

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2013**

**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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUNE 30, 20 14

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

**C** Name of organization UNITED WAY OF RHODE ISLAND, INC.  
 Doing Business As UNITED WAY OF RHODE ISLAND  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
50 VALLEY STREET  
 City or town, state or province, country, and ZIP or foreign postal code  
PROVIDENCE, RI 02909-2459

**D** Employer identification number  
05-0276059

**E** Telephone number  
(401)444-0600

**G** Gross receipts \$ 18,087,308

**F** Name and address of principal officer: ANTHONY MAIONE  
SAME AS C ABOVE

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.LIVEUNITEDRI.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1926 **M** State of legal domicile: RI

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO MOBILIZE THE CARING POWER OF OUR COMMUNITY IN ORDER TO IMPROVE THE LIVES OF PEOPLE IN NEED. THE ORGANIZATION'S PRIMARY GOAL IS TO CREATE OPPORTUNITIES FOR PEOPLE TO BETTER THEMSELVES AND (CONTINUED ON SCHEDULE O)</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>87</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1,219</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>18,072,863</u>	Current Year <u>17,984,517</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>32,705</u>	<u>37,880</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>46,996</u>	<u>-982,670</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>68,733</u>	<u>45,441</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>18,221,297</u>	<u>17,085,168</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>12,499,053</u>	<u>12,146,081</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>4,182,321</u>	<u>4,468,553</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,263,141</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>2,643,663</u>	<u>2,308,396</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>19,325,037</u>	<u>18,923,030</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . <u>See Schedule O</u>	<u>-1,103,740</u>	<u>-1,837,862</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>17,089,747</u>	End of Year <u>16,473,239</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>8,574,966</u>	<u>9,783,690</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>8,514,781</u>	<u>6,689,549</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: ANTHONY MAIONE, PRESIDENT & CEO Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: ELIZABETH RESENDES, CPA Preparer's signature: \_\_\_\_\_ Date: 5/13/15 Check  if self-employed PTIN: P00533754  
 Firm's name ▶ SANSIVERI, KIMBALL & CO., LLP Firm's EIN ▶ 05-0255779  
 Firm's address ▶ 55 DORRANCE STREET, PROVIDENCE, RI 02903-2220 Phone no. (401)331-0500

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

WHEN RHODE ISLANDERS ROLL UP THEIR SLEEVES TO HELP RHODE ISLANDERS, WE ALL GET RESULTS. THE VERY DEFINITION OF WHAT IT MEANS TO "LIVE UNITED" IS PEOPLE COMING TOGETHER TO IMPROVE LIVES TODAY, AND TO CREATE LASTING CHANGE THAT MAKES RHODE ISLAND A BETTER PLACE FOR THE FUTURE. WE BELIEVE THAT RHODE ISLANDERS WANT TO DO BETTER FOR THEMSELVES, AND THAT OUR WORK - (CONTINUED ON SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,175,848 including grants of \$ 6,175,848 ) (Revenue \$ 0 )

-\$1,140,150 IN DONOR INVESTMENTS FOR THE 2013-2014 ANNUAL UNITED WAY CAMPAIGN WHERE THE DONORS RECOMMENDED THAT THEIR GIFTS BE DISBURSED THROUGH UNITED WAY TO SPECIFIC 501(C)(3) AGENCIES

-\$4,506,300 IN DONOR INVESTMENTS FOR 700 LEADERSHIP DONORS (GIFTS OF \$1,000 OR MORE) WHO CHOOSE TO DIRECT THEIR GIFTS TO THEIR UNITED WAY OF RHODE ISLAND (UWRI) PHILANTHROPY ACCOUNT (DONOR ADVISED ACCOUNTS). THESE LEADERSHIP DONORS THEN MADE RECOMMENDATIONS TO UWRI DURING THE 2013-2014 FISCAL YEAR REQUESTING GIFTS TO BE DIRECTED (IN INCREMENTS OF \$25.00 OR GREATER) TO 501(C)(3) AGENCIES

-\$529,398 IN DONOR INVESTMENTS TO THE RI STATE EMPLOYEES CHARITABLE APPEAL (SECA) DURING THE 2013-2014 YEAR.

4b (Code: ) (Expenses \$ 5,970,233 including grants of \$ 5,970,233 ) (Revenue \$ 0 )

-\$4,863,535 IN DONOR CONTRIBUTIONS TO UWRI'S COMMUNITY IMPACT FUND WERE GRANTED TO 60 AGENCIES IN THE YEAR ENDED 6/30/14 TO ADDRESS RHODE ISLAND'S MOST PRESSING EDUCATION, JOBS AND INCOME, HOUSING AND BASIC NEEDS ISSUES.

-\$646,819 IN DONOR, CORPORATE AND GOVERNMENT CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE GRANTED TO 19 AGENCIES TO SUPPORT THE HASBRO SUMMER LEARNING INITIATIVE.

-\$135,000 IN DONOR CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE GRANTED TO 6 AGENCIES IN THE YEAR ENDED 6/30/14 TO SUPPORT CONSOLIDATION OF NON-PROFIT AGENCY MERGERS AND SHARED SUPPORT SERVICES.

-\$115,000 IN DONOR CONTRIBUTIONS TO THE UWRI COMMUNITY (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 2,154,102 including grants of \$ 0 ) (Revenue \$ 37,880 )

-\$1,320,591 TO OPERATE THE UNITED WAY 2-1-1 IN RHODE ISLAND WHICH IS THE INFORMATION AND REFERRAL CENTER THAT CONNECTS PEOPLE WITH CRITICAL HUMAN SERVICES. AND, IT'S AVAILABLE 24-HOURS A DAY, 365 DAYS A YEAR, ONLINE AND OFFLINE.

-\$349,477 TO OPERATE THE "POINT CALL CENTER" WHICH IS A RESOURCE NETWORK FOR LONG-TERM CARE OPTIONS AND SUPPORT FOR SENIORS, ADULTS WITH DISABILITIES AND THEIR CAREGIVERS. UNITED WAY OF RHODE ISLAND OPERATES THIS SERVICE ON BEHALF OF THE RHODE ISLAND DEPARTMENT OF ELDERLY AFFAIRS. THE "POINT" TOOK 40,000 CALLS LAST YEAR AND HELPS PEOPLE ENROLL IN MEDICARE AND MEDICAID.

-\$484,034 TO SUPPORT THE RHODE ISLAND AFTER SCHOOL PLUS ALLIANCE (RIASPA) PROGRAM WHICH ENGAGED 1,600 STUDENTS IN HIGH QUALITY SUMMER LEARNING INITIATIVES THAT (CONTINUED ON SCHEDULE O)

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

(Expenses \$ 1,150,361 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 15,450,544

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for various IRS forms and organizational requirements.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 25 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		✓
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .	✓	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	✓	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	✓	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	✓	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		✓

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► RI
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► RICHARD VOCCIO, 50 VALLEY STREET, PROVIDENCE, RI 02909-2459, (401)444-0600



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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY MAIONE PRESIDENT & CEO	37.5	✓		✓				246,787	0	29,366
(2) MIM RONEY, LP.D. CHAIR OF THE UWRI BOARD	1	✓		✓				0	0	0
(3) JONATHAN D. FAIN TREASURER, UWRI BOARD	1	✓		✓				0	0	0
(4) SAMUEL K. SULS SECRETARY, UWRI BOARD	1	✓		✓				0	0	0
(5) DORIS S. BLANCHARD CHAIR, COMMUNITY INVESTMENT ADVISORY	1	✓		✓				0	0	0
(6) OSWALD SCHWARTZ CHAIR, GOVERNANCE & NOMINATING	1	✓		✓				0	0	0
(7) MICHAEL T. CLARKIN CHAIR, RESOURCE DEVELOPMENT	1	✓		✓				0	0	0
(8) ALDEN ANDERSON BOARD MEMBER	1	✓						0	0	0
(9) MARIA BARRY BOARD MEMBER	1	✓						0	0	0
(10) LISA BISACCIA BOARD MEMBER	1	✓						0	0	0
(11) KAS R. DECARVALHO, ESQ. BOARD MEMBER	1	✓						0	0	0
(12) JULIE G. DUFFY BOARD MEMBER	1	✓						0	0	0
(13) MARISOL GARCIA (RESIGNED JAN 2014) BOARD MEMBER	1	✓						0	0	0
(14) JEFFREY J. GIGUERE BOARD MEMBER	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MEGHAN GRADY BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(16) TIMOTHY HORAN BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(17) GERTRUDE F. JONES BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(18) REV. MATTHEW KAI BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(19) MICHAEL F. KENNALLY BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(20) MICHELE LEDERBERG BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(21) MAUREEN MARTIN BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(22) BOB NOWAK BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(23) SANDRA J. PATTIE BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(24) DAVID E. PRESTON, ESQ. BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(25) BARBARA J. SILVIS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
<b>1b Sub-total</b>								246,787	0	29,366
<b>c Total from continuation sheets to Part VII, Section A</b>								260,396	0	53,435
<b>d Total (add lines 1b and 1c)</b>								507,183	0	82,801

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	904,003				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	17,080,514				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,183,898				
	<b>h Total.</b> Add lines 1a-1f . . . . .		17,984,517				
<b>Program Service Revenue</b>	<b>2a</b> <u>RI AFTERSCHOOL ALLIANCE</u>		<b>Business Code</b>				
			611710	37,880	37,880		
	<b>b</b> -----			0			
	<b>c</b> -----			0			
	<b>d</b> -----			0			
	<b>e</b> -----			0			
	<b>f</b> All other program service revenue .			0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .			37,880				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			19,470		19,470	
	<b>4</b> Income from investment of tax-exempt bond proceeds			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)	0	0			
		<b>d</b> Net rental income or (loss) . . . . .			0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			1,002,140		
		<b>c</b> Gain or (loss) . . . . .	0	-1,002,140			
		<b>d</b> Net gain or (loss) . . . . .			-1,002,140		-1,002,140
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> <u>OTHER REVENUE</u>		900099	45,441		45,441		
<b>b</b> -----			0				
<b>c</b> -----			0				
<b>d</b> All other revenue . . . . .			0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .			45,441				
<b>12 Total revenue.</b> See instructions. . . . .			17,085,168	37,880	0	-937,229	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	12,146,081	12,146,081		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	586,444	240,638	254,253	91,553
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	2,930,389	1,234,281	793,708	902,400
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,420	22,322	31,924	22,174
<b>9</b> Other employee benefits	637,617	301,080	153,949	182,588
<b>10</b> Payroll taxes	237,683	98,990	66,829	71,864
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0			
<b>b</b> Legal	30,620	1,390	29,230	
<b>c</b> Accounting	53,325		53,325	
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	531,934	285,497	205,212	41,225
<b>12</b> Advertising and promotion	207,121	90,791		116,330
<b>13</b> Office expenses	153,847	19,156	7,384	127,307
<b>14</b> Information technology	98,393	17,269	52,252	28,872
<b>15</b> Royalties	0			
<b>16</b> Occupancy	167,946	79,640	39,428	48,878
<b>17</b> Travel	22,131	8,188	570	13,373
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	44,285	42,975	550	760
<b>20</b> Interest	157,065	77,015	35,723	44,327
<b>21</b> Payments to affiliates	124,750	64,230	21,101	39,419
<b>22</b> Depreciation, depletion, and amortization	220,854	108,069	50,026	62,759
<b>23</b> Insurance	93,743	44,464	21,991	27,288
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> TELEPHONE	47,223	25,348	8,414	13,461
<b>b</b> STAFF TRAINING	52,847	22,057	30,790	
<b>c</b> SPECIAL EVENTS	97,102	19,922	21,805	55,375
<b>d</b> POSTAGE	38,357	4,524	9,869	23,964
<b>e</b> All other expenses	166,853	496,617	(678,988)	349,224
<b>25</b> Total functional expenses. Add lines 1 through 24e	18,923,030	15,450,544	1,209,345	2,263,141
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,370,875	<b>1</b>	2,037,482
	<b>2</b> Savings and temporary cash investments . . . . .	6,194,497	<b>2</b>	4,635,703
	<b>3</b> Pledges and grants receivable, net . . . . .	5,094,413	<b>3</b>	4,680,771
	<b>4</b> Accounts receivable, net . . . . .	961,567	<b>4</b>	906,191
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	116,892	<b>9</b>	86,462
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,827,823		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 890,228	1,466,041	<b>10c</b> 2,937,595
	<b>11</b> Investments—publicly traded securities . . . . .	97,069	<b>11</b>	109,695
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	956,583	<b>12</b>	1,079,340
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	831,810	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	17,089,747	<b>16</b>	16,473,239	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	747,094	<b>17</b>	721,217
	<b>18</b> Grants payable . . . . .	6,993,973	<b>18</b>	6,941,583
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	2,120,890
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	833,899	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	8,574,966	<b>26</b>	9,783,690
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	7,706,297	<b>27</b>	6,314,640
	<b>28</b> Temporarily restricted net assets . . . . .	710,091	<b>28</b>	276,516
	<b>29</b> Permanently restricted net assets . . . . .	98,393	<b>29</b>	98,393
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	8,514,781	<b>33</b>	6,689,549
<b>34</b> Total liabilities and net assets/fund balances . . . . .	17,089,747	<b>34</b>	16,473,239	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,085,168
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	18,923,030
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,837,862
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,514,781
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,630
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,689,549

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DONNA SIMMONS ----- BOARD MEMBER	1 -----	✓						0	0	0
(27) RICHARD VOCCIO ----- EXEC. VP, FINANCE & ADMINISTRATION/CFO	37.5 -----			✓		✓		138,309	0	24,984
(28) ALLAN STEIN ----- EXEC. VP, DIRECTOR COMMUNITY INVESTMENTS	37.5 -----					✓		122,087	0	28,451

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization <b>UNITED WAY OF RHODE ISLAND, INC.</b>	Employer identification number <b>05-0276059</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>0</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2013



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	19,134,924	19,665,443	17,691,372	18,074,335	17,984,517	92,550,591
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	19,134,924	19,665,443	17,691,372	18,074,335	17,984,517	92,550,591
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						5,941,509
<b>6 Public support.</b> Subtract line 5 from line 4.						86,609,082

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	19,134,924	19,665,443	17,691,372	18,074,335	17,984,517	92,550,591
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	86,895	54,118	39,904	47,071	19,470	247,458
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	104,673	65,456	62,321	68,658	45,441	346,549
<b>11 Total support.</b> Add lines 7 through 10						93,144,598
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	262,933
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92.98 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	93.08 %
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV**

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

Return Reference	Identifier	Explanation						
		Description	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
SCHEDULE A, PART II, LINE 10	OTHER INCOME	OTHER INCOME	104,673	65,456	62,321	68,658	45,441	346,549
		<b>Total</b>	104,673	65,456	62,321	68,658	45,441	346,549

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

<b>Name of organization</b> UNITED WAY OF RHODE ISLAND, INC.	<b>Employer identification number</b> 05-0276059
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 453,769	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 477,652	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,460,861	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 370,390	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 3,411,719	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> UNITED WAY OF RHODE ISLAND, INC.	<b>Employer identification number</b> 05-0276059
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



<b>Name of organization</b> UNITED WAY OF RHODE ISLAND, INC.	<b>Employer identification number</b> 05-0276059
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNITED WAY OF RHODE ISLAND, INC.</b>	Employer identification number <b>05-0276059</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . . ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</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> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?	✓		16,321
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		3,455
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		4,894
<b>i</b> Other activities?	✓		254,700
<b>j</b> Total. Add lines 1c through 1i			279,370
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

[SEE NEXT PAGE](#)

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**Part IV**

**Supplemental Information** Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1	DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I	LINE 1I, OTHER ACTIVITIES: THESE ARE OTHER EXPENSES IN ADDITION TO THOSE EXPENSES ITEMIZED IN QUESTION 1C-1H THAT ARE FOR THE UNITED WAY PUBLIC POLICY STAFF. AS A LEADING COMMUNITY IMPACT ORGANIZATION, UNITED WAY KNOWS THAT REAL AND SUSTAINED CHANGE IN COMMUNITY CONDITIONS REQUIRES MORE THAN FINANCIAL RESOURCES. UNITED WAY ENGAGES DECISION MAKERS AND POLICY LEADERS AT THE LOCAL, STATE, AND NATIONAL LEVELS TO HELP ADDRESS THE MOST IMPORTANT COMMUNITY NEEDS. UNITED WAY RHODE ISLAND GOVERNMENT RELATIONS AND PUBLIC POLICY ACTIONS ARE DESIGNED TO CREATE COLLABORATIVE RELATIONSHIPS BETWEEN UNITED WAY, ITS VARIOUS COMMUNITY PARTNERS AND STAKEHOLDERS, AND ALL LEVELS OF GOVERNMENT. THE INTENT OF THESE RELATIONSHIPS AND PARTNERSHIPS IS TO DEVELOP AND IMPLEMENT SOUND HUMAN SERVICE PUBLIC POLICY, AND EDUCATE AND RAISE AWARENESS OF THE GENERAL PUBLIC.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

UNITED WAY OF RHODE ISLAND, INC.

05-0276059

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year (686), Aggregate contributions (4,501,490), Aggregate grants (4,299,813), Aggregate value (2,291,954), and questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of easements (2a), Total acreage (2b), Number of easements on historic structure (2c), and Number of easements included in (c) (2d).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.



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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	956,583	770,181	648,282	549,861	456,181
<b>b</b> Contributions		120,891	150,564	5,000	65,575
<b>c</b> Net investment earnings, gains, and losses	152,678	90,526	-8,284	120,450	53,573
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	29,921	25,015	20,381	27,029	25,468
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,079,340	956,583	770,181	648,282	549,861

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 91 %
- b** Permanent endowment ▶ 9 %
- c** Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	513,000			513,000
<b>b</b> Buildings	2,668,029		306,263	2,361,766
<b>c</b> Leasehold improvements				0
<b>d</b> Equipment	598,486		555,660	42,826
<b>e</b> Other	48,308		28,305	20,003
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,937,595

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) ASSETS HELD IN TRUST AT THE RI FOUNDATION	1,079,340	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,079,340	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	11,924,090
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	12,630
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	12,630
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,911,460
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	5,173,708
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	5,173,708
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) . . . . .	<b>5</b>	17,085,168

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	13,749,321
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	1,002,140
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,002,140
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,747,181
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	6,175,849
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	6,175,849
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) . . . . .	<b>5</b>	18,923,030

**Part XIII Supplemental Information.**

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

SEE NEXT PAGE

**Part XIII**

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

Return Reference	Identifier	Explanation	
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	THE ENDOWMENT IS INVESTED AT THE RI FOUNDATION UNDER THE NAME "UWRI FUND." SINCE 2008 UWRI HAS DEPOSITED DONOR PLANNED GIFTS INTO THIS ENDOWMENT ACCOUNT TO GROW THE FUND. OTHER THAN ANY SPECIFIC DONOR INTENTION FOR THEIR PLANNED GIFT, NO SPENDING PLAN DECISION HAS BEEN MADE AS OF JUNE 30, 2014. THE GOAL HAS BEEN TO CONTINUE TO GROW THE ENDOWMENT.	
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	PART X, LINE 2 FIN 48 FOOTNOTE CONTAINED IN AUDITED FINANCIALS: UWRI EVALUATES ALL SIGNIFICANT TAX POSITIONS. AS OF JUNE 30, 2014, UWRI DOES NOT BELIEVE THAT THEY HAVE TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS.	
SCHEDULE D, PART XI, LINE 4B	OTHER REVENUES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	(a) Description	(b) Amount
		DONOR DESIGNATED PLEDGES	6,175,848
		LOSS ON DISPOSAL OF LEASEHOLD IMPROVEMENTS	- 1,002,140
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	(a) Description	(b) Amount
		AMOUNTS DESIGNATED BY DONORS	6,175,848
		ROUNDING	1

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

05-0276059

UNITED WAY OF RHODE ISLAND, INC.

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1) THE PROVIDENCE PLAN</b> 10 DAVOL SQUARE, 3RD FL, STE 300, PROVIDENCE, RI 02903	05-0467353	501(C)(3)	424,550				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(2) PROGRESO LATINO</b> 626 BROAD STREET, CENTRAL FALLS, RI 02863-2835	05-0380608	501(C)(3)	340,315				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(3) CROSSROADS RHODE ISLAND</b> 160 BROAD STREET, PROVIDENCE, RI 02903	05-0259094	501(C)(3)	329,458				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(4) CONNECTING FOR CHILDREN &amp; FAMILIES INC</b> 46 HOPE STREET, WOONSOCKET, RI 02895	05-0475365	501(C)(3)	288,454				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(5) FAMILY RESOURCES COMMUNITY ACTION</b> 245 MAIN STREET, WOONSOCKET, RI 02895-3123	05-0259103	501(C)(3)	268,127				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(6) WOMEN &amp; INFANTS HOSPITAL</b> STEPPING UP/SKILL UP PROJECT, 101 DUDLEY STREET, PROVIDENCE, R	05-0258937	501(C)(3)	245,214				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(7) DORCAS INTERNATIONAL INSTITUTE OF RI</b> 645 ELMWOOD AVENUE, PROVIDENCE, RI 02907	05-0258886	501(C)(3)	222,454				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(8) ST ANTOINE RESIDENCE</b> 10 RHODES AVENUE, NORTH SMITHFIELD, RI 02896	05-0275443	501(C)(3)	202,425				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(9) CATHOLIC CHARITY FUND APPEAL</b> ONE CATHEDRAL SQUARE, PROVIDENCE, RI 02903-3695	05-6014313	501(C)(3)	186,892				DONOR DESIGNATION FOR GENERAL SUPPORT
<b>(10) LISC/RI NEIGHBORHOOD</b> DEVELOPMENT FUND, 146 CLIFFORD STREET, PROVIDENCE, RI 02903	13-3030229	501(C)(3)	179,669				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(11) YMCA OF GREATER PROVIDENCE</b> 371 PINE STREET, PROVIDENCE, RI 02903	05-0258878	501(C)(3)	173,972				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
<b>(12) WESTBAY COMMUNITY ACTION INC</b> 224 BUTTONWOODS AVE, WARWICK, RI 02886	05-0311985	501(C)(3)	168,524				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 290

**3** Enter total number of other organizations listed in the line 1 table ▶ 10

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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**Part IV**

**Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>FOR FISCAL YEAR ENDED JUNE 30, 2014, UWRI DISTRIBUTED \$12.1 MILLION TO 3,425 AGENCIES IN THE UNITED STATES (INCLUDED IN THIS TOTAL ARE AGENCIES THAT RECEIVE \$5,000 OR MORE, AS REPORTED IN PART II OF THIS SCHEDULE). GRANTS WERE DISTRIBUTED AS DONOR DESIGNATED (THIS IS WHEN A DONOR CONTRIBUTES TO UWRI AND RECOMMENDS THAT UWRI FORWARD THEIR CHARITABLE GIFT TO THE DESIGNATED AGENCY) OR AS PROGRAM OPERATING COSTS (THESE ARE AGENCIES THAT ARE FUNDED FROM DONOR CONTRIBUTIONS DISCRETIONARY TO THE UWRI COMMUNITY IMPACT FUND). IN SOME INSTANCES, AGENCIES RECEIVED BOTH DONOR DESIGNATED AND PROGRAM OPERATING COST FUNDING FROM UWRI.</p> <p>FOR PROGRAM OPERATING COST FUNDING, UWRI APPLIES A TRANSPARENT OPEN INVITATION AND BID PROCESS PRIOR TO AWARDING FUNDING TO AGENCIES. THERE IS AN OPEN APPLICATION PROCESS THAT INCLUDES THE EXPLANATION OF THE PROPOSED USE AND EXPECTED RESULTS FROM THE USE OF THE FUNDS. THE APPLICATIONS ARE REVIEWED BY A COMMITTEE OF COMMUNITY LEADERS AND UWRI STAFF. DURING THIS PROCESS, THE COMMITTEE REVIEWS THE PROPOSAL THAT WILL PROVIDE THE BEST RETURN ON INVESTMENT FOR THE COMMUNITY. AGENCIES THAT APPLY ARE NOT ONLY REVIEWED FOR THEIR PROPOSAL BUT ALSO A FINANCIAL REVIEW OF THE ORGANIZATION IS COMPLETED BY THE COMMITTEE TO GAIN A LEVEL OF ASSURANCE THAT THE AWARDED AGENCIES WILL FOLLOW SOUND FISCAL POLICIES. RECOMMENDATIONS BY THE COMMITTEE ARE PRESENTED TO THE UWRI BOARD OF DIRECTORS WHO THEN VOTE AND HAVE FINAL AUTHORIZATION ON AWARDING GRANTS.</p> <p>AGENCIES THAT ARE AWARDED A UWRI GRANT ARE REQUIRED TO SIGN A WRITTEN CONTRACT WITH UWRI WHICH STIPULATES THE TERMS AND CONDITIONS OF THE GRANT. GRANTEEES ARE REQUIRED TO PROVIDE UWRI WITH SEMI-ANNUAL REPORTS THAT SHOW HOW THE FUNDING WAS UTILIZED AND REPORT ON THE OUTCOMES ACHIEVED. THESE AGENCIES ARE ALSO REQUIRED TO PROVIDE UWRI WITH A FINAL REPORT AT THE END OF THE GRANT CONTRACT PERIOD WHICH VERIFIES THAT ALL FUNDS HAVE BEEN USED FOR THE PURPOSES INTENDED AND AN ASSESSMENT ON THE ACTUAL RESULTS ACHIEVED COMPARED TO THE PROPOSED RESULTS THAT WERE PRESENTED IN THE APPLICATION AND SIGNED CONTRACT. BEFORE UWRI DISBURSES ANY FUNDS TO GRANT AGENCIES (WHETHER IT IS FOR DONOR DESIGNATED OR PROGRAM OPERATING COSTS), AGENCIES ARE SCREENED BY THE UWRI FISCAL OFFICE TO VERIFY 1) THE AGENCY IS AN IRS CODE SEC. 501(C)(3) NON PROFIT ORGANIZATION AND 2) THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.</p>

## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) AMOS HOUSE 415 FRIENDSHIP STREET, PROVIDENCE, RI 02907	05-0387218	501(C)(3)	161,241				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(14) EAST BAY COMMUNITY ACTION 19 BROADWAY, NEWPORT, RI 02840	05-0310024	501(C)(3)	157,746				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(15) FEDERAL HILL HOUSE ASSN 9 COURTLAND STREET, PROVIDENCE, RI 02909-1597	05-0258871	501(C)(3)	155,173				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(16) SALVATION ARMY RHODE ISLAND STATE OFFICE, 34 COMMERCIAL STREET, PROVIDENCE, RI 02905	13-5562351	501(C)(3)	154,851				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(17) PROVIDENCE HOUSING AUTHORITY CORP 100 BROAD STREET, PROVIDENCE, RI 02903	05-6000193		146,170				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(18) MENTAL HEALTH ASSOCIATION OF RHODE ISLAND 185 DEXTER ST. BOX 16, PAWTUCKET, RI 02860	05-0280788	501(C)(3)	135,250				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(19) WARM (WESTERLY AREA REST MEAL) 56 SPRUCE STREET, WESTERLY, RI 02891	22-2887878	501(C)(3)	116,582				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(20) RIVERWOOD MENTAL HEALTH SERVICES, INC. 25 RAILROAD AVENUE, WARREN, RI 02885	05-0396244	501(C)(3)	111,201				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(21) JEWISH ALLIANCE OF GREATER RI 401 ELMGROVE AVENUE, PROVIDENCE, RI 02906	27-4127671	501(C)(3)	109,759				DONOR DESIGNATION FOR GENERAL SUPPORT
(22) PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET, PROVIDENCE, RI 02903	05-0262713	501(C)(3)	108,310				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(23) HOUSE OF HOPE CDC 3190 POST ROAD, PO BOX 6130, WARWICK, RI 02888	05-0448151	501(C)(3)	103,921				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(24) RHODE ISLAND FREE CLINIC INC 655 BROAD STREET, PROVIDENCE, RI 02907	05-0501276	501(C)(3)	100,820				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(25) RI ASSN FOR THE EDUCATION OF YOUNG CHILDREN 535 CENTERVILLE ROAD, STE 301, WARWICK, RI 02886	05-0445204	501(C)(3)	100,000				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS



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(26) RI COMMUNITY FOOD BANK 200 NIANTIC AVENUE, PROVIDENCE, RI 02907	05-0395601	501(C)(3)	155,103				DONOR DESIGNATION FOR GENERAL SUPPORT
(27) YWCA RHODE ISLAND 514 BLACKSTONE ST, WOONSOCKET, RI 02895	05-0310596	501(C)(3)	98,146				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(28) NEW URBAN ARTS 705 WESTMINSTER STREET, PROVIDENCE, RI 02903	05-0498654	501(C)(3)	93,499				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(29) RI KIDS COUNT ONE UNION STATION, PROVIDENCE, RI 02903	06-1485449	501(C)(3)	92,203				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(30) CHILDREN'S FRIEND & SERVICES 153 SUMMER ST, PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	92,055				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(31) WEST ELMWOOD HOUSING DEVELOPMENT CORP. 224 DEXTER STREET, PROVIDENCE, RI 02907	23-7138165	501(C)(3)	90,050				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(32) RI COALITION FOR THE HOMELESS 1070 MAIN STREET SUITE 202, PAWTUCKET, RI 02860	22-2894547	501(C)(3)	88,976				DONOR DESIGNATION FOR GENERAL SUPPORT
(33) WOOD RIVER HEALTH SERVICES 823 MAIN STREET, HOPE VALLEY, RI 02832	05-0378071	501(C)(3)	86,824				DONOR DESIGNATION FOR GENERAL SUPPORT
(34) RIVERZEDGE ARTS PROJECT 196 SECOND AVENUE, WOONSOCKET, RI 02895	13-4206227	501(C)(3)	85,106				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(35) RHODE ISLAND FOUNDATION ONE UNION STATION, PROVIDENCE, RI 02903	22-2604963	501(C)(3)	84,512				DONOR DESIGNATION FOR GENERAL SUPPORT
(36) PROVIDENCE IN TOWN CHURCHES ASSOCIATION 250 WASHINGTON ST., PO BOX 5639, PROVIDENCE, RI 02903-0639	22-2672825	501(C)(3)	83,373				DONOR DESIGNATION FOR GENERAL SUPPORT
(37) FOSTER FORWARD 55 SOUTH BROW STREET, EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	76,617				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(38) RHODE ISLAND HOUSING & MORTGAGE FINANCE CORPORATION 44 WASHINGTON ST, PROVIDENCE, RI 02903	05-0449399	501(C)(3)	76,000				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(39) RI SCHOOL OF DESIGN 2 COLLEGE STREET, PROVIDENCE, RI 02903	05-0258956	501(C)(3)	75,700				DONOR DESIGNATION FOR GENERAL SUPPORT
(40) CITIZENS CHARITABLE FOUNDATION 870 WESTMINSTER STREET, PROVIDENCE, RI 02903	20-2302039	501(C)(3)	74,651				DONOR DESIGNATION FOR GENERAL SUPPORT
(41) SOCIALSPHERE, INC.	26-2908159		71,800				DONOR DESIGNATION FOR

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1430 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02138							GENERAL SUPPORT
(42) THE CAPITAL GOOD FUND 56 PINE STREET, 3RD FLOOR, PROVIDENCE, RI 02903	80-0348382	501(C)(3)	68,325				DONOR DESIGNATION FOR GENERAL SUPPORT
(43) TRI-TOWN COMMUNITY ACTION AGENCY 1126 HARTFORD AVENUE, JOHNSTON, RI 02919	05-0309695	501(C)(3)	68,296				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(44) INDEPENDENT CHARITIES OF AMER 1100 LARKSPUR LANDING CIR STE 340, LARKSPUR, CA 94939	94-3067804	501(C)(3)	68,289				DONOR DESIGNATION FOR GENERAL SUPPORT
(45) NEIGHBORWORKS BLACKSTONE RIVER VALLEY 719 FRONT STREET, SUITE 103, WOONSOCKET, RI 02895	22-2907602	501(C)(3)	62,000				PROGRAM OPERATING COSTS
(46) HIGHLANDER INSTITUTE 42 LEXINGTON AVENUE, PROVIDENCE, RI 02907	22-3115046	501(C)(3)	60,771				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(47) EDUCATION IN ACTION 35 SWISS ST, PROVIDENCE, RI 02909	26-3255655	501(C)(3)	59,167				DONOR DESIGNATION FOR GENERAL SUPPORT
(48) THE COLLEGE CRUSADE OF RI THE 134 CENTRE, 134 THURBERS AVENUE, STE 111, PROVIDENCE, RI 02905	22-3031765	501(C)(3)	59,081				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(49) URI FOUNDATION UNIVERSITY OF RI, 79 UPPER COLLEGE RD, KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	57,884				DONOR DESIGNATION FOR GENERAL SUPPORT
(50) CAPITAL CITY COMMUNITY CENTERS 110 RUGGLES STREET, PROVIDENCE, RI 02908-3694	05-0259090	501(C)(3)	55,901				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(51) BROWN UNIVERSITY PO BOX 1877, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	54,695				DONOR DESIGNATION FOR GENERAL SUPPORT
(52) DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE, BOSTON, MA 02115	04-2263040	501(C)(3)	53,760				DONOR DESIGNATION FOR GENERAL SUPPORT
(53) ECONOMIC PROGRESS INSTITUTE 600 MOUNT PLEASANT AVENUE, PROVIDENCE, RI 02908-9980	32-0295517	501(C)(3)	51,352				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(54) DUKE UNIVERSITY MEDICAL PRESTONROBERT TISCH BRAIN TUMOR, DUMC BOX 3624, DURHAM, NC 27710	56-0532129	501(C)(3)	51,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(55) HOME & HOSPICE CARE OF RI 1085 NORTH MAIN STREET, PROVIDENCE, RI 02906	51-0192422	501(C)(3)	50,105				DONOR DESIGNATION FOR GENERAL SUPPORT
(56) RI HOSPITAL FOUNDATION GIFT PROCESSING DEPARTMENT, 593 EDDY STREET, ROOM 139, PROVIDENCE, RI 02901	05-0468736	501(C)(3)	49,451				DONOR DESIGNATION FOR GENERAL SUPPORT
(57) UNITED WAY OF MASS BAY & MERRIMACK VALLEY	04-2382233	501(C)(3)	49,233				DONOR DESIGNATION FOR GENERAL SUPPORT

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51 SLEEPER STREET, BOSTON, MA 02210-1208							
(58) MEETING STREET 1000 EDDY STREET, PROVIDENCE, RI 02905	05-0269232	501(C)(3)	46,098				DONOR DESIGNATION FOR GENERAL SUPPORT
(59) BOY SCOUTS OF AMERICA, NARRAGANSETT COUNCIL PO BOX 14777, EAST PROVIDENCE, RI 02914	05-0308384	501(C)(3)	44,454				DONOR DESIGNATION FOR GENERAL SUPPORT
(60) BABSON COLLEGE PROG OP COSTS SCHOLARSHIP FD, PO BOX 57310, BABSON PARK, MA 02157	04-2103544	501(C)(3)	43,173				DONOR DESIGNATION FOR GENERAL SUPPORT
(61) SAVE THE BAY 100 SAVE THE BAY DRIVE, PROVIDENCE, RI 02905	05-0343046	501(C)(3)	42,359				DONOR DESIGNATION FOR GENERAL SUPPORT
(62) BOYS/GIRLS CLUBS NEWPORT COUNTY 95 CHURCH STREET, NEWPORT, RI 02840- 3143	05-0281572	501(C)(3)	41,904				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(63) BOYS/GIRLS CLUB PAWTUCKET ONE MOELLER PLACE, PAWTUCKET, RI 02860-4003	05-0258924	501(C)(3)	40,599				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(64) AMER CANCER SOCIETY - N.E. DIV 931 JEFFERSON BLVD., STE 3004, WARWICK, RI 02886-2233	13-1788491	501(C)(3)	39,591				DONOR DESIGNATION FOR GENERAL SUPPORT
(65) ABT ASSOCIATES INC. PO BOX 845586, BOSTON, MA 02284-5586	04-2347643		39,311				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(66) BOYS/GIRLS CLUB WARWICK 42 FREDRICK STREET PO BOX 8938, WARWICK, RI 02888	05-6019193	501(C)(3)	38,972				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(67) BLACKSTONE ACADEMY CHARTER SCH 334 PLEASANT STREET, PAWTUCKET, RI 02860	80-0025718	501(C)(3)	38,816				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(68) TRINITY REPERTORY COMPANY 201 WASHINGTON STREET, PROVIDENCE, RI 02903	22-2547262	501(C)(3)	38,490				DONOR DESIGNATION FOR GENERAL SUPPORT
(69) MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVE, PROVIDENCE, RI 02906	05-0258905	501(C)(3)	38,285				DONOR DESIGNATION FOR GENERAL SUPPORT
(70) AMERICAN RED CROSS RI CHAPTER 2025 E STREET, WASHINGTON, DC 20006	53-0196605	501(C)(3)	35,783				DONOR DESIGNATION FOR GENERAL SUPPORT
(71) POTTER LEAGUE FOR ANIMALS PO BOX 412, NEWPORT, RI 02840	05-0301553	501(C)(3)	35,690				DONOR DESIGNATION FOR GENERAL SUPPORT
(72) MCAULEY HOUSE 622 ELMWOOD AVE, PO BOX 27009, PROVIDENCE, RI 02907	05-0440470	501(C)(3)	35,485				DONOR DESIGNATION FOR GENERAL SUPPORT
(73) CRANSTON PUBLIC SCHOOLS 845 PARK AVENUE, CRANSTON, RI 02910	30-0243173	501(C)(3)	35,064				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS

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(74) WESTERLY PUBLIC SCHOOLS 15 HIGHLAND AVENUE, WESTERLY, RI 02891	05-6000576	501(C)(3)	38,300				PROGRAM OPERATING COSTS
(75) JOHNSON & WALES UNIVERSITY 8 ABBOTT PARK PLACE, PROVIDENCE, RI 02903	05-0306206	501(C)(3)	34,822				DONOR DESIGNATION FOR GENERAL SUPPORT
(76) DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE, PROVIDENCE, RI 02903	05-6000057	501(C)(3)	32,700				DONOR DESIGNATION FOR GENERAL SUPPORT
(77) SENIOR AGENDA COALITION 70 BATH STREET, PROVIDENCE, RI 02908	74-3261256	501(C)(3)	32,633				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(78) THE WHEELER SCHOOL DEVELOPMENT OFFICE, 216 HOPE STREET, PROVIDENCE, RI 02906	05-0259101	501(C)(3)	32,185				DONOR DESIGNATION FOR GENERAL SUPPORT
(79) TOMORROW FUND RI HOSPITAL CAMPUS, 593 EDDY STREET, PROVIDENCE, RI 02903-4947	05-0450569	501(C)(3)	31,723				DONOR DESIGNATION FOR GENERAL SUPPORT
(80) COMMUNITY HEALTH CHARITIES OF NEW ENGLAND 35 COLD SPRING ROAD, SUITE 412, ROCKY HILL, CT 06067	06-6079596	501(C)(3)	31,114				DONOR DESIGNATION FOR GENERAL SUPPORT
(81) OLNEYVILLE HOUSING CORPORATION 66 CHAFFEE ST., PROVIDENCE, RI 02909	22-3010422	501(C)(3)	30,200				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(82) NORTH KINGSTOWN SCHOOL DEPARTMENT QUIDNESSETT ELEMENTARY SCHOOL, 166 MARK DRIVE, NORTH KINGSTOWN, RI 02852	05-6000273		30,000				PROGRAM OPERATING COSTS
(83) LASALLE ACADEMY DEVELOPMENT OFFICE/ALUMNI, 612 ACADEMY AVENUE, PROVIDENCE, RI 02908	05-0258897	501(C)(3)	29,938				DONOR DESIGNATION FOR GENERAL SUPPORT
(84) SAN MIGUEL SCHOOL 525 BRANCH AVE, PROVIDENCE, RI 02907	22-3232973	501(C)(3)	29,775				DONOR DESIGNATION FOR GENERAL SUPPORT
(85) BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD, PROVIDENCE, RI 02906	05-0258812	501(C)(3)	28,390				DONOR DESIGNATION FOR GENERAL SUPPORT
(86) PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE, PROVIDENCE, RI 02918	05-0258932	501(C)(3)	27,668				DONOR DESIGNATION FOR GENERAL SUPPORT
(87) BUTTON HOLE 1 BUTTON HOLE DRIVE, SUITE 1, PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	27,496				DONOR DESIGNATION FOR GENERAL SUPPORT
(88) YMCA-OCEAN COMMUNITY 95 HIGH STREET, WESTERLY, RI 02891	05-0268126	501(C)(3)	26,999				DONOR DESIGNATION FOR GENERAL SUPPORT
(89) RHODE ISLAND PHILHARMONIC & MUSIC SCHOOL 667 WATERMAN AVENUE, EAST PROVIDENCE, RI 02914-1712	05-0267451	501(C)(3)	25,221				DONOR DESIGNATION FOR GENERAL SUPPORT
(90) ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD, SIMSBURY, CT 06070	06-0689699	501(C)(3)	25,000				DONOR DESIGNATION FOR GENERAL SUPPORT

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(91) RI DEPT OF LABOR & TRAINING RTK DIV OF OCCUPATIONAL SAFETY, 1511 PONTIAC AVENUE, CRANSTON, RI 02920-0942	05-6000522		25,000				PROGRAM OPERATING COSTS
(92) KIDS KLUB, INC. 203 CONCORD ST., STE 301, PAWTUCKET, RI 02860	05-0427008	501(C)(3)	25,000				PROGRAM OPERATING COSTS
(93) DOWNCITY DESIGN PO BOX 1092, PROVIDENCE, RI 02901	27-1125644	501(C)(3)	25,000				PROGRAM OPERATING COSTS
(94) JUNIOR ACHIEVEMENT OF RI 120 WATERMAN STREET, SUITE 200, PROVIDENCE, RI 02906	05-0263443	501(C)(3)	24,978				DONOR DESIGNATION FOR GENERAL SUPPORT
(95) GLOBAL IMPACT PO BOX 409616, ATLANTA, GA 30384-9616	52-1273585	501(C)(3)	24,266				DONOR DESIGNATION FOR GENERAL SUPPORT
(96) SOUTH COUNTY HOSPITAL 100 KENYON AVENUE, WAKEFIELD, RI 02879	05-0259093	501(C)(3)	23,950				DONOR DESIGNATION FOR GENERAL SUPPORT
(97) MOSES BROWN SCHOOL FOUNDATION 250 LLOYD AVENUE, PROVIDENCE, RI 02906-2398	23-7067506	501(C)(3)	23,551				DONOR DESIGNATION FOR GENERAL SUPPORT
(98) FUND FOR COMMUNITY PROGRESS 90 B JEFFERSON BLVD., WARWICK, RI 02888	05-0399609	501(C)(3)	23,405				DONOR DESIGNATION FOR GENERAL SUPPORT
(99) LINCOLN SCHOOL 301 BUTLER AVENUE, PROVIDENCE, RI 02906	05-0258900	501(C)(3)	23,332				DONOR DESIGNATION FOR GENERAL SUPPORT
(100) PLANNED PARENTHOOD OF SENE 345 WHITNEY AVENUE, NEW HAVEN, CT 06511	06-0263565	501(C)(3)	23,157				DONOR DESIGNATION FOR GENERAL SUPPORT
(101) PROVIDENCE COMMUNITY LIBRARY 441 PRAIRIE AVE, PROVIDENCE, RI 02905	36-4640304	501(C)(3)	23,024				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(102) BRYANT UNIVERSITY 1150 DOUGLAS PIKE, SMITHFIELD, RI 02917	05-0258810	501(C)(3)	22,906				DONOR DESIGNATION FOR GENERAL SUPPORT
(103) RONALD MCDONALD HOUSE - PROV 45 GAY STREET, PROVIDENCE, RI 02905	05-0434218	501(C)(3)	22,655				DONOR DESIGNATION FOR GENERAL SUPPORT
(104) CCRI FOUNDATION 1762 LOUISQUISSET PIKE, LINCOLN, RI 02865	05-0394214	501(C)(3)	22,542				DONOR DESIGNATION FOR GENERAL SUPPORT
(105) TOWN OF CUMBERLAND 1464 DIAMOND HILL ROAD, STE 2, CUMBERLAND, RI 02864	56-0000115		22,500				PROGRAM OPERATING COSTS
(106) CLINICA ESPERANZA HOPE CLINIC 60 VALLEY STREET, PROVIDENCE, RI 02909	26-1714340	501(C)(3)	22,500				PROGRAM OPERATING COSTS
(107) EARTH SHARE OF NEW ENGLAND 7735 OLD GEORGETOWN RD #900, BETHESDA, MD 20814	22-3151372	501(C)(3)	22,091				DONOR DESIGNATION FOR GENERAL SUPPORT
(108) JEWISH FAMILY SERVICE 959 NORTH MAIN STREET, PROVIDENCE, RI 02904	05-0258888	501(C)(3)	22,089				DONOR DESIGNATION FOR GENERAL SUPPORT
(109) AMERICA'S CHARITIES SUNTRUST BANK WHOLESALE DEPT., LOCKBOX #79570, BALTIMORE, MD 21279	54-1517707	501(C)(3)	21,751				DONOR DESIGNATION FOR GENERAL SUPPORT

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(110) PACE ORGANIZATION OF RI 225 CHAPMAN STREET, PROVIDENCE, RI 02905	30-0297335	501(C)(3)	21,590				PROGRAM OPERATING COSTS
(111) SOJOURNER HOUSE INC 386 SMITH ST, PROVIDENCE, RI 02908	05-0370419	501(C)(3)	21,359				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(112) INSTITUTE FOR STUDY & PRACTICE OF NON-VIOLENCE 265 OXFORD STREET, PROVIDENCE, RI 02905	05-0517863	501(C)(3)	21,087				DONOR DESIGNATION FOR GENERAL SUPPORT
(113) US LACROSSE FOUNDATION 113 WEST UNIVERSITY PARKWAY, BALTIMORE, MD 21210-3300	52-0790605	501(C)(3)	21,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(114) PROVIDENCE CENTER 528 NORTH MAIN STREET, PROVIDENCE, RI 02904	05-0316969	501(C)(3)	20,967				DONOR DESIGNATION FOR GENERAL SUPPORT
(115) COMMUNITY PREPARATORY SCHOOL 126 SOMERSET STREET, PROVIDENCE, RI 02907	22-2485332	501(C)(3)	20,945				DONOR DESIGNATION FOR GENERAL SUPPORT
(116) SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET, PROVIDENCE, RI 02907-1031	05-0394224	501(C)(3)	20,937				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(117) THE RISD MUSEUM 224 BENEFIT STREET, PROVIDENCE, RI 02903-2723	05-0383432	501(C)(3)	20,600				DONOR DESIGNATION FOR GENERAL SUPPORT
(118) ST MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE, NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	20,385				DONOR DESIGNATION FOR GENERAL SUPPORT
(119) RI STATE COUNCIL OF CHURCHES 100 NIAN TIC AVENUE STE 101, PROVIDENCE, RI 02907	05-0268535	501(C)(3)	20,330				DONOR DESIGNATION FOR GENERAL SUPPORT
(120) AMER HEART ASSOCIATION 1 STATE STREET, STE 200, PROVIDENCE, RI 02908-5005	13-5613797	501(C)(3)	20,099				DONOR DESIGNATION FOR GENERAL SUPPORT
(121) FELICIAN ADULT DAY CENTER, INC. 1315 ENFIELD STREET, ENFIELD, CT 06082	06-1329622	501(C)(3)	20,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(122) NEWPORT HOSPITAL FOUNDATION 11 FRIENDSHIP STREET, NEWPORT, RI 02840	22-2535533	501(C)(3)	19,353				DONOR DESIGNATION FOR GENERAL SUPPORT
(123) MT ST CHARLES ACADEMY 800 LOGEE STREET, WOONSOCKET, RI 02895	05-0258850	501(C)(3)	18,580				DONOR DESIGNATION FOR GENERAL SUPPORT
(124) RHODE ISLANDERS SPONSORING EDUCATION 143 PRAIRIE AVENUE, 1ST FLOOR, PROVIDENCE, RI 02905	06-1470525	501(C)(3)	18,575				DONOR DESIGNATION FOR GENERAL SUPPORT
(125) WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	18,289				DONOR DESIGNATION FOR GENERAL SUPPORT
(126) CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET, PO BOX 17526, BALTIMORE, MD 21298-8180	13-5563422	501(C)(3)	18,284				DONOR DESIGNATION FOR GENERAL SUPPORT



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(127) ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE, MEMPHIS, TN 38105	62-0646012	501(C)(3)	18,013				DONOR DESIGNATION FOR GENERAL SUPPORT
(128) PROVIDENCE REVOLVING FUND 372 WEST FOUNTAIN STREET, PROVIDENCE, RI 02903	05-0386411	501(C)(3)	18,000				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(129) PAN MASSACHUSETTS CHALLENGE TRUST TO BENEFIT THE JIMMY FUND 77 FOURTH AVENUE, NEEDHAM, MA 02494	04-2746912	501(C)(3)	17,718				DONOR DESIGNATION FOR GENERAL SUPPORT
(130) GRANITE UNITED WAY 46 S MAIN ST, CONCORD, NH 03301-4855	02-6006033	501(C)(3)	17,481				DONOR DESIGNATION FOR GENERAL SUPPORT
(131) HASBRO CHILDREN'S HOSPITAL LIFESPAN DEV OFFICE, PO BOX H, PROVIDENCE, RI 02901	05-0258954	501(C)(3)	16,571				DONOR DESIGNATION FOR GENERAL SUPPORT
(132) BLITHEWOLD INC. 101 FERRY ROAD, BRISTOL, RI 02809	05-0503407	501(C)(3)	16,241				DONOR DESIGNATION FOR GENERAL SUPPORT
(133) UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 709 BENJAMIN FRANKLIN PARKWAY, PHILADELPHIA, PA 19103	23-1556045	501(C)(3)	16,120				DONOR DESIGNATION FOR GENERAL SUPPORT
(134) J E FOGARTY CENTER GREATER PROV CHAPTER RIARC, 220 WOONASQUATUCKET AVE, NORTH PROVIDENCE, RI 02911-3196	05-0270834	501(C)(3)	16,022				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(135) WOMEN & INFANTS HOSPITAL DEVELOPMENT FDTN 101 DUDLEY STREET, PROVIDENCE, RI 02905	22-2885815	501(C)(3)	15,950				DONOR DESIGNATION FOR GENERAL SUPPORT
(136) PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET, PROVIDENCE, RI 02903	05-0262712	501(C)(3)	15,745				DONOR DESIGNATION FOR GENERAL SUPPORT
(137) THE NATURE CONSERVANCY (RI) 159 WATERMAN STREET, PROVIDENCE, RI 02906	53-0242652	501(C)(3)	15,429				DONOR DESIGNATION FOR GENERAL SUPPORT
(138) INTERNATIONAL HOUSE OF RI 8 STIMSON STREET, PROVIDENCE, RI 02906	05-0305666	501(C)(3)	15,128				DONOR DESIGNATION FOR GENERAL SUPPORT
(139) ADOPTION RHODE ISLAND 2 BRADFORD STREET, PROVIDENCE, RI 02903	22-2543833	501(C)(3)	15,125				DONOR DESIGNATION FOR GENERAL SUPPORT
(140) BACK TO SCHOOL OF RI PO BOX 72799, PROVIDENCE, RI 02907	20-2305971	501(C)(3)	15,000				PROGRAM OPERATING COSTS
(141) HUB THEATRE COMPANY OF BOSTON, INC. 50 GREEN STREET #409, BROOKLINE, MA 02406	46-1283093	501(C)(3)	15,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(142) BRADLEY HOSPITAL FOUNDATION 1011 VETERANS MEMORIAL PKWY, RIVERSIDE, RI 02915	05-0258806	501(C)(3)	14,961				DONOR DESIGNATION FOR GENERAL SUPPORT
(143) FAMILY SERVICE OF RI INC. 134 THURBERS AVE PO BOX 6688, PROVIDENCE, RI 02940	05-0258858	501(C)(3)	14,848				DONOR DESIGNATION FOR GENERAL SUPPORT

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(144) RHODE ISLAND PUBLIC RADIO ONE UNION STATION, PROVIDENCE, RI 02903	05-0498502	501(C)(3)	14,652				DONOR DESIGNATION FOR GENERAL SUPPORT
(145) NAT'L MULTIPLE SCLEROSIS - RI 205 HALLENE RD, STE 209, WARWICK, RI 02886	05-0271809	501(C)(3)	14,475				DONOR DESIGNATION FOR GENERAL SUPPORT
(146) BOYS/GIRLS CLUBS OF PROVIDENCE CENTRAL SERVICES OFFICE, 550 WICKENDON STREET, PROVIDENCE, RI 02903	05-0258929	501(C)(3)	14,137				DONOR DESIGNATION FOR GENERAL SUPPORT
(147) ELIZABETH BUFFUM CHACE HOUSE PO BOX 9476, WARWICK, RI 02889	05-0384053	501(C)(3)	14,088				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(148) SPECIAL OLYMPICS-RHODE ISLAND 370 GEORGE WASHINGTON HGHWY, SMITHFIELD, RI 02917	05-0377867	501(C)(3)	13,727				DONOR DESIGNATION FOR GENERAL SUPPORT
(149) UNITED WAY OF NEW YORK CITY 2 PARK AVENUE, FL 2, NEW YORK, NY 10016-5605	13-2617681	501(C)(3)	13,647				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(150) WOMEN'S CENTER OF RI, INC PO BOX 603300, PROVIDENCE, RI 02906	05-0369858	501(C)(3)	13,645				DONOR DESIGNATION FOR GENERAL SUPPORT
(151) ALZHEIMER'S ASSOCIATION RI CHAPTER 245 WATERMAN ST. SUITE 306, PROVIDENCE, RI 02906	05-0445962	501(C)(3)	13,230				DONOR DESIGNATION FOR GENERAL SUPPORT
(152) BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE, WARWICK, RI 02889	05-0296059	501(C)(3)	12,864				DONOR DESIGNATION FOR GENERAL SUPPORT
(153) GATEWAY HEALTHCARE 249 ROOSEVELT AVENUE, PAWTUCKET, RI 02860	05-0309043	501(C)(3)	12,380				DONOR DESIGNATION FOR GENERAL SUPPORT
(154) BIG BROTHERS BIG SISTERS OF THE OCEAN STATE 1540 PONTIAC AVENUE, SUITE 1, CRANSTON, RI 02920	22-2606942	501(C)(3)	12,375				DONOR DESIGNATION FOR GENERAL SUPPORT
(155) WOONASQUATUCKET RIVER WATERSHD COUNCIL 27 SIMS AVENUE, PROVIDENCE, RI 02909	05-0519694	501(C)(3)	12,364				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(156) UNITED WAY SILICON VALLEY 1400 PARKMOOR AVENUE, STE 250, SAN JOSE, CA 95126	94-1450153	501(C)(3)	11,940				DONOR DESIGNATION FOR GENERAL SUPPORT
(157) MAKE A WISH FOUNDATION RHODE ISLAND & MASS. 20 HEMINGWAY DRIVE, EAST PROVIDENCE, RI 02915	22-2867371	501(C)(3)	11,922				DONOR DESIGNATION FOR GENERAL SUPPORT
(158) BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8233A, PAWTUCKET, RI 02860	27-0045877	501(C)(3)	11,409				DONOR DESIGNATION FOR GENERAL SUPPORT
(159) SALVE REGINA UNIVERSITY 100 OCHRE POINT, NEWPORT, RI 02840	05-0259080	501(C)(3)	11,217				DONOR DESIGNATION FOR GENERAL SUPPORT



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(160) INSPIRING MINDS (VIPS) 763 WESTMINSTER STREET, PROVIDENCE, RI 02903	05-0310175	501(C)(3)	11,134				DONOR DESIGNATION FOR GENERAL SUPPORT
(161) FELLOWSHIP HEALTH RESOURCES INC. 25 BLACKSTONE VLY PL, STE 300, LINCOLN, RI 02865-1163	05-0373414	501(C)(3)	11,119				DONOR DESIGNATION FOR GENERAL SUPPORT
(162) RI ZOOLOGICAL SOCIETY ROGER WILLIAMS PARK ZOO, 1000 ELMWOOD AVENUE, PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	11,091				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(163) HAITIAN HEALTH FOUNDATION 97 SHERMAN STREET, NORWICH, CT 06360	06-1135999	501(C)(3)	11,022				DONOR DESIGNATION FOR GENERAL SUPPORT
(164) YMCA OF PAWTUCKET 660 ROOSEVELT AVENUE, PAWTUCKET, RI 02860	05-0259114	501(C)(3)	11,009				DONOR DESIGNATION FOR GENERAL SUPPORT
(165) CHILD & FAMILY SERVICE NEWPORT 31 JOHN CLARKE ROAD, MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	11,004				DONOR DESIGNATION FOR GENERAL SUPPORT
(166) SOCIAL VENTURE PARTNERS - RI 460 HARRIS AVENUE, UNIT 303, PROVIDENCE, RI 02909	26-0163730	501(C)(3)	11,000				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(167) LASALLE SCHOOL FOUNDATION DEVELOPMENT OFFICE, 391 WESTERN AVENUE, ALBANY, NY 12203	22-3125348	501(C)(3)	11,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(168) AUDUBON SOCIETY OF RI 12 SANDERSON ROAD, SMITHFIELD, RI 02917	05-0265675	501(C)(3)	10,900				DONOR DESIGNATION FOR GENERAL SUPPORT
(169) MEALS ON WHEELS OF RI, INC. 70 BATH ST, PROVIDENCE, RI 02908	05-0340723	501(C)(3)	10,863				DONOR DESIGNATION FOR GENERAL SUPPORT
(170) UNITED WAY OF METROPOLITAN CHICAGO 333 S. WABASH AVENUE, 30TH FLOOR, CHICAGO, IL 60604	30-0200478	501(C)(3)	10,642				DONOR DESIGNATION FOR GENERAL SUPPORT
(171) LEUKEMIA & LYMPHOMA SOCIETY RI 1210 PONTIAC AVENUE, CRANSTON, RI 02920	13-5644916	501(C)(3)	10,591				DONOR DESIGNATION FOR GENERAL SUPPORT
(172) SOPHIA ACADEMY 582 ELMWOOD AVENUE, PROVIDENCE, RI 02907	31-1736069	501(C)(3)	10,467				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(173) UNITED WAY OF ALLEGHENY COUNTY PO BOX 735, PITTSBURGH, PA 15230-0735	25-1043578	501(C)(3)	10,426				DONOR DESIGNATION FOR GENERAL SUPPORT
(174) GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVE., WARWICK, RI 02886	05-0300724	501(C)(3)	10,321				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(175) KENT HOSPITAL FOUNDATION DEVELOPMENT OFFICE, 455 TOLL GATE ROAD, WARWICK, RI 02886	05-0514640	501(C)(3)	10,311				DONOR DESIGNATION FOR GENERAL SUPPORT
(176) FAMILIES FIRST, INC. 139 OCEAN AVE., CRANSTON, RI 02905	02-0744689	501(C)(3)	10,196				DONOR DESIGNATION FOR GENERAL SUPPORT

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(177) RI LEGAL SERVICES INC 56 PINE ST, SUITE 400, PROVIDENCE, RI 02903-2819	05-0318596	501(C)(3)	10,150				DONOR DESIGNATION FOR GENERAL SUPPORT
(178) MANTON AVENUE PROJECT PO BOX 982, PROVIDENCE, RI 02901	06-1725016	501(C)(3)	10,098				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(179) TOWN OF PALM BEACH UNITED WAY, INC. 44 COCONUT ROW, STE M201, PO BOX 1141, PALM BEACH, FL 33480	59-6037885	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(180) SHARE OUR STRENGTH 1030 15TH STREET NW, SUITE 1100, WASHINGTON, DC 20005	52-1367538	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(181) CITY OF WOONSOCKET 169 MAIN STREET, WOONSOCKET, RI 02895	05-6000587		10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(182) PRINCETON UNIVERSITY FDTN, TRUSTEES OF PO BOX 5357, PRINCETON, NJ 08543	21-0634501	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(183) RI COLLEGE FOUNDATION RIC DEVELOPMENT OFFICE, 600 MT. PLEASANT AVE, PROVIDENCE, RI 02908	05-6049721	501(C)(3)	9,794				DONOR DESIGNATION FOR GENERAL SUPPORT
(184) DAY ONE 100 MEDWAY STREET, PROVIDENCE, RI 02906	05-0385696	501(C)(3)	9,709				DONOR DESIGNATION FOR GENERAL SUPPORT
(185) UNITED WAY OF GREATER HOUSTON PO BOX 3247, HOUSTON, TX 77253-3247	74-1167964	501(C)(3)	9,667				DONOR DESIGNATION FOR GENERAL SUPPORT
(186) DORCAS PLACE ADULT & FAMILY LEARNING CENTER 220 ELMWOOD AVE, PROVIDENCE, RI 02907	05-0391754	501(C)(3)	9,624				DONOR DESIGNATION FOR GENERAL SUPPORT
(187) UNITED WAY OF DELAWARE COUNTY PO BOX 319, DELAWARE, OH 43015-0319	31-4423899	501(C)(3)	9,552				DONOR DESIGNATION FOR GENERAL SUPPORT
(188) LUCY'S HEARTH 913 WEST MAIN ROAD, MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	9,533				DONOR DESIGNATION FOR GENERAL SUPPORT
(189) WATERFIRE - PROVIDENCE 101 REGENT AVE, PROVIDENCE, RI 02908	22-2951612	501(C)(3)	9,527				DONOR DESIGNATION FOR GENERAL SUPPORT
(190) UNITED WAY OF THE NATIONAL CAPITAL AREA 8391 OLD COURTHOUSE RD STE 200, VIENNA, VA 22182-3819	53-0234290	501(C)(3)	9,512				DONOR DESIGNATION FOR GENERAL SUPPORT
(191) SPCA - RHODE ISLAND 186 AMARAL STREET, EAST PROVIDENCE, RI 02914	05-0262716	501(C)(3)	9,308				DONOR DESIGNATION FOR GENERAL SUPPORT
(192) PRESERVATION SOCIETY, NEWPORT COUNTY 424 BELLEVUE AVENUE, NEWPORT, RI 02840	05-0252708	501(C)(3)	9,300				DONOR DESIGNATION FOR GENERAL SUPPORT
(193) PROVIDENCE ATHENAEUM 251 BENEFIT STREET, PROVIDENCE, RI 02903	05-0258928	501(C)(3)	9,270				DONOR DESIGNATION FOR GENERAL SUPPORT
(194) BOYS/GIRLS CLUB CUMBERLAND/LINCOLN	05-0280121	501(C)(3)	9,200				DONOR DESIGNATION FOR GENERAL SUPPORT

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PO BOX 7505, CUMBERLAND, RI 02864-0505							
(195) AUTISM PROJECT OF RI 1516 ATWOOD AVENUE, JOHNSTON, RI 02919	05-0512037	501(C)(3)	9,094				DONOR DESIGNATION FOR GENERAL SUPPORT
(196) WOMEN'S FUND OF RHODE ISLAND ONE UNION STATION, PROVIDENCE, RI 02903	06-1741539	501(C)(3)	9,037				DONOR DESIGNATION FOR GENERAL SUPPORT
(197) KENT CENTER FOR HUMAN & ORG DEVELOPMENT 2756 POST ROAD STE 104, WARWICK, RI 02886-3003	51-0189278	501(C)(3)	8,765				DONOR DESIGNATION FOR GENERAL SUPPORT
(198) TRUDEAU CENTER/KENT COUNTY RIARC 3445 POST ROAD, WARWICK, RI 02886	05-0310093	501(C)(3)	8,757				DONOR DESIGNATION FOR GENERAL SUPPORT
(199) CITY YEAR RHODE ISLAND, INC. 77 EDDY ST, 2ND FLOOR, PROVIDENCE, RI 02903	22-2882549	501(C)(3)	8,600				DONOR DESIGNATION FOR GENERAL SUPPORT
(200) COVE CENTER, INC. 610 MANTON AVENUE, PROVIDENCE, RI 02909-5633	05-0419116	501(C)(3)	8,546				DONOR DESIGNATION FOR GENERAL SUPPORT
(201) UNITED WAY OF GRTR. CLEVELAND 1331 EUCLID AVENUE, CLEVELAND, OH 44115	34-6516654	501(C)(3)	8,476				DONOR DESIGNATION FOR GENERAL SUPPORT
(202) UNITED WAY CAPE & ISLANDS 749 MAIN STREET FL 2, HYANNIS, MA 02601-4327	04-2271714	501(C)(3)	8,463				DONOR DESIGNATION FOR GENERAL SUPPORT
(203) VOLUNTEER SERVICES FOR ANIMALS PO BOX 6263 23 DRYDEN LANE, PROVIDENCE, RI 02940-6263	05-0381306	501(C)(3)	8,395				DONOR DESIGNATION FOR GENERAL SUPPORT
(204) GORDON SCHOOL 45 MAXFIELD AVENUE, EAST PROVIDENCE, RI 02914	05-0258876	501(C)(3)	8,200				DONOR DESIGNATION FOR GENERAL SUPPORT
(205) UFCW LOCAL 328 CHARITABLE FDTN 278 SILVER SPRING STREET, PROVIDENCE, RI 02904	20-0678926	501(C)(3)	8,121				DONOR DESIGNATION FOR GENERAL SUPPORT
(206) FRIENDS OF WESTERLY PUBLIC LIBRARY & WILCOX PARK 44 BROAD STREET, WESTERLY, RI 02891	23-7219525	501(C)(3)	8,084				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(207) DOCTORS WITHOUT BORDERS USA 333 7TH AVENUE, 2ND FLOOR, NEW YORK, NY 10001	13-3433452	501(C)(3)	8,050				DONOR DESIGNATION FOR GENERAL SUPPORT
(208) READ TO SUCCEED, INC. 201 HILLSIDE ROAD, #101, CRANSTON, RI 02920	74-3236898	501(C)(3)	8,025				DONOR DESIGNATION FOR GENERAL SUPPORT
(209) FRIENDS OF B'NAI ISRAEL CEMETERY 224 PROSPECT STREET, PO BOX 250, SLATERSVILLE, RI 02876	27-4325929	501(C)(3)	8,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(210) FAMILY SERVICES OF CENTRAL MA 31 HARVARD STREET, WORCESTER, MA 01609	04-2103767	501(C)(3)	8,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(211) PROVIDENCE PERFORMING ARTS CTR	05-0377244	501(C)(3)	7,975				DONOR DESIGNATION FOR

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220 WEYBOSSET STREET, PROVIDENCE, RI 02903							GENERAL SUPPORT
(212) RE-FOCUS, INC. 45 GREELEY STREET, PROVIDENCE, RI 02904	05-0394380	501(C)(3)	7,928				DONOR DESIGNATION FOR GENERAL SUPPORT
(213) WORLD FOUNDATION FOR GIRL GUIDES & GIRL SCOUTS INC. 420 FIFTH AVE. 14TH FLOOR, NEW YORK, NY 10018	23-7147834	501(C)(3)	7,834				DONOR DESIGNATION FOR GENERAL SUPPORT
(214) ANIMAL RESCUE LEAGUE OF SOUTHERN RHODE ISLAND PO BOX 458, WAKEFIELD, RI 02880-0458	05-0282432	501(C)(3)	7,765				DONOR DESIGNATION FOR GENERAL SUPPORT
(215) UNITED WAY OF COASTAL FAIRFIELD COUNTY 855 MAIN STREET 10TH FLOOR, BRIDGEPORT, CT 06604-4915	06-0864341	501(C)(3)	7,726				DONOR DESIGNATION FOR GENERAL SUPPORT
(216) BOSTON COLLEGE CADIGAN ALUMNI CENTER, 140 COMMONWEALTH AVENUE, CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	7,709				DONOR DESIGNATION FOR GENERAL SUPPORT
(217) SOUTH COUNTY COMM ACTION 1935 KINGSTOWN ROAD, WAKEFIELD, RI 02879-2432	05-0351121	501(C)(3)	7,704				DONOR DESIGNATION FOR GENERAL SUPPORT
(218) JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD, PEACE DALE, RI 02879	05-0374356	501(C)(3)	7,701				DONOR DESIGNATION FOR GENERAL SUPPORT
(219) PROVIDENCE RESCUE MISSION PO BOX 72753, PROVIDENCE, RI 02907-9909	05-0503326	501(C)(3)	7,555				DONOR DESIGNATION FOR GENERAL SUPPORT
(220) JEWISH SENIORS AGENCY OF RI 100 NIAN TIC AVENUE, PROVIDENCE, RI 02907	05-0258889	501(C)(3)	7,552				DONOR DESIGNATION FOR GENERAL SUPPORT
(221) BOYS & GIRLS CLUBS OF PALM BEACH COUNTY 800 NORTHPOINT PARKWAY, STE 204, WEST PALM BEACH, FL 33407	23-7060561	501(C)(3)	7,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(222) THOMPSON ISLAND OUTWARD BOUND PO BOX 127, BOSTON, MA 02127-0002	04-3027900	501(C)(3)	7,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(223) CHICAGO SISTER CITIES INTERNATIONAL 177 N. STATE STREET, SUITE 500, CHICAGO, IL 60601	36-3761640	501(C)(3)	7,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(224) SCHOOL ONE 220 UNIVERSITY AVENUE, PROVIDENCE, RI 02906	05-0352225	501(C)(3)	7,424				DONOR DESIGNATION FOR GENERAL SUPPORT
(225) MARTIN LUTHER KING CENTER, INC. 20 DR. MARCUS WHEATLAND BLVD, NEWPORT, RI 02840-2097	05-0271882	501(C)(3)	7,398				DONOR DESIGNATION FOR GENERAL SUPPORT
(226) MARCH OF DIMES (RI) 220 WEST EXCHANGE ST., STE 003, PROVIDENCE, RI 02903	13-1846366	501(C)(3)	7,386				DONOR DESIGNATION FOR GENERAL SUPPORT
(227) WOODLAWN COMMUNITY DEVELOPMENT 210 WEST AVENUE, PAWTUCKET, RI 02860	05-0514308	501(C)(3)	7,364				PROGRAM OPERATING COSTS

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(228) FRUIT HILL DAY SERVICES FOR ELDERLY 399 FRUIT HILL AVENUE, NORTH PROVIDENCE, RI 02911	05-0370235	501(C)(3)	7,361				DONOR DESIGNATION FOR GENERAL SUPPORT
(229) RI COLLEGE ALUMNI ASSN. DEVELOPMENT OFFICE, 600 MOUNT PLEASANT AVENUE, PROVIDENCE, RI 02908	05-6051361	501(C)(3)	7,316				DONOR DESIGNATION FOR GENERAL SUPPORT
(230) AIDS CARE OCEAN STATE 18 PARKIS AVENUE, PROVIDENCE, RI 02907-1408	22-2929749	501(C)(3)	7,227				DONOR DESIGNATION FOR GENERAL SUPPORT
(231) HOMES FOR OUR TROOPS INC 6 MAIN ST, TAUNTON, MA 02780-2733	54-2143612	501(C)(3)	7,207				DONOR DESIGNATION FOR GENERAL SUPPORT
(232) JOHN HOPE SETTLEMENT HOUSE 7 THOMAS P. WHITTEN WAY, PROVIDENCE, RI 02903	05-0258882	501(C)(3)	7,112				DONOR DESIGNATION FOR GENERAL SUPPORT
(233) A WISH COME TRUE INC 1010 WARWICK AVENUE, WARWICK, RI 02888	05-0398808	501(C)(3)	7,100				DONOR DESIGNATION FOR GENERAL SUPPORT
(234) HAITIAN PROJECT INC 160 BROAD STREET PO BOX 6891, PROVIDENCE, RI 02940	22-2700013	501(C)(3)	7,050				DONOR DESIGNATION FOR GENERAL SUPPORT
(235) ARTHRITIS FOUNDATION 1330 W. PEACHTREE ST, STE 100, ATLANTA, GA 30309	58-1341679	501(C)(3)	7,030				DONOR DESIGNATION FOR GENERAL SUPPORT
(236) HOLOCAUST EDUCATION & RESOURCE CTR OF RI 401 ELMGROVE AVENUE, PROVIDENCE, RI 02906	05-0483511	501(C)(3)	7,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(237) ST RAPHAEL ACADEMY 123 WALCOTT STREET, PAWTUCKET, RI 02860-9905	05-0259066	501(C)(3)	6,980				DONOR DESIGNATION FOR GENERAL SUPPORT
(238) VNS OF NEWPORT & BRISTOL CNTY. 1184 EAST MAIN ROAD, PORTSMOUTH, RI 02871	05-0258915	501(C)(3)	6,946				DONOR DESIGNATION FOR GENERAL SUPPORT
(239) DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY 61 MAIN STREET, WAKEFIELD, RI 02879	05-0377538	501(C)(3)	6,893				DONOR DESIGNATION FOR GENERAL SUPPORT
(240) NEIGHBOR TO NATION 44330 PREMIER PLAZA STE 220, ASHBURN, VA 20147	54-1879282	501(C)(3)	6,840				DONOR DESIGNATION FOR GENERAL SUPPORT
(241) COMPREHENSIVE COMMUNITY ACTION PROGRAM 311 DORIC AVE, CRANSTON, RI 02910	05-6018801	501(C)(3)	6,812				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(242) THE ARC OF BLACKSTONE VALLEY 500 PROSPECT STREET, SUITE 203, PAWTUCKET, RI 02860	05-0300152	501(C)(3)	6,773				DONOR DESIGNATION FOR GENERAL SUPPORT
(243) PROVIDENCE CHILDRENS MUSEUM 100 SOUTH STREET, PROVIDENCE, RI 02903	05-0370944	501(C)(3)	6,700				DONOR DESIGNATION FOR GENERAL SUPPORT
(244) THE GRODEN CENTER DEVELOPMENT OFFICE, 610 MANTON AVENUE, PROVIDENCE, RI 02909	05-0369378	501(C)(3)	6,691				DONOR DESIGNATION FOR GENERAL SUPPORT
(245) COMMUNITY BOATING CENTER, INC.	22-2946979	501(C)(3)	6,650				DONOR DESIGNATION FOR

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PO BOX 5849, PROVIDENCE, RI 02903							GENERAL SUPPORT
(246) YOUTH IN ACTION INC 672 BROAD STREET, PROVIDENCE, RI 02907	05-0495230	501(C)(3)	6,550				DONOR DESIGNATION FOR GENERAL SUPPORT
(247) COMMUNITY MUSIC WORKS 1392 WESTMINSTER STREET, PROVIDENCE, RI 02909	05-0507426	501(C)(3)	6,466				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(248) COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE 518 HARTFORD AVENUE, PROVIDENCE, RI 02909	46-1472304	501(C)(3)	6,438				PROGRAM OPERATING COSTS
(249) BLACKSTONE VALLEY COMMUNITY ACTION PROGRAM 32 GOFF AVENUE, PAWTUCKET, RI 02860	05-0312991	501(C)(3)	6,437				PROGRAM OPERATING COSTS
(250) VALLEY OF THE SUN UNITED WAY 1515 EAST OSBORN ROAD, PO BOX 10748, PHOENIX, AZ 85064	86-0104419	501(C)(3)	6,389				DONOR DESIGNATION FOR GENERAL SUPPORT
(251) UNITED STATES CONFERENCE OF CATHOLIC BISHOPS 3211 4TH ST NE, WASHINGTON, DC 20017	53-0196617	501(C)(3)	6,319				DONOR DESIGNATION FOR GENERAL SUPPORT
(252) PROVIDENCE PRESERVATION SOCIETY 21 MEETING STREET, PROVIDENCE, RI 02903	05-0283958	501(C)(3)	6,308				DONOR DESIGNATION FOR GENERAL SUPPORT
(253) SOCIETY OF THE FOUR ARTS 2 FOUR ART PLAZA, PALM BEACH, FL 33480	59-0454318	501(C)(3)	6,300				DONOR DESIGNATION FOR GENERAL SUPPORT
(254) STAR KIDS SCHOLARSHIP PO BOX 6214, MIDDLETOWN, RI 02842	04-3623364	501(C)(3)	6,200				DONOR DESIGNATION FOR GENERAL SUPPORT
(255) YMCA OF NEWPORT COUNTY 792 VALLEY ROAD, NEWPORT, RI 02842	05-0258916	501(C)(3)	6,193				DONOR DESIGNATION FOR GENERAL SUPPORT
(256) RI BLACK HERITAGE SOCIETY 123 N MAIN STREET, PROVIDENCE, RI 02903	51-0189067	501(C)(3)	6,185				DONOR DESIGNATION FOR GENERAL SUPPORT
(257) HARBOR HOUSE 12 BASSETT STREET, PROVIDENCE, RI 02903-4206	59-3838702	501(C)(3)	6,090				DONOR DESIGNATION FOR GENERAL SUPPORT
(258) IN-SIGHT 43 JEFFERSON BLVD, SUITE 1, WARWICK, RI 02888	05-0272278	501(C)(3)	6,031				DONOR DESIGNATION FOR GENERAL SUPPORT
(259) OLIVER HAZARD PERRY RI 29 TOURO STREET, NEWPORT, RI 02840	20-2574859	501(C)(3)	6,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(260) ALZHEIMER'S ASSOCIATION 303 N. HERSEY ROAD, SUITE D3, BLOOMINGTON, IL 61704	13-3039601	501(C)(3)	6,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(261) GESU SCHOOL INC 1700 W THOMPSON ST, PHILADELPHIA, PA 19121	23-2728931	501(C)(3)	6,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(262) FEINSTEIN-GAMM THEATRE 172 EXCHANGE STREET, PAWTUCKET, RI 02860-2211	22-2797284	501(C)(3)	5,993				DONOR DESIGNATION FOR GENERAL SUPPORT
(263) FRIENDS WAY 765 WEST SHORE RD, WARWICK, RI 02889	05-0504841	501(C)(3)	5,988				DONOR DESIGNATION FOR GENERAL SUPPORT
(264) WOUNDED WARRIORS, INC. 920 107TH AVENUE, SUITE 250, OMAHA, NE	20-1407520	501(C)(3)	5,905				DONOR DESIGNATION FOR GENERAL SUPPORT



(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
68114-4719							
(265) WESTERLY HOSPITAL FOUNDATION, INC. 25 WELLS STREET, WESTERLY, RI 02891	05-0508064	501(C)(3)	5,900				DONOR DESIGNATION FOR GENERAL SUPPORT
(266) PRESERVE RHODE ISLAND 957 NORTH MAIN STREET, PROVIDENCE, RI 02904	05-6012417	501(C)(3)	5,880				DONOR DESIGNATION FOR GENERAL SUPPORT
(267) CYSTIC FIBROSIS FOUNDATION MASSACHUSETTS & RI 220 NORTH MAIN STREET, STE 104, NATICK, MA 01760	13-1930701	501(C)(3)	5,870				DONOR DESIGNATION FOR GENERAL SUPPORT
(268) UNITED WAY OF GRTR ATTLEBORO/TAUNTON, INC. 247 MAPLE STREET, ATTLEBORO, MA 02703-4226	04-2104020	501(C)(3)	5,782				DONOR DESIGNATION FOR GENERAL SUPPORT
(269) RI INSTITUTE FOR LABOR STUDIES & RESEARCH 99 BALD HILL ROAD, CRANSTON, RI 02920	05-0387211	501(C)(3)	5,775				DONOR DESIGNATION FOR GENERAL SUPPORT
(270) RHODE ISLAND PBS FOUNDATION 50 PARK LANE, PROVIDENCE, RI 02901-0883	22-2859005	501(C)(3)	5,721				DONOR DESIGNATION FOR GENERAL SUPPORT
(271) RI LESBIAN & GAY PRIDE COUNCIL PO BOX 1082, PROVIDENCE, RI 02901	22-3180790	501(C)(3)	5,670				DONOR DESIGNATION FOR GENERAL SUPPORT
(272) MEMORIAL HOSPITAL OF RI 111 BREWSTER STREET, PAWTUCKET, RI 02860	05-0259004	501(C)(3)	5,664				DONOR DESIGNATION FOR GENERAL SUPPORT
(273) RI RIGHT TO LIFE EDUCATION FND 266 SMITH STREET PO BOX 28285, PROVIDENCE, RI 02908	55-0905006	501(C)(3)	5,554				DONOR DESIGNATION FOR GENERAL SUPPORT
(274) EPISCOPAL DIOCESE OF MASSACHUSETTS 138 TREMONT STREET, BOSTON, MA 02111	04-2104156	501(C)(3)	5,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(275) ST ANDREW'S SCHOOL 63 FEDERAL ROAD, BARRINGTON, RI 02806	05-0262717	501(C)(3)	5,488				DONOR DESIGNATION FOR GENERAL SUPPORT
(276) NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVENUE, BOSTON, MA 02120	04-2103612	501(C)(3)	5,481				DONOR DESIGNATION FOR GENERAL SUPPORT
(277) OCEAN STATE COMM RESOURCE, INC 310 MAPLE AVE, STE 102, BARRINGTON, RI 02806	04-2936360	501(C)(3)	5,436				DONOR DESIGNATION FOR GENERAL SUPPORT
(278) UNITED WAY OF GRTR FALL RIVER PO BOX 2550, FALL RIVER, MA 02722	04-2104026	501(C)(3)	5,398				DONOR DESIGNATION FOR GENERAL SUPPORT
(279) JONNYCAKE CENTER OF WESTERLY PO BOX 273, WESTERLY, RI 02891	05-0367687	501(C)(3)	5,389				DONOR DESIGNATION FOR GENERAL SUPPORT
(280) CRANSTON SENIOR CENTER C/O COMPREHENSIVE COM ACTION, 311 DORIC AVE, CRANSTON, RI 02910	22-3158215	501(C)(3)	5,364				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(281) EMPLOYEE COMM SERVICES ASSN C/O ELECTRIC BOAT CORP, 165 DILLABUR AVENUE, NORTH KINGSTOWN, RI 02852	05-0372627	501(C)(3)	5,225				DONOR DESIGNATION FOR GENERAL SUPPORT
(282) MARGARET STERLING COOK FDTN PO BOX 14, HOPE, RI 02831-0014	20-2604143	501(C)(3)	5,200				DONOR DESIGNATION FOR GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(283) RHODE ISLAND FILM COLLABORATIVE 175 MAIN STREET, PAWTUCKET, RI 02860	20-5369850	501(C)(3)	5,100				DONOR DESIGNATION FOR GENERAL SUPPORT
(284) NORTH KINGSTOWN EXETER ANIMAL PROTECTION LEAGUE INC ANIMAL PROTECTION LEAGUE INC, 500 STONY LN PO BOX 83, NORTH KINGSTOWN, RI 02852	05-0317567	501(C)(3)	5,079				DONOR DESIGNATION FOR GENERAL SUPPORT
(285) AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET, ALEXANDRIA, VA 22311	13-1623888	501(C)(3)	5,071				DONOR DESIGNATION FOR GENERAL SUPPORT
(286) ASSUMPTION CHURCH FOOD PANTRY 791 POTTERS AVENUE, PROVIDENCE, RI 02907-3066	05-0258820		5,067				DONOR DESIGNATION FOR GENERAL SUPPORT
(287) COMMUNITY 2000 EDUCATION FDTN PO BOX 1161, CHARLESTOWN, RI 02813-0903	05-0511235	501(C)(3)	5,050				DONOR DESIGNATION FOR GENERAL SUPPORT
(288) THE WOLF SCHOOL 215 FERRIS AVENUE, EAST PROVIDENCE, RI 02916	05-0506471	501(C)(3)	5,050				DONOR DESIGNATION FOR GENERAL SUPPORT
(289) RI INDIAN COUNCIL 807 BROAD STREET, PROVIDENCE, RI 02907	05-0365099	501(C)(3)	5,016				DONOR DESIGNATION FOR GENERAL SUPPORT
(290) LE MOYNE COLLEGE 1419 SALT SPRINGS ROAD, SYRACUSE, NY 13214	15-0545841	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(291) NEW ENGLAND AMATEUR SKATING FOUNDATION PO BOX 6881, PROVIDENCE, RI 02940	22-3018121	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(292) KPMG FOUNDATION 50 KENNEDY PLAZA, PROVIDENCE, RI 02903	13-5565207		5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(293) LOVING HEARTS OUTREACH PO BOX 1054, WASHINGTON, MO 63090	43-1820641	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(294) NATIONAL EDUCATION ASSOCIATION OF RHODE ISLAND 99 BALD HILL ROAD, CRANSTON, RI 02920	05-0255676	501(C)(6)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(295) LATINO PUBLIC RADIO 1246 CRANSTON STREET, CRANSTON, RI 02920	20-5823948	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(296) CITY OF NEWPORT 43 BROADWAY, NEWPORT, RI 02840-2476	05-6000260		5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(297) MILENIO LATINO INSTITUTE, INC. 61 TAPPAN STREET, PROVIDENCE, RI 02908	26-3926398	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(298) JEWISH FEDERATION/PALM BEACH 4601 COMMUNITY DRIVE, WEST PALM BEACH, FL 33417	59-0948696	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(299) UNITED WAY OF CHARLOTTE COUNTY 17831 MURDOCK CIRCLE, PORT CHARLOTTE, FL 33948	59-1149995	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(300) NANTUCKET LAND COUNCIL PO BOX 502, NANTUCKET, MA 02554	51-0180597	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Employer identification number

05-0276059

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	✓
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	✓
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? . . . . .	<b>5a</b>	✓
<b>b</b> Any related organization? . . . . .	<b>5b</b>	✓
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? . . . . .	<b>6a</b>	✓
<b>b</b> Any related organization? . . . . .	<b>6b</b>	✓
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	✓
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	✓
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

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

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

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANTHONY MAIONE, PRESIDENT & CEO	(i)	227,537	19,250	0	0	29,366	276,153	0
	(ii)	0	0	0	0	0	0	0
2 RICHARD VOCCIO, EXEC. VP, FINANCE & ADMINISTRATION/CFO	(i)	130,205	8,104	0	0	24,984	163,293	0
	(ii)	0	0	0	0	0	0	0
3 ALLAN STEIN, EXEC. VP, DIRECTOR COMMUNITY INVESTMENTS	(i)	114,377	7,710	0	0	28,451	150,538	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III**

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

Return Reference	Identifier	Explanation
SCHEDULE J, PART I	QUESTION 3	THE PROCESS FOR DETERMINING THE ANNUAL COMPENSATION AND BENEFITS FOR THE PRESIDENT AND CEO AT UNITED WAY IS DESCRIBED IN DETAIL IN PART VI (GOVERNANCE), QUESTION #15A.
SCHEDULE J, PART II	COMPENSATION FOR PRESIDENT AND CEO	THE COMPENSATION INFORMATION REPORTED IN PART II WAS BASED ON CALENDAR YEAR 2013 PER IRS FORM INSTRUCTIONS SO THAT IT ALL ALIGNS WITH W-2 AND FORM 941 DATA SEPARATELY REPORTED TO THE IRS
SCHEDULE J, PART II, COLUMN (D)	PART II, COLUMN D	NON-TAXABLE BENEFITS REPORTED INCLUDE MEDICAL ISURANCE, DENTAL INSURANCE, LIFE AND LONG TERM DISABILITY INSURANCE AND COMPANY MATCH ON THE 403(B) RETIREMENT PLAN CONTRIBUTIONS. THESE NON-TAXABLE BENEFITS ARE THE SAME THAT ARE OFFERED TO ALL UNITED WAY EMPLOYEES.
SCHEDULE J, PART II, COLUMN (E)	PART II, COLUMN E	TOTAL COMPENSATION THIS YEAR WAS BASED ON CALENDAR YEAR 2013 DATA.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	✓	1	23,533	MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	108	1,154,024	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( FOOD/CATERING ) . . . . .	✓	5	6,341	MARKET VALUE
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29	0
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	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a	✓	
b If "Yes," describe in Part II.		
33		

**Part II**

**Supplemental Information** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE M, PART I	EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED: REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.  OTHER: NUMBER OF CONTRIBUTIONS.  CARS AND OTHER VEHICLES: NUMBER OF CONTRIBUTIONS.
SCHEDULE M, PART I, LINE 32B	THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	ALL DONOR GIFTS OF SECURITIES TO UNITED WAY OF RHODE ISLAND ARE LIQUIDATED INTO CASH IMMEDIATELY. UWRI USES SEVERAL LOCAL BROKERAGE FIRMS FOR WHICH \$22,060 IN COMMISSIONS WERE PAID FOR THE YEAR ENDING JUNE 30, 2014.

**Supplemental Information to Form 990 or 990-EZ**

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

**2013**

Open to Public Inspection

Name of the Organization  
**UNITED WAY OF RHODE ISLAND, INC.**

Employer Identification Number  
**05-0276059**

Return Reference	Identifier	Explanation
FORM 990, PART I, LINE 1	BRIEF MISSION	(CONTINUED FROM FORM 990, PART I, LINE 1)  THEIR FAMILIES. UNITED WAY STRIVES TO PLAY A LEADERSHIP ROLE IN BRINGING PEOPLE AND ORGANIZATIONS TOGETHER TO SOLVE SOCIAL PROBLEMS AND ADVANCE THE COMMON GOOD. THIS IS THE ESSENCE OF THE "LIVE UNITED" MESSAGE OF UNITED WAY: TO GIVE, ADVOCATE AND VOLUNTEER.
FORM 990, PART I, LINE 19	REVENUE LESS EXPENSES	CURRENT YEAR: ACTUAL NET SURPLUS OF \$140,379. REPORTED FORM 990, LINE 19 TOTAL OF (\$1,837,862) INCLUDES THE FOLLOWING: (\$1,002,140) NON-CASH LOSS ON DISPOSAL OF REMAINING CAPITAL LEASE ON FACILITIES THAT WERE PURCHASED DURING THE FISCAL YEAR; (\$220,857) DEPRECIATION EXPENSE; (\$514,021) USE OF NET ASSETS TO FUND PROGRAMS AND COMMUNITY GRANTS; AND (\$241,223) USE OF NET ASSETS TO FUND CAPITAL EXPENDITURES IN FACILITIES, OPERATIONS AND TECHNOLOGY.  PRIOR YEAR: ACTUAL NET SURPLUS OF \$163,951. REPORTED FORM 990, LINE 19 TOTAL OF (\$1,103,740) INCLUDES THE FOLLOWING: (\$335,145) DEPRECIATION EXPENSE; (\$713,574) USE OF NET ASSETS TO FUND PROGRAMS AND COMMUNITY GRANTS; AND (\$218,972) USE OF NET ASSETS TO FUND CAPITAL EXPENDITURES IN FACILITIES, OPERATIONS AND TECHNOLOGY.
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	(CONTINUED FROM FORM 990, PART III, LINE 1)  AND YOUR PARTNERSHIP WITH US - MAKES A DIFFERENCE.  THIS PAST YEAR UNITED WAY OF RHODE ISLAND EXCEEDED ITS ANNUAL GOALS WITH 16,000 PEOPLE DONATING \$12.8 MILLION DOLLARS TO CHANGE LIVES AND STRENGTHEN OUR COMMUNITY. WE HELP EACH OTHER IN RHODE ISLAND; THAT'S WHAT IT MEANS TO LIVE UNITED.  PLEASE VISIT OUR WEBSITE AT <a href="http://WWW.LIVEUNITEDRI.ORG">WWW.LIVEUNITEDRI.ORG</a> TO READ OUR 2013-2014 COMMUNITY IMPACT REPORT: SEEING CHANGE.
FORM 990, PART III, LINE 4B	PROGRAM SERVICE DESCRIPTION	(CONTINUED FROM FORM 990, PART III, LINE 4B)  IMPACT FUND WERE GRANTED TO 10 AGENCIES IN THE YEAR ENDED 6/30/14 TO SUPPORT THE OLNEYVILLE SECTION OF PROVIDENCE RI AND THEIR MISSIONS ASSISTING RI CITIZENS IN OLNEYVILLE.  -\$109,138 IN DONOR CONTRIBUTIONS TO THE UNITED WAY WORLDWIDE HURRICANE SANDY RELIEF FUND WERE GRANTED TO 2 AGENCIES TO PROVIDE SUPPORT FOR RHODE ISLANDERS IMPACTED.  -\$51,597 IN DONOR CONTRIBUTIONS AND AMICA CORPORATE GRANT FOR THE AMICA CHALLENGE TO SUPPORT FOOD, HOUSING AND BASIC NEEDS WERE GRANTED TO 8 AGENCIES IN THE YEAR ENDED 6/30/14.  -\$49,144 IN DONOR CONTRIBUTIONS TO THE UWRI WOMEN'S LEADERSHIP COUNCIL WERE GRANTED TO 5 AGENCIES IN THE YEAR ENDED 6/30/14 TO SUPPORT CHILDHOOD EDUCATION WITH A FOCUS ON CLOSING THE GAPS IN CHILDHOOD LITERACY.  DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED IN THE UWRI 2013-2014 COMMUNITY IMPACT REPORTS LOCATED ON OUR WEBSITE AT <a href="http://WWW.LIVEUNITEDRI.ORG">WWW.LIVEUNITEDRI.ORG</a>
FORM 990, PART III, LINE 4C	PROGRAM SERVICE DESCRIPTION	(CONTINUED FROM FORM 990, PART III, LINE 4C)  RESULTED IN STUDENTS HAVING GAINED 30 PERCENT IN MATH AND LITERACY SKILLS FROM THE BEGINNING OF THE SUMMER TO THE END.  -
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$ 1,150,361 INCLUDING GRANTS OF \$ 0)(REVENUE \$ 0)  BELOW IS A LIST OF OTHER SIGNIFICANT PROJECTS SUPPORTED (OTHER PROGRAM SERVICES) BY UNITED WAY DURING FISCAL YEAR ENDING 6/30/2014:  -\$1,024,750 TO SUPPORT THE PUBLIC POLICY AND LABOR RELATIONS WORK, AND SUPPORT THE COMMUNITY INVESTMENT WORK PROVIDED BY UWRI STAFF IN ADMINSTRATING AND MONITORING THE COMMUNITY INVESTMENT OUTCOMES FROM THE GRANTS AWARDED FROM UWRI COMMUNITY IMPACT FUND.  -\$125,611 TO SUPPORT THE ADVOCACY AND VOLUNTEER WORK OF UWRI. OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT <a href="http://WWW.UWRI.ORG/VOLUNTEER">WWW.UWRI.ORG/VOLUNTEER</a> .
FORM 990, PART VI, SEC A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	UWRI HAS MEMBERS. OUR BY-LAWS DEFINE CONTRIBUTING MEMBERS AS FOLLOWS:  ALL INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS, CORPORATIONS AND OTHER

Return Reference	Identifier	Explanation
		<p>ORGANIZATIONS CONTRIBUTING MONEY OR PROPERTY TO THE CORPORATION'S PROPRIETARY FUND OR FUNDS AS DENOMINATED FROM TIME TO TIME SUCH AS THE FORMER "COMMUNITY WAY FUND" AND THE "COMMUNITY IMPACT FUND" (PROPRIETARY FUND) WITH RESPECT TO THE CALENDAR YEAR FOR WHICH THE MEMBERSHIP DETERMINATION IS BEING MADE AND FOR THE TWO IMMEDIATELY PRECEDING CALENDAR YEARS SHALL BE CONTRIBUTING MEMBERS OF THE CORPORATION DURING SAID CALENDAR YEAR.</p> <p>EACH CONTRIBUTING MEMBER SHALL BE ENTITLED TO ONE VOTE IN ALL ELECTIONS AND IN ALL OTHER MATTERS BROUGHT BEFORE AN ANNUAL OR SPECIAL MEETING OF THE MEMBERSHIP OF THE CORPORATION.</p> <p>AT THE ANNUAL OF ANY SPECIAL MEETING, TWENTY-FIVE (25) VOTING MEMBERS SHALL CONSTITUTE A QUORUM, AND A VOTE OF THE MAJORITY OF SUCH QUORUM SHALL BE SUFFICIENT TO TRANSACT ANY OR ALL BUSINESS PROPERLY BEFORE SUCH MEETING.</p>
FORM 990, PART VI, SEC A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>EACH DIRECTOR SHALL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBERSHIP OF THE CORPORATION AND SHALL HOLD OFFICE FOR A TERM OF THREE (3) YEARS OR UNTIL HIS OR HER SUCCESSOR IS ELECTED AND QUALIFIED. ONE THIRD (1/3) OF THE TOTAL NUMBER OF DIRECTORS AUTHORIZED SHALL BE ELECTED AT EACH ANNUAL MEETING OF THE MEMBERSHIP.</p> <p>THE BOARD OF DIRECTORS SHALL CONSIST OF NO MORE THAN TWENTY FIVE (25) MEMBERS EXCEPT THAT SUCH NUMBER MAY BE TEMPORARILY ENLARGED UNTIL THE NEXT ANNUAL MEETING AT WHICH MEMBERS OF THE BOARD OF DIRECTORS ARE TO BE ELECTED IN ORDER TO ACCOMMODATE AN INCREASE IN THE NUMBER OF EXECUTIVE OFFICERS WHICH OCCURS BETWEEN ANNUAL MEETINGS OF THE MEMBERSHIP OF THE CORPORATION</p>
FORM 990, PART VI, SEC A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>THE BOARD OF DIRECTORS SHALL ESTABLISH THE POLICIES OF THE CORPORATION WITHIN THE SCOPE OF THE ARTICLES OF INCORPORATION, SHALL ELECT THE EXECUTIVE OFFICERS OF THE CORPORATION AND SHALL DIRECT AND BE RESPONSIBLE FOR THE ENTIRE CARE, CONTROL AND MANAGEMENT OF THE CORPORATION.</p> <p>THE BOARD OF DIRECTORS SHALL MEET IMMEDIATELY AFTER EACH ANNUAL MEETING OF THE MEMBERS AND AT LEAST FOUR (4) TIMES EACH YEAR, AND OTHERWISE UPON CALL OF THE CHAIR OF THE BOARD OR OF NOT LESS THAN ONE THIRD (1/3) OF THE DIRECTORS.</p> <p>A MAJORITY OF THE MEMBERS IN OFFICE OF THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM AT THE RESPECTIVE MEETINGS OF THOSE BODIES.</p> <p>BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE ACTIONS WILL BE APPROVED BY A SIMPLE MAJORITY OF THE MEMBERS PRESENT AT ALL MEETINGS AT WHICH A QUORUM IS PRESENT EXCEPT WHERE OTHERWISE STIPULATED IN THE BYLAWS.</p>
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE AUDIT COMMITTEE OF THE UWRI IS THE BOARD COMMITTEE RESPONSIBLE FOR THE ANNUAL DETAIL REVIEW OF THE AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR UWRI. THE AUDIT COMMITTEE IS RESPONSIBLE TO ENSURE THAT UWRI MANAGEMENT HAS COMPLETED ITS FORM 990 TO FULLY COMPLY WITH IRS REGULATIONS AND THAT THE PRESENTATION OF THE AUDITED REPORTS FOR UWRI FAIRLY PRESENT IN ALL MATERIAL RESPECTS THE FINANCIAL CONDITION AND OPERATIONAL RESULTS OF UWRI FOR THE PERIOD ENDING JUNE 30, 2014. UWRI EXECUTIVE MANAGEMENT IS RESPONSIBLE FOR THE ACTUAL RESULTS. THE AUDIT COMMITTEE MET WITH UWRI FISCAL MANAGEMENT AND ITS CPA FIRM, SANSIVERI, KIMBALL &amp; CO., LLP (SKC) IN AUGUST 2014 AT THE START OF THE AUDIT ENGAGEMENT AND IN OCTOBER 2014 TO REVIEW THE AUDIT REPORT AND AUDITED FINANCIAL STATEMENTS AND RECEIVE A DETAILED PRESENTATION BY UWRI FISCAL MANAGEMENT. THE FORM 990 WAS REVIEWED BY THE UWRI AUDIT COMMITTEE IN MAY 2015 WITH MANAGEMENT AND SKC. THE AUDIT COMMITTEE MEMBERS ASKED QUESTIONS PERTAINING TO THE COMPLETED FORM 990. THE AUDIT COMMITTEE THEN VOTED AND RECOMMENDED THAT THE FINAL FORM 990 BE ADOPTED. IN ADDITION TO PROVIDING EACH MEMBER OF THE BOARD OF DIRECTORS WITH A COPY OF THE FINAL FORM 990 AT ITS MAY 2015 BOARD MEETING AND PRIOR TO ITS IRS FILING, A FORMAL SUMMARY PRESENTATION WAS GIVEN TO THE UWRI BOARD OF DIRECTORS BY UWRI FISCAL MANAGEMENT WITH SPECIAL ATTENTION TO PART VI (GOVERNANCE, MANAGEMENT AND DISCLOSURE). ONCE THE FORM 990 IS FILED WITH THE IRS, UWRI FISCAL MANAGEMENT WILL POST AN ELECTRONIC COPY OF ITS AUDITED FINANCIAL STATEMENTS, FORM 990 AND CEO/CFO FINANCIAL STATEMENT CERTIFICATION DOCUMENT ON ITS WEBSITE (WWW.UWRI.ORG) FOR PUBLIC INSPECTION.</p>
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	<p>ALL UWRI EMPLOYEES AND BOARD MEMBERS ARE REQUIRED ANNUALLY TO COMPLETE A WRITTEN CONFLICT OF INTEREST FORM DISCLOSING ALL POTENTIAL CONFLICTS OR DUALITIES OF INTEREST. THE EMPLOYEE OR BOARD MEMBER IS REQUIRED TO SIGN AND RETURN THE FORM TO THE STAFF ETHICS OFFICER AT UWRI. ONCE ALL SAID FORMS ARE COLLECTED BY THE STAFF ETHICS OFFICER, THEY ARE THEN REVIEWED BY THE ETHICS COMMITTEE (THREE BOARD MEMBER VOLUNTEERS) TO INSURE COMPLIANCE WITH THE POLICY. ANY EXCEPTIONS TO UWRI POLICY ARE ADDRESSED BY THE ETHICS COMMITTEE WITH THE EMPLOYEE OR BOARD MEMBER INVOLVED. THESE EXCEPTIONS ARE DOCUMENTED IN WRITTEN MEMORANDUM. AFTER THIS ANNUAL PROCESS IS COMPLETED, THE ETHICS COMMITTEES CHAIR THEN REPORTS OUT IN SUMMARY TO THE UWRI BOARD OF DIRECTORS AT A REGULARLY SCHEDULED BOARD MEETING.</p>
FORM 990, PART VI, SEC B, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>BOARD OF DIRECTORS OVERSIGHT. CEO PERFORMANCE AND COMPENSATION IS OVERSEEN BY THE COMPENSATION AND BENEFITS COMMITTEE OF THE BOARD. SPECIFIC RECOMMENDATIONS RELATED TO COMPENSATION ARE MADE BY THE COMPENSATION AND BENEFITS COMMITTEE WHICH IS COMPOSED OF BOARD MEMBERS, UWRI STAFF AND VOLUNTEERS. RECOMMENDATIONS ARE PUT FORWARD TO THE ENTIRE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL IN EXECUTIVE SESSION OF THE UWRI BOARD WITHOUT ANY STAFF PRESENT.</p>

Return Reference	Identifier	Explanation
		<p>COMPARATIVE SALARY DATA: THE COMPENSATION AND BENEFITS COMMITTEE IS PROVIDED WITH CEO SALARY INFORMATION OF MORE THAN TEN COMPARABLE ORGANIZATIONS, CAPTURING NATIONAL, REGIONAL AND LOCAL COMPENSATION DATA FOR SIMILARLY-SIZED ORGANIZATIONS.</p> <p>PERFORMANCE-BASED SYSTEM: CEO PERFORMANCE IS ANNUALLY ASSESSED BY THE COMPENSATION AND BENEFITS COMMITTEE AND PRESENTED TO THE FULL BOARD OF DIRECTORS IN EXECUTIVE SESSION (AS NOTED ABOVE, COMPENSATION DECISIONS ARE OVERSEEN BY THE SAME GROUP). ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ABLE TO PROVIDE WRITTEN INPUT ON THE CEO'S PERFORMANCE. THE CEO HAS DOCUMENTED GOALS AND OBJECTIVES ON WHICH PERFORMANCE IS BASED, PLUS DOCUMENTED DETAIL THAT GUIDES THE AWARD OF A BONUS, IF ANY. THE DISCUSSION AND BONUS AWARD ARE DOCUMENTED TO SUPPORT IMPLEMENTATION.</p>
FORM 990, PART VI, SEC B, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE SALARY DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WAS REVIEWED BY INDEPENDENT PERSONS (COMPENSATION COMMITTEE). COMPENSATION SALARY DATA: THE COMPENSATION COMMITTEE REVIEWS COMPENSATION DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION. COMPENSATION DATA IS OBTAINED FROM COMPARABLE SIZED ORGANIZATIONS CONSISTENT WITH THE CEO DATA MENTIONED ABOVE.
FORM 990, PART VI, LINE 15B	15(B)	THE SALARY DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WAS REVIEWED BY INDEPENDENT PERSONS (COMPENSATION COMMITTEE). COMPENSATION SALARY DATA: THE COMPENSATION COMMITTEE REVIEWS COMPENSATION DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION. COMPENSATION DATA IS OBTAINED FROM COMPARABLE SIZED ORGANIZATIONS CONSISTENT WITH THE CEO DATA MENTIONED ABOVE.
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	UWRI MAKES AVAILABLE ON ITS OWN WEBSITE THE ANNUAL AUDITED FINANCIAL STATEMENTS. AS OF THIS FILING, UWRI HAS AN ELECTRONIC VERSION OF ITS FINANCIAL STATEMENTS FOR ITS THREE MOST CURRENT FISCAL YEARS FOR PUBLIC INSPECTION AND PRINT. UWRI AT THIS TIME DOES NOT FORMALLY MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENT OR CONFLICT OF INTEREST POLICY.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

05-0276059

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 50 VALLEY LAND CONDOMINIUM (47-0984891) 50 VALLEY ST, PROVIDENCE, RI 02909-2459	LAND-ONLY CONDOMINIUM ASSOCIATION	RI	UNITED WAY OF RHODE ISLAND, INC.	C CORPORATION	0	0		✓	
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
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(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part VII** **Supplemental Information** Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Identifier	Explanation
PART IV	DESCRIPTION OF RELATED ORGANIZATION	<p>50 VALLEY LAND CONDOMINIUM ("THE ASSOCIATION") IS AN UNINCORPORATED CONDOMINIUM MANAGEMENT ASSOCIATION PURSUANT TO RHODE ISLAND LAW. THE ASSOCIATION FILED IRS FORM 8832 ELECTING TO BE TAXED AS A CORPORATION FOR INCOME TAX PURPOSES.</p> <p>THE ASSOCIATION MANAGES TWO LAND-ONLY CONDOMINIUM UNITS CONSISTING OF PARKING FACILITIES. THE UNITED WAY OF RI IS A MEMBER OF THE ASSOCIATION AND A UNIT OWNER OF ONE OF THE LAND-ONLY CONDOMINIUM UNITS.</p>
PART V	LINE 2	TRANSACTIONS FOR THE YEAR ENDED JUNE 30, 2014 WERE BELOW THE REPORTABLE THRESHOLD FOR SCHEDULE R, PART V, LINE 2.