

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

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): **645 ELMWOOD AVENUE**

Room/suite:

E Telephone number: **401-784-8647**

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

F Accounting method: Cash, Accrual

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

Hand I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates: **N/A**

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 Group Exemption Number: **N/A**

G Website: **WWW.IIRI.ORG**

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

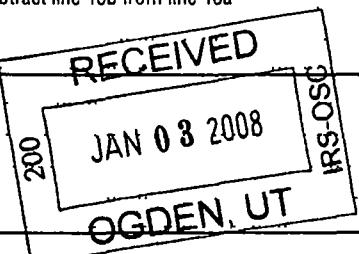
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,716,063.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	330,299.		
	c	Indirect public support (not included on line 1a)	1c	250,835.		
	d	Government contributions (grants) (not included on line 1a)	1d	1,987,818.		
	e	Total (add lines 1a through 1d) (cash \$ 2,568,952. noncash \$)	1e		2,568,952.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		735,217.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		10,796.	
	5	Dividends and interest from securities	5		29,840.	
	6a	Gross rents SEE STATEMENT 1	6a	9,000.		
	Expenses	b	Less: rental expenses	6b		
c		Net rental income or (loss). Subtract line 6b from line 6a	6c		9,000.	
7		Other investment income (describe)	7			
8a		Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b		Less: cost or other basis and sales expenses	8a	341,784.		
c		Gain or (loss) (attach schedule)	8b	320,488.		
d		Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2	8c	21,296.		
8d			8d		21,296.	
9		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a		Gross revenue (not including \$ 116,108. of contributions reported on line 1b)	9a	20,474.		
b	Less: direct expenses other than fundraising expenses	9b	32,503.			
c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3	9c		-12,029.		
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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		3,363,072.		
13	Program services (from line 44, column (B))	13		2,458,929.		
14	Management and general (from line 44, column (C))	14		705,675.		
15	Fundraising (from line 44, column (D))	15		247,699.		
16	Payments to affiliates (attach schedule)	16				
17	Total expenses. Add lines 16 and 44, column (A)	17		3,412,303.		
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-49,231.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,736,137.		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		161,301.		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		2,848,207.		



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

Form 990 (2006)

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule) STATEMENT 7	23	217,599.	217,599.	
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 6	25a	81,207.	69,026.	12,181.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,679,020.	1,237,102.	287,081.
27 Pension plan contributions not included on lines 25a, b, and c	27	36,678.	24,428.	8,601.
28 Employee benefits not included on lines 25a - 27	28	248,855.	198,059.	32,581.
29 Payroll taxes	29	183,707.	137,316.	30,032.
30 Professional fundraising fees	30			
31 Accounting fees	31	16,100.		16,100.
32 Legal fees	32			
33 Supplies	33	108,979.	84,834.	24,145.
34 Telephone	34	22,079.	17,721.	3,149.
35 Postage and shipping	35	15,513.	6,705.	4,197.
36 Occupancy	36	56,211.		56,211.
37 Equipment rental and maintenance	37	53,821.	3,783.	50,038.
38 Printing and publications	38	57,365.	36,810.	1,708.
39 Travel	39	32,254.	28,686.	866.
40 Conferences, conventions, and meetings	40	23,448.	15,770.	6,439.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	101,867.	93,930.	5,111.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 5	43g	477,600.	287,160.	167,235.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,412,303.	2,458,929.	705,675.
				247,699.

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 No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
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 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,838,325.
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. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	620,604.
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,458,929.

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

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	242,708.	45	197,837.	
	46 Savings and temporary cash investments	128,183.	46	72,105.	
	47 a Accounts receivable	70,804.			
	b Less: allowance for doubtful accounts	4,475.	60,708.	47c	66,329.
	48 a Pledges receivable	50,000.			
	b Less: allowance for doubtful accounts		19,500.	48c	50,000.
	49 Grants receivable		248,032.	49	182,294.
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	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		16,284.	53	14,921.
	54 a Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,068,671.	54a	1,339,344.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55 a Investments - land, buildings, and equipment: basis					
b Less: accumulated depreciation			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	2,015,024.				
b Less: accumulated depreciation	841,953.	1,185,053.	57c	1,173,071.	
58 Other assets, including program-related investments (describe _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		2,969,139.	59	3,095,901.	
Liabilities	60 Accounts payable and accrued expenses	184,819.	60	182,710.	
	61 Grants payable		61		
	62 Deferred revenue	48,183.	62	64,984.	
	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 _____)		65		
66 Total liabilities. Add lines 60 through 65		233,002.	66	247,694.	
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	2,335,106.	67	2,466,448.	
	68 Temporarily restricted	145,134.	68	83,000.	
	69 Permanently restricted	255,897.	69	298,759.	
	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 and column (B) must equal line 21)		2,736,137.	73	2,848,207.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,969,139.	74	3,095,901.	

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

Part VI Other Information (continued)

		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82a	X	
82b	22,574.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed <u>NONE</u>			
b Number of employees employed in the pay period that includes March 12, 2006	90b		64
91 a The books are in care of <u>DALE HALBURIAN, FISCAL DIRECTOR</u> Telephone no. <u>401-784-8647</u> Located at <u>645 ELMWOOD AVENUE, PROVIDENCE, RI</u> ZIP + 4 <u>02907</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X

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

Form 990 (2006)

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ N/A

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 the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a FEES AND SERVICES					735,217.
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	10,796.	
96 Dividends and interest from securities			14	29,840.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					9,000.
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					21,296.
101 Net income or (loss) from special events					-12,029.
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.		40,636.	753,484.
105 Total (add line 104, columns (B), (D), and (E))					794,120.

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

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

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

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(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).

Form 990 (2006)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *William Shuey* Signature of officer, Date: *11-27-07*
 Executive Director *William Shuey* Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *D. I. Fe*, Date: *1/4/07*, Check if self-employed: , Preparer's SSN or PTIN (See Gen Inst X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **PRESCOTT CHATELLIER FONTAINE & WILKINSON** EIN:
2 CHARLES STREET
PROVIDENCE, RI 02904 Phone no.: **401-421-2710**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2006

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 2 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
CARL KRUEGER 645 ELMWOOD AVENUE, PROVIDENCE, RI 02	ATTORNEY 35.00	69,014.	11,636.	
CYNTHIA MAUCH 645 ELMWOOD AVENUE, PROVIDENCE, RI 02	ASSOC. DIRECTOR 35.00	62,007.	9,390.	
NAZNEEN RAHMAN 645 ELMWOOD AVENUE, PROVIDENCE, RI 02	EDUCATION DIRECTOR 35.00	60,291.	9,338.	
PAMELA POMFRET 645 ELMWOOD AVENUE, PROVIDENCE, RI 02	DEVELOPMENT DIRECTOR 35.00	55,833.	8,865.	
BRUNO SUKYS 645 ELMWOOD AVENUE, PROVIDENCE, RI 02	SOCIAL SERV. DIRECT. 35.00	55,667.	9,200.	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A 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
CENTRIPETAL TECHNOLOGIES, LLC	INFORMATION TECH. MANAGEMENT	73,975.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

INTERNATIONAL INSTITUTE

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.		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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

SEE STATEMENT 11

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

INTERNATIONAL INSTITUTE

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,442,818.	2,020,703.	1,928,349.	1,827,293.	8,219,163.
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	849,098.	736,530.	782,526.	472,505.	2,840,659.
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	59,057.	93,555.	43,696.	54,486.	250,794.
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					
23 Total of lines 15 through 22	3,350,973.	2,850,788.	2,754,571.	2,354,284.	11,310,616.
24 Line 23 minus line 17	2,501,875.	2,114,258.	1,972,045.	1,881,779.	8,469,957.
25 Enter 1% of line 23	33,510.	28,508.	27,546.	23,543.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					▶ 26a 169,399.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					▶ 26b 1,023,246.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					▶ 26c 8,469,957.
d Add: Amounts from column (e) for lines: 18 250,794. 19 _____ 22 _____ 26b 1,023,246.					▶ 26d 1,274,040.
e Public support (line 26c minus line 26d total)					▶ 26e 7,195,917.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					▶ 26f 84.9581%
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	(2005)	(2004)	(2003)	(2002)	
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 11b, 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	(2005)	(2004)	(2003)	(2002)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					▶ 27c N/A
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 2002 through 2005, 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

INTERNATIONAL INSTITUTE

Part V Private School Questionnaire (See page 9 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.)		
<hr/>			
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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	
<hr/>			
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	
<hr/>			
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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	

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
COMMERCIAL: 645 ELMWOOD AVE., PROVIDENCE, RI		1	9,000.
TOTAL TO FORM 990, PART I, LINE 6A			9,000.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALE OF INVESTMENTS	341,784.	320,488.	0.	21,296.	
TO FORM 990, PART I, LINE 8	341,784.	320,488.	0.	21,296.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SPRING BALL	136,582.	116,108.	20,474.	32,503.	-12,029.	
TO FM 990, PART I, LINE 9	136,582.	116,108.	20,474.	32,503.	-12,029.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	4
DESCRIPTION				AMOUNT
UNREALIZED GAIN ON INVESTMENT CARRIED AT MARKET VALUE				161,301.
TOTAL TO FORM 990, PART I, LINE 20				161,301.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
WORKERS COMP	7,385.	6,593.		792.
PROFESSIONAL FEES	129,967.	129,967.		
CONSULTANTS/SUBCONTR CTING	242,101.	126,159.	106,692.	9,250.
PROFESSIONAL DUES	1,521.	1,206.	315.	
INSURANCE	26,165.	4,820.	21,345.	
ADVERTISING	7,833.	6,708.	975.	150.
STAFF DEVELOPMENT	4,579.	2,241.	1,679.	659.
MISCELLANEOUS EXPENSE	22,036.	9,466.	2,716.	9,854.
PAYROLL SERVICE FEE	6,058.		6,058.	
SPACE RENTAL	5,250.		5,250.	
BOARD EXPENSES	1,485.		1,485.	
ANNUAL MEETING	1,153.		1,153.	
DONATIONS	4,325.		4,325.	
BANK SERVICE CHARGE	1,362.		1,362.	
BAD DEBT EXPENSE	2,500.			2,500.
MANAGEMENT FEES	13,880.		13,880.	
TOTAL TO FM 990, LN 43	477,600.	287,160.	167,235.	23,205.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	FMV	953,818.			953,818.
MUTUAL FUNDS	FMV	335,396.			335,396.
PREFERRED STOCK	FMV	50,130.			50,130.
TO FORM 990, LINE 54A, COL B		1,339,344.			1,339,344.

FORM 990

PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM SHUEY 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	EXECUTIVE DIRECTOR 35.00	81,207.	5,327.	0.
ROBIN TOBRON WARDE 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	PRESIDENT 1.00	0.	0.	0.
RALPH POSNER 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	PAST PRESIDENT 1.00	0.	0.	0.
WILLIAM TWADDELL 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	VICE PRESIDENT 1.00	0.	0.	0.
CHARLES CHAMPAGNE 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	VICE PRESIDENT 1.00	0.	0.	0.
DAN GORRIARAN 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	TREASURER 1.00	0.	0.	0.
MARY LOVEJOY 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	ASST TREASURER 1.00	0.	0.	0.

STATEMENT(S) 9, 10

JOACHIM WEISSFELD 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	SECRETARY 1.00	0.	0.	0.
LILLIAN MCGEE 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	ASST SECRETARY 1.00	0.	0.	0.
ANNE MAXWELL LIVINGSTON PROVIDENCE, RI 02907	BOARD CHAIR 1.00	0.	0.	0.
VIRGINIA DA MOTA 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
ISABELLE HUNTER 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
GENIE SHAO 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
MELISSA TRAPP-MULHEARN 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
PRISCILLA WORMWOOD 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
TIM BUNTEL 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
CHRISTOPHER DOWNS 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
ROBERTO GONZALEZ 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
TOPHER HAMBLETT 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
ROBERT HUSEBY 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.

INTERNATIONAL INSTITUTE OF RHODE ISLAND,

05-0258886

WILLIAM KELLY 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
KEITH MARSELLO 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
LARRY MCCARVER 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
DAWIT NEGASH 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
CAROLINE PATTERSON 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
JUAN PICHARDO 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
TONY RAMOS 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
RUSSELL ROBINSON 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
ELLEN RUGGIANO 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
MOSES SAYGBE, JR. 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
CAROL THOMAS 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.
PHILLIP WEINSTEIN 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

81,207.

5,327.

0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 11

WILLIAM SHUEY, THE EXECUTIVE DIRECTOR, RECEIVES COMPENSATION FROM THE INTERNATIONAL INSTITUTE. FOR THE YEAR ENDED 6/30/07, HE RECEIVED \$81,207

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).
- 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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 |

- The books are in the care of ▶ **DALE HALBURIAN, FISCAL DIRECTOR**
Telephone No. ▶ **401-784-8647** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. 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-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, 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, 2006**, and ending **JUN 30, 2007**.

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	N/A

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