

Return of Organization Exempt From Income Tax

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

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

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable:

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

C Name of organization
INTERNATIONAL INSTITUTE OF RHODE ISLAND, INC.

D Employer identification number
05-0258886

Number and street (or P O box if mail is not delivered to street address) Room/suite
645 ELMWOOD AVENUE

City or town, state or country, and ZIP + 4
PROVIDENCE, RI 02907

E Telephone number
(401) 461-5940

F Accounting method: Cash Accrual
 Other (specify):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

G Web site **WWW.IIRI.ORG**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

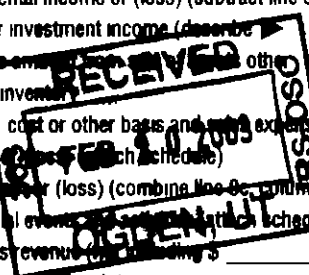
I Enter 4-digit GEN

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **3,074,092.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	1,120,196.		
b	Indirect public support	1b	149,064.		
c	Government contributions (grants)	1c	827,267.		
d	Total (add lines 1a through 1c) (cash \$ 2,096,527. noncash \$)	1d	2,096,527.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	588,543.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	40,022.		
5	Dividends and interest from securities	5			
6a	Gross rents SEE STATEMENT 2	6a	23,606.		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	23,606.		
7	Other investment income (describe)	7			
8a	Gross income from other than investments	(A) Securities	283,257.	8a	
b	Less cost or other basis and other expenses	(B) Other	328,755.	8b	
c	Gain or loss (attach schedule)		<45,498.>	8c	
d	Net gain or (loss) (combine line 8c, column (A) and (B)) STMT 3	8d	<45,498.>		
9a	Gross revenue from fundraising reported on line 1a	9a	42,137.		
b	Less direct expenses other than fundraising expenses	9b	19,069.		
c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 4	9c	23,068.		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,726,268.		
13	Program services (from line 44, column (B))	13	1,832,753.		
14	Management and general (from line 44, column (C))	14	382,675.		
15	Fundraising (from line 44, column (D))	15	233,106.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	2,448,534.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	277,734.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,323,278.		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	<219,919.>		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,381,093.		



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Part II Statement of Functional Expenses

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs Check [] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

Table with 2 columns: Description of program service and Amount. Rows include: a SOCIAL SERVICES-ASSISTING IMMIGRANTS AND REFUGEES TO SUCCESSFULLY RESETTLE AND BECOME SELF RELIANT BY PROVIDING IMMIGRATION AND NATURALIZATION SERVICES, COUNSELING SERVICES, AND RESETTLEMENT ASSISTANCE. (1,138,491); b EDUCATION SERVICES-INSTRUCTION IN ENGLISH TO NON-ENGLISH SPEAKING PEOPLE FOR BASIC SOCIAL FUNCTION EDUCATION AND JOB PLACEMENT. ALSO PROVIDES INTENSIVE ENGLISH LANGUAGE CLASSES AND TRAINING PROGRAMS. (694,262); c; d; e Other program services; f Total of Program Service Expenses (should equal line 44, column (B), Program services) 1,832,753.

Part IV Balance Sheets

Note		(A) Beginning of year		(B) End of year	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash - non-interest-bearing	425,298.	45	442,157.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	83,503.		
		b Less allowance for doubtful accounts	19,305.	47c	64,198.
	48 a	Pledges receivable	214,087.		
		b Less allowance for doubtful accounts		48c	214,087.
	49	Grants receivable	138,720.	49	333,161.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		b Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	37,977.	53	40,125.
	54	Investments - securities STMT 9 STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,370,692.	54	1,087,006.
	55 a	Investments - land, buildings, and equipment basis			
		b Less accumulated depreciation		55c	
56	Investments - other SEE STATEMENT 11	132,077.	56	29,894.	
57 a	Land, buildings, and equipment: basis	2,154,490.			
	b Less accumulated depreciation STMT 12	800,226.	57c	1,354,264.	
58	Other assets (describe <input type="checkbox"/>)		58	0.	
59	Total assets (add lines 45 through 58) (must equal line 74)	3,532,340.	59	3,564,892.	
Liabilities	60	Accounts payable and accrued expenses	149,062.	60	141,762.
	61	Grants payable		61	
	62	Deferred revenue	60,000.	62	42,037.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities (add lines 60 through 65)	209,062.	66	183,799.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	2,892,858.	67	2,750,581.
	68	Temporarily restricted	174,119.	68	420,232.
	69	Permanently restricted	256,301.	69	210,280.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,323,278.	73	3,381,093.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	3,532,340.	74	3,564,892.	

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

Part VI Other Information

Table with columns for question number, question text, and Yes/No boxes. Includes questions 76 through 91 regarding organizational activities, financials, and governance.

91 The books are in care of KATHERINE ESTES, ACTING FISCAL DIR. Telephone no 401-784-4647
Located at 645 ELMWOOD AVENUE, PROVIDENCE, RI ZIP + 4 02907

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

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a FEES AND SERVICES					588,543.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	40,022.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	23,606.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<45,498.>	
101 Net income or (loss) from special events					23,068.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		18,130.	611,611.
105 Total (add line 104, columns (B), (D), and (E))					629,741.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 15

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

12/03 ▶ William Shuey
 Type or print name and title
 Date _____ Check if self-prepared _____ Preparer's SSN or PTIN _____

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization **INTERNATIONAL INSTITUTE OF RHODE ISLAND, INC.** Employer identification number **05 0258886**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LAMIN SARR ----- E. GREENWICH, RI	SEN ADMIN DIR 40	50,505.	5,761.	0.
PAMELA POMFRET ----- SOMERSET, MA	DIR OF DEVEL 40	52,988.	7,350.	0.

Total number of other employees paid over \$50,000 ▶	2			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) SEE STATEMENT 16		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

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

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,420,163.	1,144,674.	960,145.	997,968.	4,522,950.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	662,639.	520,030.	673,000.	616,411.	2,472,080.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	79,105.	72,863.	68,949.	74,012.	294,929.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	11,391.	149,726.	SEE STATEMENT 17 134,440.	87,107.	382,664.
23 Total of lines 15 through 22	2,173,298.	1,887,293.	1,836,534.	1,775,498.	7,672,623.
24 Line 23 minus line 17	1,510,659.	1,367,263.	1,163,534.	1,159,087.	5,200,543.
25 Enter 1% of line 23	21,733.	18,873.	18,365.	17,755.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 104,011.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b 448,250.
	c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c 5,200,543.
	d Add Amounts from column (e) for lines	18 294,929.	19		26d 1,125,843.
		22 382,664.	26b 448,250.		26e 4,074,700.
	e Public support (line 26c minus line 26d total)				26f 78.3514%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year				N/A
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				N/A
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines				27c N/A
	15	16	17	20	21
	d Add Line 27a total and line 27b total				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %
28 Unusual Grants	For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15				NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

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

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

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

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	BUILDING							
	01/01/94	SL	40.00	16	274,527.		51,473.	6,863.
2	BUILDING IMPROVEMENT							
	01/01/94	SL	40.00	16	903,336.		169,372.	22,583.
3	BUILDING IMPROVEMENT							
	01/01/95	SL	10.00	16	9,655.		6,967.	966.
4	EQUIPMENT & FURNITURE							
	01/01/86	SL	10.00	16	43,517.		43,517.	0.
5	EQUIPMENT & FURNITURE							
	01/01/87	SL	10.00	16	14,330.		14,330.	0.
6	EQUIPMENT & FURNITURE							
	01/01/92	SL	5.00	16	12,191.		12,191.	0.
7	EQUIPMENT & FURNITURE							
	01/01/93	SL	5.00	16	5,468.		5,146.	0.
8	EQUIPMENT & FURNITURE							
	01/01/94	SL	5.00	16	115,781.		115,781.	0.
9	EQUIPMENT & FURNITURE							
	01/01/95	SL	5.00	16	15,606.		15,606.	0.
10	LAND							
	01/01/94	L			20,000.			0.
11	ANTIQUES							
	01/01/87	SL	10.00	16	4,660.		466.	466.
12	EQUIPMENT & FURNITURE							
	01/01/96	SL	5.00	16	73,763.		74,945.	0.
13	BUILDING IMPROVEMENTS							
	01/01/96	SL	10.00	16	12,300.		6,212.	1,230.
14	BUILDING IMPROVEMENTS							
	01/01/96	SL	10.00	16	1,298.		715.	130.
15	EQUIPMENT & FURNITURE							
	01/01/97	SL	10.00	16	5,958.		2,682.	596.
16	BUILDING IMPROVEMENTS							
	01/01/97	SL	10.00	16	3,020.		1,359.	302.
17	OFFICE EQUIPMENT							
	12/31/97	SL	5.00	16	560.		392.	112.
18	GATEWAY COMPUTER EQUIPMENT							
	05/22/98	SL	5.00	16	3,002.		1,867.	600.
19	BUILDING IMPROVEMENTS							
	12/31/97	SL	10.00	16	81,000.		28,339.	8,100.
20	BUILDING IMPROVEMENTS							
	12/31/98	SL	10.00	16	25,396.		6,350.	2,540.
21	EQUIPMENT AND FURNITURE							
	01/01/99	SL	3.00	16	97,594.		81,328.	16,266.
22	WINDOWS							
	11/30/99	SL	39.00	16	111,561.		4,604.	2,789.
23	10 GATEWAY PC'S							
	10/31/99	SL	3.00	16	16,314.		8,157.	5,438.
24	GATEWAY SERVER							
	10/31/99	SL	3.00	16	5,268.		2,634.	1,756.
25	INSTALLATION NETWORK							
	12/31/99	SL	3.00	16	4,950.		2,475.	1,650.
26	NEW LANGUAGE LAB							
	01/31/00	SL	3.00	16	54,304.		27,152.	18,101.
27	2 DELL COMPUTERS							
	06/30/00	SL	3.00	16	1,958.		979.	653.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
28	GATEWAY LAPTOP							
	09/30/99	SL	3.00	16	1,448.		724.	483.
29	ARCHITECT CONSULT(WINDOW)							
	11/01/00	SL	10.00	16	2,100.		140.	210.
30	AIR CONDITIONING							
	01/01/01	SL	10.00	16	6,384.		319.	638.
31	WINDOW REPAIRS							
	02/01/01	SL	39.00	16	41,504.		443.	1,064.
32	GATEWAY COMPUTERS (2)							
	08/01/00	SL	3.00	16	3,734.		1,141.	1,245.
33	COMPUTER LAB CABLING							
	09/01/00	SL	5.00	16	1,500.		250.	300.
34	NTC/SOFTWARE							
	11/01/00		36M	42	4,014.		892.	1,338.
35	KEYSOURCE COMPUTER							
	12/01/00	SL	3.00	16	1,538.		299.	513.
36	KEYSOURCE COMPUTER							
	01/01/01	SL	3.00	16	2,018.		336.	673.
37	FOLDING CHAIRS							
	01/01/01	SL	5.00	16	1,280.		128.	256.
38	KEYSOURCE COMPUTERS (3)							
	02/01/01	SL	3.00	16	4,275.		594.	1,425.
39	ROUND TABLES							
	03/01/01	SL	5.00	16	1,242.		83.	248.
40	WINDOW TREATMENTS							
	03/01/01	SL	10.00	16	4,570.		152.	457.
41	CABINETS							
	03/01/01	SL	5.00	16	1,957.		130.	391.
42	RH LORD STACKING CHAIRS							
	03/01/01	SL	5.00	16	2,530.		169.	506.
43	RH LORD FILE CABINETS							
	03/01/01	SL	5.00	16	4,792.		319.	958.
44	RH LORD INSTAWALL DIVIDER							
	03/01/01	SL	5.00	16	2,276.		152.	455.
45	CITIZENS CAMERA							
	06/01/01	SL	5.00	16	1,163.		19.	233.
46	ALTERIS CLIENT MGT SOFTWARE							
	06/21/02		3M	41	4,260.			118.
47	12PSNGR VAN							
	04/09/02	SL	3.00	21	2,000.			167.
48	DELL COMPUTER							
	08/11/01	SL	5.00	16	1,367.			251.
49	GATEWAY COMPUTER EQUIPMENT							
	08/11/01	SL	5.00	16	1,895.			347.
50	NEW SERVER & INSTALLATION							
	11/20/01	SL	5.00	16	17,589.			2,052.
51	DELL COMPUTER							
	12/01/01	SL	5.00	16	1,602.			187.
52	COMPAQ COMPUTER							
	03/06/02	SL	5.00	16	2,049.			137.
53	COMPAQ COMPUTER							
	04/11/02	SL	5.00	16	2,394.			120.
54	EPSON POWERLITE PROJECTOR							
	04/22/02	SL	5.00	16	2,000.			67.

110281 09 04 01

Current year section 179 (D) Asset disposed

SECTION 168(K) CLASS ELECTIONS

ELECTING OUT OF THE FOLLOWING CLASSES FOR SECTION 168(K):

MACRS 3-YR

FORM 990 RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	3	23,606.
TOTAL TO FORM 990, PART I, LINE 6A		23,606.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MARKETABLE SECURITIES	283,257.	328,755.	0.	<45,498.>
TO FORM 990, PART I, LINE 8	283,257.	328,755.	0.	<45,498.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BOOK SALE	869.		869.		869.
MISC LITERACY INCOME	5,242.		5,242.		5,242.
SPRING BALL	99,918.	80,849.	19,069.	19,069.	0.
MISC INCOME	16,957.		16,957.		16,957.
TO FM 990, PART I, LINE 9	122,986.	80,849.	42,137.	19,069.	23,068.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE	<219,919.>
TOTAL TO FORM 990, PART I, LINE 20	<219,919.>

FORM 990	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PLANNING GRANT EXPENSES	84,973.	84,973.		
MISCELLANEOUS OUTSIDE LABOR	13,424.	5,127.	8,062.	235.
RENT EXPENSE	25,151.	25,151.		
ADVERTISING	2,250.	2,250.		
DUES AND SUBSCRIPTIONS	8,661.	5,061.	3,265.	335.
PROFESSIONAL FEES	4,106.	2,903.	1,168.	35.
INSURANCE EXPENSE	153,432.	90,748.	34,740.	27,944.
BAD DEBT	20,909.	14,036.	5,480.	1,393.
	29,433.	15,483.	13,950.	
TOTAL TO FM 990, LN 43	342,339.	245,732.	66,665.	29,942.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

TO PROVIDE IMMIGRANTS AND REFUGEES WITH EDUCATIONAL AND SOCIAL SERVICES TO ENABLE THEM TO BECOME SELF-RELIANT AND PRODUCTIVE MEMBERS OF SOCIETY.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT 8
DESCRIPTION	AMOUNT	
MISCELLANEOUS ASSISTANCE	10,486.	
ALLOWANCE ASSISTANCE	27,250.	
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	69,835.	
TOTAL TO FORM 990, PART II, LINE 23	107,571.	

FORM 990 **NON-GOVERNMENT SECURITIES** **STATEMENT** **9**

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	793,852.				793,852.
MUTUAL FUNDS	133,994.				133,994.
PREFERRED STOCK	114,910.				114,910.
TO 990, LN 54 COL B	1,042,756.				1,042,756.

FORM 990 **GOVERNMENT SECURITIES** **STATEMENT** **10**

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT OBLIGATIONS	44,250.		44,250.
TOTAL TO FORM 990, LINE 54, COL B	44,250.		44,250.

FORM 990 **OTHER INVESTMENTS** **STATEMENT** **11**

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS - OTHER	COST	29,894.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		29,894.

FORM 990 **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT** **STATEMENT** **12**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	274,527.	58,336.	216,191.
BUILDING IMPROVEMENT	903,336.	191,955.	711,381.
BUILDING IMPROVEMENT	9,655.	7,933.	1,722.
EQUIPMENT & FURNITURE	43,517.	43,517.	0.
EQUIPMENT & FURNITURE	14,330.	14,330.	0.
EQUIPMENT & FURNITURE	12,191.	12,191.	0.

EQUIPMENT & FURNITURE	5,468.	5,146.	322.
EQUIPMENT & FURNITURE	115,781.	115,781.	0.
EQUIPMENT & FURNITURE	15,606.	15,606.	0.
LAND	20,000.	0.	20,000.
ANTIQUES	4,660.	932.	3,728.
EQUIPMENT & FURNITURE	73,763.	74,945.	<1,182.>
BUILDING IMPROVEMENTS	12,300.	7,442.	4,858.
BUILDING IMPROVEMENTS	1,298.	845.	453.
EQUIPMENT & FURNITURE	5,958.	3,278.	2,680.
BUILDING IMPROVEMENTS	3,020.	1,661.	1,359.
OFFICE EQUIPMENT	560.	504.	56.
GATEWAY COMPUTER EQUIPMENT	3,002.	2,467.	535.
BUILDING IMPROVEMENTS	81,000.	36,439.	44,561.
BUILDING IMPROVEMENTS	25,396.	8,890.	16,506.
EQUIPMENT AND FURNITURE	97,594.	97,594.	0.
WINDOWS	111,561.	7,393.	104,168.
10 GATEWAY PC'S	16,314.	13,595.	2,719.
GATEWAY SERVER	5,268.	4,390.	878.
INSTALLATION NETWORK	4,950.	4,125.	825.
NEW LANGUAGE LAB	54,304.	45,253.	9,051.
2 DELL COMPUTERS	1,958.	1,632.	326.
GATEWAY LAPTOP	1,448.	1,207.	241.
ARCHITECT CONSULT(WINDOW)	2,100.	350.	1,750.
AIR CONDITIONING	6,384.	957.	5,427.
WINDOW REPAIRS	41,504.	1,507.	39,997.
GATEWAY COMPUTERS (2)	3,734.	2,386.	1,348.
COMPUTER LAB CABLING	1,500.	550.	950.
NTC/SOFTWARE	4,014.	2,230.	1,784.
KEYSOURCE COMPUTER	1,538.	812.	726.
KEYSOURCE COMPUTER	2,018.	1,009.	1,009.
FOLDING CHAIRS	1,280.	384.	896.
KEYSOURCE COMPUTERS (3)	4,275.	2,019.	2,256.
ROUND TABLES	1,242.	331.	911.
WINDOW TREATMENTS	4,570.	609.	3,961.
CABINETS	1,957.	521.	1,436.
RH LORD STACKING CHAIRS	2,530.	675.	1,855.
RH LORD FILE CABINETS	4,792.	1,277.	3,515.
RH LORD INSTAWALL DIVIDER	2,276.	607.	1,669.
CITIZENS CAMERA	1,163.	252.	911.
ALTERIS CLIENT MGT SOFTWARE	4,260.	118.	4,142.
12PSNGR VAN	2,000.	167.	1,833.
DELL COMPUTER	1,367.	251.	1,116.
GATEWAY COMPUTER EQUIPMENT	1,895.	347.	1,548.
NEW SERVER & INSTALLATION	17,589.	2,052.	15,537.
DELL COMPUTER	1,602.	187.	1,415.
COMPAQ COMPUTER	2,049.	137.	1,912.
COMPAQ COMPUTER	2,394.	120.	2,274.
EPSON POWERLITE PROJECTOR	2,000.	67.	1,933.
COMPOINT CISCO CATALYST	6,542.	218.	6,324.
BATHROOM RENOVATIONS	29,675.	2,226.	27,449.
NEW FLOOR	14,200.	473.	13,727.
NEW ROOF	59,432.	0.	59,432.
CDBG RENOVATIONS	3,843.	0.	3,843.
TOTAL TO FORM 990, PART IV, LN 57	2,154,490.	800,226.	1,354,264.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
INVESTMENT MANAGEMENT FEES	11,327.
TOTAL TO FORM 990, PART IV-A	11,327.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
INVESTMENT MANAGEMENT FEES	11,327.
TOTAL TO FORM 990, PART IV-B	11,327.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 15
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REVENUE ENABLES THE ORGANIZATION TO ASSIST IMMIGRANTS AND REFUGEES WITH RESETTLEMENT IN A NEW SOCIETY AND PROVIDES THEM WITH A BETTER UNDERSTANDING OF THE ENGLISH LANGUAGE, WHICH ENABLES THEM TO BECOME SELF-RELIANT AND PREPARES THEM TO BE ABLE TO ENTER THE WORKFORCE.
101	VARIOUS FUNDRAISING EVENTS, AS DETAILED IN STATEMENT 3, WHICH HELP SUPPORT THE ORGANIZATIONS EXEMPT ACTIVITIES.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., . PART III, LINE 2	STATEMENT 16
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A MEMBER OF THE BOARD OF DIRECTORS RENTS APARTMENTS TO THE INSTITUTE FOR TEMPORARY REFUGEE HOUSING.

SCHEDULE A	OTHER INCOME			STATEMENT 17
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DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
OTHER INCOME	11,391.	149,726.	134,440.	87,107.
TOTAL TO SCHEDULE A, LINE 22	11,391.	149,726.	134,440.	87,107.

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**INTERNATIONAL INSTITUTE
OF RHODE ISLAND, INC.**

FORM 990 PAGE 2

05-0258886

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	107,274.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	167.
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr	22	107,441.
23	For assets shown above and placed in service during the current year enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers and property used for entertainment, recreation, or amusement)
 Note For any vehicle for which you are using the standard mileage rate or deducting lease expense complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
12PSNGR VAN	040902	100.00 %	2,000.	2,000.	3.00	SL -HY	167.	
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	167.
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)	750											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32	750											
34 Was the vehicle available for personal use during off-duty hours?		X										
35 Was the vehicle used primarily by a more than 5% owner or related person?		X										
36 Is another vehicle available for personal use?		X										

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year					
ALTERIS CLIENT MGT SOFTWARE	062102	4,260.		3M	118.
43 Amortization of costs that began before your 2001 tax year				43	1,338.
44 Total Add amounts in column (f) See instructions for where to report				44	1,456.

INTERNATIONAL INSTITUTE OF RHODE ISLAND
BOARD OF DIRECTORS
January 1, 2002

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Wyatt, Gladys Retired Rhode Island state employee	36 Benedict Street Riverside, RI 02915	433-1206

05-0258886

Yip, Louis
Owner, China Inn/businessperson/investor

China Inn
285 Main Street
Pawtucket, RI 02860

831-5559 home
723-3960 work
722-9224 fax

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

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

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

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

Type or print	Name of Exempt Organization INTERNATIONAL INSTITUTE OF RHODE ISLAND, INC.	Employer identification number 05-0258886
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. 645 ELMWOOD AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PROVIDENCE, RI 02907	

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

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

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 18, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ or tax year beginning JUL 1, 2001 and ending JUN 30, 2002

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

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

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

Signature and Verification

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

Signature ▶ Nancy L. Marcinis ▶ CPA Date ▶ 11/12/02
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

Rooney, Plotkin & Willey, LLP
130 Bellevue Avenue
Newport, RI 02840