRESI		Date	Form 8868 (Re	w 1.2011
				1 JULI 0000 (FI	w. 12011

023842 01-16-12

- -

29

14380814 720063 00005091-000 2010.05090 THE RISC FOUNDATION INC 00005311