

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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): 50 VALLEY STREET
 Room/suite:
 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

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

G Gross receipts \$: 19,252,064

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)

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			
1	Briefly describe the organization's mission or most significant activities: CHANGING LIVES AND STRENGTHENING OUR COMMUNITY, TOGETHER. WE BELIEVE THAT RHODE ISLANDERS WANT TO DO BETTER FOR THEMSELVES, AND THAT BY WORKING TOGETHER WE CAN MAKE A DIFFERENCE IN OUR COMMUNITY.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	87
6	Total number of volunteers (estimate if necessary)	6	1,606
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,984,517	17,973,882
9	Program service revenue (Part VIII, line 2g)	37,880	35,569
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(982,670)	29,237
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,441	22,250
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,085,168	18,060,938
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,146,081	11,159,322
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,468,553	4,425,410
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	
b	Total fundraising expenses (Part IX, column (D), line 25) 2,185,875		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,308,396	1,840,022
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,923,030	17,424,754
19	Revenue less expenses. Subtract line 18 from line 12	(1,837,862)	636,184

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	16,473,239	16,711,711
21	Total liabilities (Part X, line 26)	9,783,690	9,380,694
22	Net assets or fund balances. Subtract line 21 from line 20	6,689,549	7,331,017

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: 11/13/15
 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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

- 1 Briefly describe the organization's mission:
 WE HELP PEOPLE. BECAUSE EVERYONE NEEDS HELP SOMETIMES, WE HELP PEOPLE. UNITED WAY HELPS CHILDREN FALL IN LOVE WITH LEARNING, AND WE HELP FAMILIES WITH THE ESSENTIALS. WE SUPPORT PROGRAMS THAT OFFER TRAINING AND EDUCATION THAT LEAD TO BETTER JOBS AND CAREERS. AND, WE PROVIDE EVERYONE WITH (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 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 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 \$ 5,908,543 including grants of \$ 5,908,543) (Revenue \$ 0)
 -\$1,071,090 IN DONOR INVESTMENTS FOR THE 2014-2015 ANNUAL UNITED WAY CAMPAIGN WHERE THE DONORS RECOMMENDED THAT THEIR GIFTS BE DISBURSED THROUGH UNITED WAY TO SPECIFIC 501(C)(3) AGENCIES
 -\$4,341,329 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 2014-2015 FISCAL YEAR REQUESTING GIFTS TO BE DIRECTED (IN INCREMENTS OF \$25.00 OR GREATER) TO 501(C)(3) AGENCIES
 -\$496,124 IN DONOR INVESTMENTS TO THE RI STATE EMPLOYEES CHARITABLE APPEAL (SECA) DURING THE 2014-2015 YEAR.

4b (Code:) (Expenses \$ 5,250,779 including grants of \$ 5,250,779) (Revenue \$)
 -\$4,472,080 IN DONOR CONTRIBUTIONS TO UWRI'S COMMUNITY IMPACT FUND WERE GRANTED TO 70 AGENCIES IN THE YEAR ENDED 6/30/15 TO ADDRESS RHODE ISLAND'S MOST PRESSING EDUCATION, JOBS AND INCOME, HOUSING AND BASIC NEEDS ISSUES.
 -\$596,883 IN DONOR, CORPORATE AND GOVERNMENT CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE GRANTED TO 18 AGENCIES TO SUPPORT THE HASBRO SUMMER LEARNING INITIATIVE.
 -\$65,000 IN DONOR CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE GRANTED TO 5 AGENCIES IN THE YEAR ENDED 6/30/15 TO SUPPORT THE OLNEYVILLE SECTION OF PROVIDENCE RI AND THEIR MISSIONS ASSISTING RI CITIZENS IN OLNEYVILLE.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 2,063,327 including grants of \$ 0) (Revenue \$ 57,819)
 -\$1,291,914 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.
 -\$350,306 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.
 -\$421,107 TO SUPPORT THE RHODE ISLAND AFTER SCHOOL PLUS ALLIANCE (RIASPA) PROGRAM WHICH ENGAGED 1,600 STUDENTS IN HIGH QUALITY SUMMER LEARNING INITIATIVES THAT RESULTED IN STUDENTS HAVING GAINED 30 PERCENT IN MATH AND LITERACY SKILLS FROM THE BEGINNING OF THE SUMMER TO THE END.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 932,435 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 14,155,084

Part IV Checklist of Required Schedules

	Yes	No
1 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"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 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"/>
4 Section 501(c)(3) organizations. 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"/>
5 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"/>
6 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"/>
7 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"/>
8 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"/>
9 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"/>
10 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"/>
11 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.		
a 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 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"/>
c 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"/>
d 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"/>
e 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"/>
f 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"/>
12 a 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 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"/>
13 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"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
15 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"/>
16 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"/>
17 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"/>
18 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"/>
19 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"/>
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		✓
23 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>	23	✓	
24a 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>	24a		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer of bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a		✓
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>	25b		✓
26 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 "Yes," complete Schedule L, Part II</i>	26		✓
27 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>	27		✓
28 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):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		✓
c 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>	28c		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
32 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>	32		✓
33 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>	33		✓
34 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>	34	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
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>	35b		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37 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>	37		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<input type="checkbox"/>	<input type="checkbox"/>
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input type="checkbox"/>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<input type="checkbox"/>	<input type="checkbox"/>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
7	Organizations that may receive deductible contributions under section 170(c).	<input type="checkbox"/>	<input type="checkbox"/>
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input type="checkbox"/>	<input type="checkbox"/>
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7d	If "Yes," indicate the number of Forms 8282 filed during the year	<input type="checkbox"/>	<input type="checkbox"/>
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<input type="checkbox"/>	<input type="checkbox"/>
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<input type="checkbox"/>	<input type="checkbox"/>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.	<input type="checkbox"/>	<input type="checkbox"/>
9a	Did the sponsoring organization make any taxable distributions under section 4966?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
10a	Initiation fees and capital contributions included on Part VIII, line 12	<input type="checkbox"/>	<input type="checkbox"/>
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
11	Section 501(c)(12) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
11a	Gross income from members or shareholders	<input type="checkbox"/>	<input type="checkbox"/>
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<input type="checkbox"/>	<input type="checkbox"/>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<input type="checkbox"/>	<input type="checkbox"/>
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<input type="checkbox"/>	<input type="checkbox"/>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<input type="checkbox"/>	<input type="checkbox"/>
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	<input type="checkbox"/>	<input type="checkbox"/>
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<input type="checkbox"/>	<input type="checkbox"/>
13c	Enter the amount of reserves on hand	<input type="checkbox"/>	<input type="checkbox"/>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

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
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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	Enter the number of voting members included in line 1a, above, who are independent 1b 24		
2	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?		<input checked="" type="checkbox"/>
3	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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	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?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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, address, and telephone number of the person who possesses the organization's books and records: ►
 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	✓		✓			256,152	0	32,710	
(2) MIM L. RONEY, LP.D. BOARD CHAIR	1	✓		✓			0	0	0	
(3) MICHAEL F. KENNALLY TREASURER, UWRI BOARD	1	✓		✓			0	0	0	
(4) SANDRA J. PATTIE SECRETARY	1	✓		✓			0	0	0	
(5) MICHAEL T. CLARKIN VICE CHAIR, RESOURCE DEVELOPMENT COMMITTEE	1	✓		✓			0	0	0	
(6) MICHELE LEDERBERG VICE CHAIR, COMMUNITY ADVISORY INVESTMENT COMMITTEE	1	✓		✓			0	0	0	
(7) OSWALD SCHWARTZ VICE CHAIR, GOVERNANCE & NOMINATING COMMITTEE	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) DORIS S. BLANCHARD BOARD MEMBER	1	✓					0	0	0	
(12) ROBERTA H. BUTLER BOARD MEMBER	1	✓					0	0	0	
(13) KAS R. DECARVALHO, ESQ. BOARD MEMBER	1	✓					0	0	0	
(14) JULIE G. DUFFY 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) JEFFREY J. GIGUERE BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(16) MEGHAN GRADY BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(17) TIMOTHY HORAN BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(18) DOLPH JOHNSON BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(19) GERTRUDE F. JONES BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(20) REV. MATTHEW KAI 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) DAVID E. PRESTON, ESQ. BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(24) DONNA SIMMONS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								256,152	0	32,710
c Total from continuation sheets to Part VII, Section A								363,557	0	67,632
d Total (add lines 1b and 1c)								619,709	0	100,342

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 **4**

	Yes	No
3 Did the organization list any former 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"/>
4 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"/>	
5 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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	974,684				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,999,198				
	g Noncash contributions included in lines 1a-1f: \$		1,195,490				
	h Total. Add lines 1a-1f		17,973,882				
	Program Service Revenue	2a RI AFTERSCHOOL ALLIANCE	Business Code 611710	35,569	35,569		
b							
c							
d							
e							
f All other program service revenue .			0	0	0	0	
g Total. Add lines 2a-2f			35,569				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		18,487			18,487
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,191,126	10,750			
		(ii) Other					
	b Less: cost or other basis and sales expenses	1,191,126					
	c Gain or (loss)	0	10,750				
	d Net gain or (loss)		10,750			10,750	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a OTHER REVENUE	624100	22,250	22,250				
b							
c							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		22,250					
12 Total revenue. See instructions.		18,060,938	57,819	0	29,237		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,159,322	11,159,322		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	497,911	85,384	225,914	186,613
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,966,279	1,308,762	836,973	820,544
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,340	17,109	33,704	23,527
9 Other employee benefits	661,314	280,377	198,452	182,485
10 Payroll taxes	225,566	90,374	65,244	69,948
11 Fees for services (non-employees):				
a Management				
b Legal	7,670	0	7,670	0
c Accounting	42,500	0	42,500	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	328,829	252,132	9,644	67,053
12 Advertising and promotion	129,223	44,491	1,230	83,502
13 Office expenses	141,461	17,603	9,342	114,516
14 Information technology	57,486	6,837	45,118	5,531
15 Royalties				
16 Occupancy	133,623	63,010	31,167	39,446
17 Travel	15,642	6,037	127	9,478
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,708	43,892	752	1,064
20 Interest	105,161	56,143	21,319	27,699
21 Payments to affiliates	127,853	65,605	21,057	41,191
22 Depreciation, depletion, and amortization	140,574	69,294	31,046	40,234
23 Insurance	102,636	47,954	24,251	30,431
24 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.)				
a TELEPHONE	52,564	28,202	10,088	14,274
b STAFF TRAINING	43,523	16,657	26,866	0
c SPECIAL EVENTS	131,959	26,477	35,795	69,687
d POSTAGE	44,749	4,483	13,932	26,334
e All other expenses	188,861	464,939	(608,396)	332,318
25 Total functional expenses. Add lines 1 through 24e	17,424,754	14,155,084	1,083,795	2,185,875
26 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)				

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
Assets	1 Cash—non-interest-bearing	2,037,482	1	1,834,241
	2 Savings and temporary cash investments	4,635,703	2	5,398,122
	3 Pledges and grants receivable, net	4,680,771	3	4,246,139
	4 Accounts receivable, net	906,191	4	1,003,882
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 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	6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	86,462	9	116,497
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,040,873		
	b Less: accumulated depreciation	10b 993,842	2,937,595	10c 3,047,031
	11 Investments—publicly traded securities	109,695	11	114,979
	12 Investments—other securities. See Part IV, line 11	1,079,340	12	950,820
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,473,239	16	16,711,711	
Liabilities	17 Accounts payable and accrued expenses	721,217	17	644,036
	18 Grants payable	6,941,583	18	6,645,372
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	22	
	23 Secured mortgages and notes payable to unrelated third parties	2,120,890	23	2,091,286
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	0	25	0
	26 Total liabilities. Add lines 17 through 25	9,783,690	26	9,380,694
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,314,640	27	6,680,439
	28 Temporarily restricted net assets	276,516	28	552,185
	29 Permanently restricted net assets	98,393	29	98,393
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,689,549	33	7,331,017	
34 Total liabilities and net assets/fund balances	16,473,239	34	16,711,711	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,060,938
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,424,754
3	Revenue less expenses. Subtract line 2 from line 1	3	636,184
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,689,549
5	Net unrealized gains (losses) on investments	5	5,284
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,331,017

Part XII Financial Statements and Reporting

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

	Yes	No
1 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.		
2a 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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
c 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.	<input checked="" type="checkbox"/>	
3a 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?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	

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			
(25) WILLIAM C. TSONOS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(26) RICHARD VOCCIO EXEC. VP, FINANCE & ADMINISTRATION/CFO	37.5			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		140,563	0	28,689
(27) ALLAN STEIN EXEC. VP, DIRECTOR COMMUNITY INVESTMENTS	37.5					<input checked="" type="checkbox"/>		121,765	0	23,402
(28) CARISSA HILL EXEC. VP, DIRECTOR OF RESOURCE DEVELOPMENT	37.5					<input checked="" type="checkbox"/>		101,229	0	15,541

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
--	--

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,665,443	17,691,372	18,074,335	17,984,517	17,973,882	91,389,549
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19,665,443	17,691,372	18,074,335	17,984,517	17,973,882	91,389,549
5 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)						6,768,755
6 Public support. Subtract line 5 from line 4.						84,620,794

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	19,665,443	17,691,372	18,074,335	17,984,517	17,973,882	91,389,549
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,118	39,904	47,071	19,470	18,487	179,050
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	65,456	62,321	68,658	45,441	22,250	264,126
11 Total support. Add lines 7 through 10						91,832,725
12 Gross receipts from related activities, etc. (see instructions)					12	213,224
13 First five years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	92.15 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	92.98 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2013. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. 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 stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2013. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

Part VI

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Schedule A, Part II, Line 10	OTHER INCOME	Other income	65,456	62,321	68,658	45,441	22,250	264,126

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

▶ 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.

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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).

Name of organization UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 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	----- ----- -----	\$ 1,592,421	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 465,623	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 450,772	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 360,055	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 3,868,099	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 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
----- ----- ----- -----		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** 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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
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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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 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:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?	✓		3,383
e Publications, or published or broadcast statements?	✓		7,595
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		103,800
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		3,730
i Other activities?	✓		168,964
j Total. Add lines 1c through 1i			287,472
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1	DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE 1I, OTHER ACTIVITIES: THESE ARE OTHER EXPENSES IN ADDITION TO THOSE EXPENSES ITEMIZED IN QUESTIONS 1C-1H THAT ARE FOR THE UNITED WAY PUBLIC POLICY STAFF. SUSTAINABLE CHANGE REQUIRES A STRONG COMMITMENT TO INFLUENCING POLICIES THAT HELP SUPPORT AND STRENGTHEN RHODE ISLAND FAMILIES. BECAUSE OF OUR UNIQUE POSITION AT THE INTERSECTION OF BUSINESS, GOVERNMENT AND THE NONPROFIT SECTOR, WE'RE ABLE TO FOSTER COLLABORATIVE RELATIONSHIPS THAT ADDRESS AND RAISE AWARENESS OF OUR STATE'S MOST PRESSING NEEDS. OUR PUBLIC POLICY PRIORITIES ARE BUILT ON THE PRINCIPLES THAT RHODE ISLANDERS SHOULD HAVE ACCESS TO BASIC SUPPORTS IN TIMES OF CRISIS AND THAT GOVERNMENT IS A CRITICAL PARTNER IN CREATING SYSTEMS THAT IMPROVE PEOPLE'S LIVES AND PREPARE EVERYONE TO COMPETE IN A GROWING ECONOMY.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
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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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	683	
2 Aggregate value of contributions to (during year)	4,368,469	
3 Aggregate value of grants from (during year)	4,542,839	
4 Aggregate value at end of year	2,117,584	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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
1a Beginning of year balance	1,079,340	956,583	770,181	648,282	549,861
b Contributions		0	120,891	150,564	5,000
c Net investment earnings, gains, and losses	7,011	152,678	90,526	(8,284)	120,450
d Grants or scholarships		0			
e Other expenditures for facilities and programs	135,531	29,921	25,015	20,381	27,029
f Administrative expenses		0			
g End of year balance	950,820	1,079,340	956,583	770,181	648,282

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 90.00 %
 - b** Permanent endowment ▶ 10.00 %
 - c** Temporarily restricted endowment ▶ 0.00 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | ✓ | |
| (ii) related organizations | | ✓ |
| 3b 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
1a Land		513,000		513,000
b Buildings		2,677,060	408,781	2,268,279
c Leasehold improvements				
d Equipment		685,519	574,110	111,409
e Other		165,294	10,951	154,343
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,047,031

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	950,820	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	950,820	

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)		
Total. (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)	
Total. (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)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements		1	12,146,929
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 5,284		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 0		
e	Add lines 2a through 2d		2e	5,284
3	Subtract line 2e from line 1		3	12,141,645
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 5,919,293		
c	Add lines 4a and 4b		4c	5,919,293
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	18,060,938

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.

1	Total expenses and losses per audited financial statements		1	11,516,211
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 0		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	11,516,211
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 5,908,543		
c	Add lines 4a and 4b		4c	5,908,543
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	17,424,754

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.

Part XIII

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.

Schedule D, Part XI, Line 4(b)	
(a) Description	(b) Amount
Amounts designated by donors	5,908,543
Gains on disposals of fixed assets	10,750

Part XIII

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.

Schedule D, Part XII, Line 4(b)	
(a) Description	(b) Amount
Amounts designated by donors	5,908,543

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.

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. IN NOVEMBER 2014, THE UWRI BOARD OF DIRECTORS APPROVED A TECHNOLOGY PLAN TO SUPPORT THE UWRI 2020 STRATEGIC PLAN. THE UWRI BOARD OF DIRECTORS ALSO APPROVED TO FUND THE TECHNOLOGY PLAN BY USING UP TO \$550,000 OF UWRI ENDOWMENT FUNDING. AS OF JUNE 30, 2015 UWRI HAD TRANSFERRED \$100,000 FROM ITS ENDOWMENT "UWRI FUND" AND HAS PLANS TO CONTINUE TO TRANSFER MONIES IN FISCAL YEAR 2016.
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, 2015, 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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

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 Domestic Organizations and Domestic Governments. 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.

1 (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
(1) THE PROVIDENCE PLAN 10 DAVOL SQUARE, 3RD FLOOR, PROVIDENCE, RI 02903	05-0467353	501(C)(3)	321,530				(SEE STATEMENT)
(2) CROSSROADS RHODE ISLAND 160 BROAD STREET, PROVIDENCE, RI 02903	05-0259094	501(C)(3)	305,409				(SEE STATEMENT)
(3) PROGRESO LATINO 626 BROAD STREET, CENTRAL FALLS, RI 02863-2835	05-0380608	501(C)(3)	288,636				(SEE STATEMENT)
(4) CONNECTING FOR CHILDREN & FAMILIES 46 HOPE STREET, WOONSOCKET, RI 02895	05-0475365	501(C)(3)	269,287				(SEE STATEMENT)
(5) COMMUNITY CARE ALLIANCE 800 CLINTON STREET PO BOX 1700, WOONSOCKET, RI 02895-0686	05-0312278	501(C)(3)	246,960				(SEE STATEMENT)
(6) LISC/RI NEIGHBORHOOD 146 CLIFFORD STREET, PROVIDENCE, RI 02903	13-3030229	501(C)(3)	205,662				(SEE STATEMENT)
(7) DORCAS INTERNATIONAL INSTITUTE OF RI 645 ELMWOOD AVENUE, PROVIDENCE, RI 02907	05-0258886	501(C)(3)	195,359				(SEE STATEMENT)
(8) CATHOLIC CHARITY FUND APPEAL ONE CATHEDRAL SQUARE, PROVIDENCE, RI 02903-3686	05-6014313	501(C)(3)	189,489				DONOR DESIGNATION FOR GENERAL SUPPORT (SEE STATEMENT)
(9) WESTBAY COMMUNITY ACTION INC 224 BUTTONWOODS AVE, WARWICK, RI 02886	05-0311985	501(C)(3)	163,923				(SEE STATEMENT)
(10) FEDERAL HILL HOUSE ASSN 9 COURTLAND STREET, PROVIDENCE, RI 02903-1597	05-0258871	501(C)(3)	156,012				(SEE STATEMENT)
(11) AMOS HOUSE 415 FRIENDSHIP STREET, PROVIDENCE, RI 02907	05-0387218	501(C)(3)	151,020				(SEE STATEMENT)
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 299
- 3** Enter total number of other organizations listed in the line 1 table 6

Part III Grants and Other Assistance to Domestic Individuals. 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
1						
2						
3						
4						
5						
6						
7						

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

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
(12) SALVATION ARMY - PROVIDENCE 34 COMMERCIAL STREET, PROVIDENCE, RI 02905	13-5562351		140,158				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(13) PROVIDENCE HOUSING AUTHORITY CORP 100 BROAD STREET, PROVIDENCE, RI 02903	05-6000193	501(C)(3)	134,170				PROGRAM OPERATING COSTS
(14) PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET, PROVIDENCE, RI 02903	05-0262713	501(C)(3)	115,700				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(15) RI COMMUNITY FOOD BANK 200 NIAN TIC AVENUE, PROVIDENCE, RI 02907	05-0395601	501(C)(3)	171,482				DONOR DESIGNATION FOR GENERAL SUPPORT
(16) MENTAL HEALTH ASSOCIATION OF RI 185 DEXTER ST. BOX 16, PAWTUCKET, RI 02860	05-0280788	501(C)(3)	113,225				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(17) WOMEN & INFANTS HOSPITAL STEPPING UP-SKILL UP PROJECT 101 DUDLEY STREET, PROVIDENCE, RI 02905	05-0258937	501(C)(3)	123,814				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(18) RIVERWOOD MENTAL HEALTH SERVICES, INC. 25 RAILROAD AVENUE, WARREN, RI 02885	05-0396244	501(C)(3)	110,332				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(19) HOUSE OF HOPE CDC 3188 POST ROAD PO BOX 6130, WARWICK, RI 02888	05-0448151	501(C)(3)	109,325				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(20) EAST BAY COMMUNITY ACTION 19 BROADWAY, NEWPORT, RI 02840	05-0310024	501(C)(3)	108,234				DONOR DESIGNATION FOR GENERAL SUPPORT
(21) ST ANTOINE RESIDENCE 10 RHODES AVENUE, NORTH SMITHFIELD, RI 02896	05-0275443	501(C)(3)	103,075				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(22) XAVIERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET, WESTWOOD, MA 02090	04-2314036	501(C)(3)	100,058				DONOR DESIGNATION FOR GENERAL SUPPORT
(23) RHODE ISLAND FREE CLINIC INC 655 BROAD STREET, PROVIDENCE, RI 02907	05-0501276	501(C)(3)	98,294				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(24) YMCA OF GREATER PROVIDENCE 371 PINE STREET, PROVIDENCE, RI 02903	05-0258878	501(C)(3)	95,749				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(25) CHILDREN'S FRIEND & SERVICES 153 SUMMER ST, PROVIDENCE, RI 02903- 4011	05-0258819	501(C)(3)	93,518				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS

(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
(26) JEWISH ALLIANCE OF GREATER RI 401 ELMGROVE AVENUE , PROVIDENCE, RI 02906	27-4127671	501(C)(3)	93,348				DONOR DESIGNATION FOR GENERAL SUPPORT
(27) NEW URBAN ARTS 705 WESTMINSTER STREET , PROVIDENCE, RI 02903	05-0498654	501(C)(3)	93,007				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(28) RI KIDS COUNT ONE UNION STATION , PROVIDENCE, RI 02903	06-1485449	501(C)(3)	92,169				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(29) WEST ELMWOOD HOUSING DEVELOPMENT CORP 224 DEXTER STREET, PROVIDENCE, RI 02907	23-7138165	501(C)(3)	90,175				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(30) RI COALITION FOR THE HOMELESS 1070 MAIN STREET SUITE 202, PAWTUCKET, RI 02860	22-2894547	501(C)(3)	87,882				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(31) RIVEREDGE ARTS PROJECT 196 SECOND AVENUE , WOONSOCKET, RI 02895	13-4206227	501(C)(3)	84,856				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(32) FOSTER FORWARD 55 SOUTH BROW STREET , EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	78,220				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(33) WOOD RIVER HEALTH SERVICES 823 MAIN STREET , HOPE VALLEY, RI 02832	05-0378071	501(C)(3)	75,690				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(34) INDEPENDENT CHARITIES OF AMER 1100 LARKSPUR LANDING CIR., SUITE 340, LARKSPUR, CA 94939	94-3067804	501(C)(3)	74,220				DONOR DESIGNATION FOR GENERAL SUPPORT
(35) URI FOUNDATION UNIVERSITY OF RI, 79 UPPER COLLEGE RD., KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	71,617				DONOR DESIGNATION FOR GENERAL SUPPORT
(36) TRI-TOWN COMMUNITY ACTION AGENCY 1126 HARTFORD AVENUE, JOHNSTON, RI 02919	05-0309695	501(C)(3)	67,496				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(37) RI SCHOOL OF DESIGN DEVELOPMENT OFFICE 2 COLLEGE STREET, PROVIDENCE, RI 02903	05-0258956	501(C)(3)	62,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(38) RHODE ISLAND FOUNDATION ONE UNION STATION , PROVIDENCE, RI 02903	22-2604963	501(C)(3)	60,599				DONOR DESIGNATION FOR GENERAL SUPPORT
(39) COLLEGE CRUSADE OF RI-THE 134 CENTRE 134 THURBERS AVENUE, STE 111, PROVIDENCE, RI 02905	22-3031765	501(C)(3)	59,707				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(40) HIGHLANDER INSTITUTE E 42 LEXINGTON AVENUE, PROVIDENCE, RI 02907	22-3115046	501(C)(3)	59,070				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS

(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
(41) MEETING STREET 1000 EDDY STREET , PROVIDENCE, RI 02905	05-0269232	501(C)(3)	58,310				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(42) CAPITAL CITY COMMUNITY CENTERS 110 RUGGLES STREET , PROVIDENCE, RI 02908-3694	05-0259090	501(C)(3)	55,600				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(43) CITIZENS CHARITABLE FOUNDATION 870 WESTMINSTER STREET , PROVIDENCE, RI 02903	20-2302039	501(C)(3)	54,409				DONOR DESIGNATION FOR GENERAL SUPPORT
(44) GATEWAY HEALTH CARE INC 249 ROOSEVELT AVE, SUITE 205 , PAWTUCKET, RI 02860	05-0309043	501(C)(3)	53,334				DONOR DESIGNATION FOR GENERAL SUPPORT
(45) SAN MIGUEL SCHOOL 525 BRANCH AVE , PROVIDENCE, RI 02907	22-3232973	501(C)(3)	53,209				DONOR DESIGNATION FOR GENERAL SUPPORT
(46) ECONOMIC PROGRESS INSTITUTE 600 MT. PLEASANT AVENUE, #9 , PROVIDENCE, RI 02908-9980	32-0295517	501(C)(3)	52,697				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(47) HAMILTON HOUSE 276 ANGELL STREET , PROVIDENCE, RI 02906	23-7188201		52,050				DONOR DESIGNATION FOR GENERAL SUPPORT
(48) RI ASSN FOR THE EDUCATION OF YOUNG CHILDREN (RIAYC) 535 CENTERVILLE ROAD, STE 301, WARWICK, RI 02886	05-0445204	501(C)(3)	50,910				PROGRAM OPERATING COSTS
(49) PROVIDENCE IN TOWN CHURCHES ASSOCIATION PO BOX 5639, PROVIDENCE, RI 02903	22-2672825	501(C)(3)	50,509				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(50) WARM (WESTERLY AREA REST MEAL) 56 SPRUCE STREET , WESTERLY, RI 02891	22-2887878	501(C)(3)	66,462				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(51) ROGER WILLIAMS UNIVERSITY & ROGER WILLIAMS SCHOOL OF LAW ONE OLD FERRY ROAD, BRISTOL, RI 02809	05-0277222	501(C)(3)	50,100				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(52) BOYS/GIRLS CLUB PAWTUCKET ONE MOELLER PLACE , PAWTUCKET , RI 02860-4003	05-0258924	501(C)(3)	47,563				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(53) UNITED WAY OF MASS BAY & MERRIMACK VALLEY 51 SLEEPER STREET, BOSTON, MA 02210- 1208	04-2382233	501(C)(3)	45,261				DONOR DESIGNATION FOR GENERAL SUPPORT
(54) TOMORROW FUND RI HOSPITAL CAMPUS 593 EDDY STREET, PROVIDENCE, RI 02903-4947	05-0450569	501(C)(3)	43,681				DONOR DESIGNATION FOR GENERAL SUPPORT
(55) HOME & HOSPICE CARE OF RI 1085 NORTH MAIN STREET , PROVIDENCE, RI 02906	51-0192422	501(C)(3)	43,506				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
(66) BABSON COLLEGE GENERAL SCHOLARSHIP FUND PO BOX 57310, BABSON PARK, MA 02157	04-2103544	501(C)(3)	42,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(67) WESTERLY PUBLIC SCHOOLS TOWER STREET COMMUNITY CENTER, 93 TOWER STREET, WESTERLY, RI 02891	05-6000576	501(C)(3)	42,500				PROGRAM OPERATING COSTS
(68) WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY BOX G-A, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	42,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(69) SAVE THE BAY 100 SAVE THE BAY DRIVE, PROVIDENCE, RI 02905	05-0343046	501(C)(3)	40,804				DONOR DESIGNATION FOR GENERAL SUPPORT
(60) PROVIDENCE COLLEGE DEVELOPMENT OFFICE, 1 CUNNINGHAM SQUARE, PROVIDENCE, RI 02918	05-0258932	501(C)(3)	40,032				DONOR DESIGNATION FOR GENERAL SUPPORT
(61) BOYS/GIRLS CLUBS NEWPORT COUNTY 95 CHURCH STREET, NEWPORT, RI 02840-3143	05-0281572	501(C)(3)	39,264				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(62) TRINITY REPERTORY COMPANY 201 WASHINGTON STREET, PROVIDENCE, RI 02903	22-2547262	501(C)(3)	37,651				DONOR DESIGNATION FOR GENERAL SUPPORT
(63) BOYS/GIRLS CLUB WARWICK 42 FREDRICK STREET PO BOX 8938, WARWICK, RI 02888	05-6019193	501(C)(3)	36,643				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(64) BOY SCOUTS OF AMERICA NARRAGANSETT COUNCIL PO BOX 14777, EAST PROVIDENCE, RI 02914	05-0308384	501(C)(3)	35,624				DONOR DESIGNATION FOR GENERAL SUPPORT
(65) BLACKSTONE ACADEMY CHARTER SCH 334 PLEASANT STREET, PAWTUCKET, RI 02860	80-0025718	501(C)(3)	35,524				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(66) SOUTH COUNTY HOSPITAL OFFICE OF DEVELOPMENT, 100 KENYON AVENUE, WAKEFIELD, RI 02879	05-0259093	501(C)(3)	35,150				DONOR DESIGNATION FOR GENERAL SUPPORT
(67) BROWN UNIVERSITY GIFT RECORDING OFFICE PO BOX 1877, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	34,151				DONOR DESIGNATION FOR GENERAL SUPPORT
(68) YWCA RHODE ISLAND 514 BLACKSTONE ST, WOONSOCKET, RI 02895	05-0310596	501(C)(3)	33,532				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(69) POTTER LEAGUE FOR ANIMALS PO BOX 412, NEWPORT, RI 02840	05-0301553	501(C)(3)	33,183				DONOR DESIGNATION FOR GENERAL SUPPORT
(70) CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET, CENTRAL FALLS, RI 02863	05-0459947	501(C)(3)	33,000				PROGRAM OPERATING COSTS
(71) BUTTON HOLE 1 BUTTON HOLE DRIVE, SUITE 1, PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	32,096				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
(72) AMERICA'S CHARITIES PO BOX 75083, BALTIMORE, MD 21275-5083	54-1517707	501(C)(3)	31,553				DONOR DESIGNATION FOR GENERAL SUPPORT
(73) RHODE ISLAND PUBLIC RADIO ONE UNION STATION, PROVIDENCE, RI 02903	05-0498502	501(C)(3)	30,789				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(74) RHODE ISLAND PHILHARMONIC & MUSIC SCHOOL 667 WATERMAN AVENUE, EAST PROVIDENCE, RI 02914-1712	05-0267451	501(C)(3)	30,631				DONOR DESIGNATION FOR GENERAL SUPPORT
(75) NEIGHBORWORKS BLACKSTONE RIVER VALLEY 719 FRONT STREET, SUITE 103, WOONSOCKET, RI 02895	22-2907602	501(C)(3)	30,500				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(76) CRANSTON PUBLIC SCHOOLS 845 PARK AVENUE, CRANSTON, RI 02910	30-0243173	501(C)(3)	30,000				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(77) KENT COUNTY YMCA 900 CENTERVILLE ROAD, WARWICK, RI 02886	05-0258878	501(C)(3)	30,000				PROGRAM OPERATING COSTS
(78) NORTH KINGSTOWN SCHOOL DEPARTMENT QUIDNESSETT ELEMENTARY SCHOOL, 166 MARK DRIVE, NORTH KINGSTOWN, RI 02852	05-6000273		30,000				PROGRAM OPERATING COSTS
(79) KIDS KLUB, INC. 203 CONCORD ST., STE 301, PAWTUCKET, RI 02860	05-0427008	501(C)(3)	29,500				PROGRAM OPERATING COSTS
(80) COMMUNITY HEALTH CHARITIES OF NEW ENGLAND 35 COLD SPRING ROAD, SUITE 412, ROCKY HILL, CT 06067	06-6079596	501(C)(3)	29,407				DONOR DESIGNATION FOR GENERAL SUPPORT
(81) AMER CANCER SOCIETY - N.E. DIV 931 JEFFERSON BLVD., STE 3004, WARWICK, RI 02886-2233	13-1788491	501(C)(3)	29,184				DONOR DESIGNATION FOR GENERAL SUPPORT
(82) GLOBAL IMPACT PO BOX 409616, ATLANTA, GA 30384-9616	52-1273585	501(C)(3)	29,003				DONOR DESIGNATION FOR GENERAL SUPPORT
(83) LINCOLN SCHOOL 301 BUTLER AVENUE, PROVIDENCE, RI 02906	05-0258900	501(C)(3)	28,358				DONOR DESIGNATION FOR GENERAL SUPPORT
(84) COMMUNITY PREPARATORY SCHOOL 126 SOMERSET STREET, PROVIDENCE, RI 02907	22-2485332	501(C)(3)	27,788				DONOR DESIGNATION FOR GENERAL SUPPORT
(85) CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON ST., PO BOX 17090, BALTIMORE, MD 21297-0303	13-5563422	501(C)(3)	27,492				DONOR DESIGNATION FOR GENERAL SUPPORT
(86) FUND FOR COMMUNITY PROGRESS 90 B JEFFERSON BLVD., WARWICK, RI 02888	05-0399609	501(C)(3)	27,239				DONOR DESIGNATION FOR GENERAL SUPPORT
(87) ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD, SIMSBURY, CT 06070	06-0889699	501(C)(3)	27,000				DONOR DESIGNATION FOR GENERAL SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(88) RONALD McDONALD HOUSE - PROV 45 GAY STREET , PROVIDENCE, RI 02905	05-0434218	501(C)(3)	26,597				DONOR DESIGNATION FOR GENERAL SUPPORT
(89) DOWNCITY DESIGN PO BOX 1092 , PROVIDENCE, RI 02901	27-1125644	501(C)(3)	25,075				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(90) RI FOUNDATION ONE UNION STATION, PROVIDENCE, RI 02903	22-2604963	501(C)(3)	25,029				DONOR DESIGNATION FOR GENERAL SUPPORT
(91) WEST BAY COLLABORATIVE~THE 144 BIGNALL STREET , WARWICK, RI 02888	05-0460855	501(C)(3)	25,000				PROGRAM OPERATING COSTS
(92) DANA FARBER CANCER INSTITUTE 220 SUNRISE AVENUE, SUITE 204 , PALM BEACH, FL 33480	04-22263040	501(C)(3)	25,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(93) WHEELER SCHOOL~THE DEVELOPMENT OFFICE 216 HOPE STREET, PROVIDENCE, RI 02906	05-0259101	501(C)(3)	24,858				DONOR DESIGNATION FOR GENERAL SUPPORT
(94) CCRI FOUNDATION 1762 LOUISQUISSET PIKE , LINCOLN, RI 02865	05-0394214	501(C)(3)	24,553				DONOR DESIGNATION FOR GENERAL SUPPORT
(95) BLITHEWOLD, INC. 101 FERRY ROAD , BRISTOL, RI 02809	05-0503407	501(C)(3)	23,850				DONOR DESIGNATION FOR GENERAL SUPPORT
(96) BRYANT UNIVERSITY DEVELOPMENT OFFICE, 1150 DOUGLAS PIKE, SMITHFIELD, RI 02917	05-0258810	501(C)(3)	23,302				DONOR DESIGNATION FOR GENERAL SUPPORT
(97) DIOCESE OF PROVIDENCE OFFICE OF STEWARDSHIP & DEVELOPMENT, ONE CATHEDRAL SQUARE, PROVIDENCE, RI 02903	05-6000057	501(C)(3)	23,300				DONOR DESIGNATION FOR GENERAL SUPPORT
(98) PROVIDENCE AFTER SCHOOL ALLIANCE 140 BROADWAY , PROVIDENCE, RI 02903	26-0319193	501(C)(3)	22,600				DONOR DESIGNATION FOR GENERAL SUPPORT
(99) DAY ONE 100 MIEDWAY STREET , PROVIDENCE, RI 02906	05-0385696	501(C)(3)	22,516				DONOR DESIGNATION FOR GENERAL SUPPORT
(100) BROWN UNIVERSITY ANNUAL FUND GIFT RECORDING/BROWN UNIV, PO BOX 1976, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	22,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(101) TOWN OF NORTH PROVIDENCE SCHOOL DEPT 2240 MINERAL SPRING AVE, NORTH PROVIDENCE, RI 02911-1729	05-6000277		22,500				PROGRAM OPERATING COSTS
(102) TOWN OF CUMBERLAND 1464 DIAMOND HILL ROAD, STE 2, CUMBERLAND, RI 02864	05-6000115		22,500				PROGRAM OPERATING COSTS
(103) PROVIDENCE CENTER 528 NORTH MAIN STREET , PROVIDENCE, RI 02904	05-0316969	501(C)(3)	22,101				DONOR DESIGNATION FOR GENERAL SUPPORT
(104) OLIVER HAZARD PERRY RI (FORMERLY TALL SHIPS RI) 29 TOURO STREET, NEWPORT, RI 02840	20-2574859	501(C)(3)	22,000				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
(105) JEWISH FAMILY SERVICE 959 NORTH MAIN STREET , PROVIDENCE, RI 02904	05-0258888	501(C)(3)	21,510				DONOR DESIGNATION FOR GENERAL SUPPORT
(106) MCAULEY HOUSE 622 ELMWOOD AVE PO BOX 27009, PROVIDENCE, RI 02907	05-0440470	501(C)(3)	21,410				DONOR DESIGNATION FOR GENERAL SUPPORT
(107) MOSES BROWN SCHOOL FOUNDATION DEVELOPMENT OFFICE 250 LLOYD AVENUE, PROVIDENCE, RI 02906-2398	23-7067506	501(C)(3)	21,193				DONOR DESIGNATION FOR GENERAL SUPPORT
(108) ST MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE , NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	21,020				DONOR DESIGNATION FOR GENERAL SUPPORT
(109) US LACROSSE FOUNDATION 113 WEST UNIVERSITY PARKWAY , BALTIMORE, MD 21210-3300	52-0790605	501(C)(3)	21,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(110) HUB THEATRE COMPANY OF BOSTON, INC. 50 GREEN STREET #409 , BROOKLINE, MA 02446	46-1283093	501(C)(3)	20,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(111) FELICIAN ADULT DAY CENTER, INC. 1315 ENFIELD STREET , ENFIELD, CT 06082	06-1329622	501(C)(3)	20,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(112) AMERICAN RED CROSS RI CHAPTER 105 GANO STREET , PROVIDENCE, RI 02906	53-0196605	501(C)(3)	19,934				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(113) MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVE , PROVIDENCE, RI 02906	05-0258905	501(C)(3)	19,851				DONOR DESIGNATION FOR GENERAL SUPPORT
(114) MT ST CHARLES ACADEMY DEVELOPMENT OFFICE 800 LOGEE STREET , WOONSOCKET, RI 02895	05-0258850	501(C)(3)	19,789				DONOR DESIGNATION FOR GENERAL SUPPORT
(115) YMCA-OCEAN COMMUNITY 95 HIGH STREET , WESTERLY, RI 02891	05-0268126	501(C)(3)	19,725				DONOR DESIGNATION FOR GENERAL SUPPORT
(116) WORLD FOUNDATION FOR GIRL GUIDES & GIRL SCOUTS INC. 420 FIFTH AVE. 14TH FLOOR , NEW YORK, NY 10018	23-7147834	501(C)(3)	19,636				DONOR DESIGNATION FOR GENERAL SUPPORT
(117) HASBRO CHILDREN'S HOSPITAL PO BOX H, PROVIDENCE, RI 02901	05-0258954	501(C)(3)	19,318				DONOR DESIGNATION FOR GENERAL SUPPORT
(118) CAPITAL GOOD FUND-THE 56 PINE STREET, 3RD FLOOR , PROVIDENCE, RI 02903	80-0348382	501(C)(3)	19,143				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(119) SOCIAL VENTURE PARTNERS - RI 460 HARRIS AVENUE, UNIT 303 , PROVIDENCE, RI 02909	26-0163730	501(C)(3)	19,050				DONOR DESIGNATION FOR GENERAL SUPPORT
(120) EARTH SHARE OF NEW ENGLAND 7735 OLD GEORGETOWN RD #900 , BETHESDA, MD 20814	22-3151372	501(C)(3)	17,873				DONOR DESIGNATION FOR GENERAL SUPPORT
(121) WOUNDED WARRIOR PROJECT (FL) 4899 BELFORT ROAD, SUITE 300 , JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	17,074				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
(122) AMER HEART ASSOCIATION NORTHEAST AFFILIATE 1 STATE STREET, STE 200, PROVIDENCE, RI 02908-5005	13-5613797	501(C)(3)	16,909				DONOR DESIGNATION FOR GENERAL SUPPORT
(123) RE-FOCUS, INC. 45 GREELEY STREET , PROVIDENCE, RI 02904	05-03994380	501(C)(3)	16,841				DONOR DESIGNATION FOR GENERAL SUPPORT
(124) RI INSTITUTE FOR LABOR STUDIES & RESEARCH 99 BALD HILL ROAD , CRANSTON, RI 02920	05-0387211	501(C)(3)	16,487				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(125) SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET , PROVIDENCE, RI 02907-1031	05-0394224	501(C)(3)	16,318				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(126) LASALLE ACADEMY DEVELOPMENT OFFICE/ALUMNI 612 ACADEMY AVENUE, PROVIDENCE, RI 02908	05-0258897	501(C)(3)	16,253				DONOR DESIGNATION FOR GENERAL SUPPORT
(127) RHODE ISLANDERS SPONSORING EDUCATION 143 PRAIRIE AVENUE, 1ST FLOOR, PROVIDENCE, RI 02905	06-1470525	501(C)(3)	16,178				DONOR DESIGNATION FOR GENERAL SUPPORT
(128) JUNIOR ACHIEVEMENT OF RI 120 WATERMAN STREET, SUITE 200 , PROVIDENCE, RI 02906	05-0263443	501(C)(3)	15,813				DONOR DESIGNATION FOR GENERAL SUPPORT
(129) CHILD & FAMILY SERVICE NEWPORT 31 JOHN CLARKE ROAD , MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	15,616				DONOR DESIGNATION FOR GENERAL SUPPORT
(130) SPECIAL OLYMPICS-RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY , SMITHFIELD, RI 02917	05-0377867	501(C)(3)	15,505				DONOR DESIGNATION FOR GENERAL SUPPORT
(131) UNITED WAY SILICON VALLEY 1400 PARKMOOR AVENUE, STE 250 , SAN JOSE, CA 95126	94-1450153	501(C)(3)	15,177				DONOR DESIGNATION FOR GENERAL SUPPORT
(132) UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PARKWAY, PHILADELPHIA, PA 19103	23-1556045	501(C)(3)	15,018				DONOR DESIGNATION FOR GENERAL SUPPORT
(133) FAMILY RESOURCES COMMUNITY ACTION 245 MAIN STREET, WOONSOCKET, RI 02895-3123	05-0259103	501(C)(3)	15,015				DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
(134) RHODE ISLAND CENTER FOR JUSTICE 150 WASHINGTON STREET , PROVIDENCE, RI 02903	46-5295722	501(C)(3)	15,000				PROGRAM OPERATING COSTS
(135) PRESERVATION SOCIETY, NEWPORT DEVELOPMENT OFFICE 424 BELLEVUE AVENUE, NEWPORT, RI 02840	05-0252708	501(C)(3)	14,600				DONOR DESIGNATION FOR GENERAL SUPPORT
(136) DANA FARBER CANCER INSTITUTE/JIMMY FUND 10 BROOKLINE PLACE WEST, 6 FLOOR , BROOKLINE, MA 02445	04-2263040	501(C)(3)	14,310				DONOR DESIGNATION FOR GENERAL SUPPORT

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(137) BROWN UNIVERSITY SPORTS FDTN PO BOX 1925 BROWN UNIVERSITY, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	14,125				DONOR DESIGNATION FOR GENERAL SUPPORT
(138) PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET , PROVIDENCE, RI 02903	05-0262712	501(C)(3)	14,069				DONOR DESIGNATION FOR GENERAL SUPPORT
(139) ST PATRICK'S ACADEMY 244 SMITH ST., PROVIDENCE, RI 02908	05-6000057	501(C)(3)	13,900				DONOR DESIGNATION FOR GENERAL SUPPORT
(140) ARTHRITIS FOUNDATION SNE CHIPTR RHODE ISLAND BRANCH 2348 POST ROAD, STE 104, WARWICK, RI 02886	58-1341679	501(C)(3)	13,804				DONOR DESIGNATION FOR GENERAL SUPPORT
(141) RISD MUSEUM OF ART DEVELOPMENT OFFICE/MEMBERSHIP 2 COLLEGE STREET, PROVIDENCE, RI 02903	05-0258956	501(C)(3)	13,775				DONOR DESIGNATION FOR GENERAL SUPPORT
(142) ALZHEIMER'S ASSOCIATION RI CHAPTER 245 WATERMAN ST., SUITE 306, PROVIDENCE, RI 02906	05-0445962	501(C)(3)	13,493				DONOR DESIGNATION FOR GENERAL SUPPORT
(143) NEWPORT HOSPITAL FOUNDATION 11 FRIENDSHIP STREET , NEWPORT, RI 02840	22-2535533	501(C)(3)	13,355				DONOR DESIGNATION FOR GENERAL SUPPORT
(144) ADOPTION RHODE ISLAND 2 BRADFORD STREET , PROVIDENCE, RI 02903	22-2543833	501(C)(3)	13,336				DONOR DESIGNATION FOR GENERAL SUPPORT
(145) PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVENUE , NEW HAVEN, CT 06511	06-0263565	501(C)(3)	21,941				DONOR DESIGNATION FOR GENERAL SUPPORT
(146) JOHNSON & WALES UNIVERSITY OFFICE OF DEVELOPMENT 8 ABBOTT PARK PLACE, PROVIDENCE, RI 02903	05-0306206	501(C)(3)	13,190				DONOR DESIGNATION FOR GENERAL SUPPORT
(147) RISD MUSEUM--THE 224 BENEFIT STREET , PROVIDENCE, RI 02903-2723	05-0383432	501(C)(3)	13,150				DONOR DESIGNATION FOR GENERAL SUPPORT
(148) BIG BROTHERS BIG SISTERS OF THE OCEAN STATE 1540 PONTIAC AVENUE, SUITE 1 , CRANSTON, RI 02920	22-2606942	501(C)(3)	13,111				DONOR DESIGNATION FOR GENERAL SUPPORT
(149) WATERFIRE - PROVIDENCE ATTN: BRONWYN DANNENFELSER, 101 REGENT AVE, PROVIDENCE, RI 02908	22-2951612	501(C)(3)	12,985				DONOR DESIGNATION FOR GENERAL SUPPORT
(150) CLINICA ESPERANZA HOPE CLINIC 60 VALLEY STREET , PROVIDENCE, RI 02909	26-1714340	501(C)(3)	12,810			PROGRAM OPERATING COSTS	DONOR DESIGNATION FOR GENERAL SUPPORT
(151) PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVE , EAST PROVIDENCE, RI 02914	05-0258934	501(C)(3)	12,750				DONOR DESIGNATION FOR GENERAL SUPPORT

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⁽¹⁵²⁾ BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE, WARWICK, RI 02889	05-0296059	501(C)(3)	12,697				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁵³⁾ BOSTON COLLEGE CADIGAN ALUMNI CENTER, 140 COMMONWEALTH AVENUE, CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	12,407				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁵⁴⁾ HOLLISTON PANTRY SHELF, INC. PO BOX 6662, HOLLISTON, MA 01746	04-3303944	501(C)(3)	12,366				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁵⁵⁾ HAITIAN PROJECT INC 160 BROAD STREET PO BOX 6891, PROVIDENCE, RI 02940	22-2700013	501(C)(3)	12,100				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁵⁶⁾ GRANITE UNITED WAY 22 CONCORD STREET, CONCORD, NH 03101	02-6006033	501(C)(3)	11,966				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁵⁷⁾ BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD, PROVIDENCE, RI 02906	05-0258812	501(C)(3)	11,742				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁵⁸⁾ BROWN ALPERT MEDICAL SCHOOL BOX 1893, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	11,650				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁵⁹⁾ GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVE., WARWICK, RI 02886	05-0300724	501(C)(3)	11,613				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁶⁰⁾ HAITIAN HEALTH FOUNDATION 97 SHERMAN STREET, NORWICH, CT 06360	06-1135999	501(C)(3)	11,525				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁶¹⁾ PAN MASS CHALLENGE TO BENEFIT DANA FARBER/JIMMY FUND 77 FOURTH AVENUE, NEEDHAM, MA 02494	04-2746912	501(C)(3)	11,350				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁶²⁾ PHILLIPS ACADEMY FDTN TRUSTEES OF PHILLIPS ACADEMY, 180 MAIN STREET, ANDOVER, MA 01810	04-2103579	501(C)(3)	11,250				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁶³⁾ RI LEGAL SERVICES INC 56 PINE ST, SUITE 400, PROVIDENCE, RI 02903-2819	05-0318596	501(C)(3)	11,217				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁶⁴⁾ MEALS ON WHEELS OF RI 70 BATH ST., PROVIDENCE, RI 02908	05-0340723	501(C)(3)	11,112				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁶⁵⁾ ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST. JUDE PLACE, MEMPHIS, TN 38105	62-0646012	501(C)(3)	17,819				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁶⁶⁾ STRATUS AVIATION FOUNDATION 1501 NARCISSA ROAD, BLUE BELL, PA 19355	45-4927057	501(C)(3)	11,000				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁶⁷⁾ SOPHIA ACADEMY 582 ELMWOOD AVENUE, PROVIDENCE, RI 02907	31-1736069	501(C)(3)	10,848				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁶⁸⁾ AIDS CARE OCEAN STATE 18 PARKIS AVENUE, PROVIDENCE, RI 02907-1408	22-2929749	501(C)(3)	10,732				DONOR DESIGNATION FOR GENERAL SUPPORT

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(169) ARC OF BLACKSTONE VALLEY~THE 500 PROSPECT STREET, SUITE 203 , PAWTUCKET, RI 02860	05-0300152	501(C)(3)	10,516				DONOR DESIGNATION FOR GENERAL SUPPORT
(170) FAMILY SERVICE OF RI INC. PO BOX 6888 , PROVIDENCE, RI 02940	05-0258858	501(C)(3)	10,452				DONOR DESIGNATION FOR GENERAL SUPPORT
(171) BOYS/GIRLS CLUBS OF PROVIDENCE CENTRAL SERVICES OFFICE, 550 WICKENDON STREET, PROVIDENCE, RI 02903	05-0258929	501(C)(3)	10,387				DONOR DESIGNATION FOR GENERAL SUPPORT
(172) YEAR UP PROVIDENCE 40 FOUNTAIN STREET, 7TH FLOOR , PROVIDENCE, RI 02903	04-3534407	501(C)(3)	10,343				DONOR DESIGNATION FOR GENERAL SUPPORT
(173) BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8233A , PAWTUCKET, RI 02860	27-0045877	501(C)(3)	10,265				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(174) LIFECYCLE INC. 21 WESTERN AVENUE , BARRINGTON, RI 02806	26-3798606	501(C)(3)	10,200				DONOR DESIGNATION FOR GENERAL SUPPORT
(175) YMCA OF NEWPORT COUNTY 792 VALLEY ROAD , NEWPORT, RI 02842	05-0258916	501(C)(3)	10,102				DONOR DESIGNATION FOR GENERAL SUPPORT
(176) UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL ROAD, SUITE 420 , VIENNA, VA 22182	53-0234290	501(C)(3)	10,078				DONOR DESIGNATION FOR GENERAL SUPPORT
(177) DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE , BOSTON, MA 02115	04-2263040	501(C)(3)	10,059				DONOR DESIGNATION FOR GENERAL SUPPORT
(178) PRINCETON UNIVERSITY FDTN PO BOX 5357 , PRINCETON, NJ 08543	21-0634501	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(179) DISCOVERY COUNSELING CENTER 115-A TOWN AND COUNTRY DRIVE , DANVILLE, CA 94526	94-1705971	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(180) TOWN OF PALM BEACH UNITED WAY, INC. 44 COCONUT ROW , SUITE M201 PO BOX 1141 , PALM BEACH, FL 33480	59-6037885	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(181) CHICAGO SISTER CITIES INTERNATIONAL 177 N. STATE STREET, SUITE 500 , CHICAGO, IL 60601	36-3761640	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(182) FOOD 4 GOOD 25 TOBEY STREET APARTMENT 410, PROVIDENCE, RI 02909	46-2668092	501(C)(3)	10,000				PROGRAM OPERATING COSTS
(183) THOMPSON ISLAND OUTWARD BOUND PO BOX 127 , BOSTON, MA 02127-0002	04-3027900	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(184) SOUTH FLORIDA SCIENCE MUSEUM INC 4801 DREHER TRAIL , WEST PALM BEACH, FL 33405	59-0915177	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT

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⁽¹⁸⁵⁾ F.A.C.E. OF RHODE ISLAND 1 CATHEDRAL SQUARE, PROVIDENCE, RI 02903	20-5898870	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁸⁶⁾ VETERANS MEMORIAL AUDITORIUM FOUNDATION 1 AVENUE OF THE ARTS, PROVIDENCE, RI 02903	05-0457300	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁸⁷⁾ KPMG FOUNDATION ATTN: TERRI SANTILLI, 50 KENNEDY PLAZA, PROVIDENCE, RI 02903	13-5565207		10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁸⁸⁾ NEWPORT FESTIVALS FOUNDATION, INC. 150 EAST 69TH STREET, #27K, NEW YORK, NY 10021	27-4099544	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁸⁹⁾ MIRIAM HOSPITAL DEVELOPMENT OFFICE, 164 SUMMIT AVENUE, PROVIDENCE, RI 02906	05-0258905	501(C)(3)	9,970				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁹⁰⁾ LUCY'S HEARTH 913 WEST MAIN ROAD, MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	9,811				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁹¹⁾ SPCA - RHODE ISLAND 186 AMARAL STREET, EAST PROVIDENCE, RI 02914	05-0262716	501(C)(3)	9,750				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁹²⁾ INSPIRING MINDS (MIPS) (FORMERLY VOL IN PROV SCHOOLS), 763 WESTMINSTER STREET, PROVIDENCE, RI 02903	05-0310175	501(C)(3)	9,735				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁹³⁾ UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE FLOOR #30, CHICAGO, IL 60604	30-0200478	501(C)(3)	9,723				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁹⁴⁾ YMCA BAY SIDE (BARRINGTON) 371 PINE STREET, PROVIDENCE, RI 02903	05-0258878	501(C)(3)	9,700				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁹⁵⁾ JOHNSON & WALES CHANCELLOR'S FUND COMMUNITY SERVICE PROGRAM, 8 ABBOTT PARK PLACE, PROVIDENCE, RI 02903	05-0306206	501(C)(3)	9,343				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁹⁶⁾ KENT CENTER FOR HUMAN & ORG DEVELOPMENT 2756 POST ROAD STE 104, WARWICK, RI 02886-3003	51-0189278	501(C)(3)	9,199				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁹⁷⁾ UNITED WAY OF GREATER HOUSTON PO BOX 3247, HOUSTON, TX 77253-3247	74-1167964	501(C)(3)	9,157				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽¹⁹⁸⁾ WESTERLY PUBLIC LIBRARY & WILCOX PARK FRIENDS OF 44 BROAD STREET, WESTERLY, RI 02891	23-7219525	501(C)(3)	9,055				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
⁽¹⁹⁹⁾ AUDUBON SOCIETY OF RI 12 SANDERSON ROAD, SMITHFIELD, RI 02917	05-0265675	501(C)(3)	9,039				DONOR DESIGNATION FOR GENERAL SUPPORT
⁽²⁰⁰⁾ RI ZOOLOGICAL SOCIETY ROGER WILLIAMS PARK ZOO, 1000 ELMWOOD AVENUE, PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	9,039				DONOR DESIGNATION FOR GENERAL SUPPORT

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(201) BOYS/GIRLS CLUB CUMBERLAND/LINCOLN PO BOX 7505, CUMBERLAND, RI 02864-0505	05-0280121	501(C)(3)	8,980				DONOR DESIGNATION FOR GENERAL SUPPORT
(202) YMCA OF PAWTUCKET METROPOLITAN OFFICES, 660 ROOSEVELT AVENUE, PAWTUCKET, RI 02860	05-0259114	501(C)(3)	8,541				DONOR DESIGNATION FOR GENERAL SUPPORT
(203) PLYMOUTH STATE UNIVERSITY SCHOLARSHIP FUND 17 HIGH STREET, PLYMOUTH, NH 03264	02-6000937	501(C)(3)	8,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(204) UNITED WAY OF ALLEGHENY COUNTY PO BOX 735, PITTSBURGH, PA 15230-0735	25-1043578	501(C)(3)	8,460				DONOR DESIGNATION FOR GENERAL SUPPORT
(205) UNITED WAY-CAPE & ISLANDS 749 MAIN STREET FL 2, HYANNIS, MA 02601-4327	04-2271714	501(C)(3)	8,397				DONOR DESIGNATION FOR GENERAL SUPPORT
(206) UNITED WAY OF CENTRAL & NE CT 30 LAUREL STREET, HARTFORD, CT 06106-1374	06-0646663	501(C)(3)	8,178				DONOR DESIGNATION FOR GENERAL SUPPORT
(207) CITY YEAR RHODE ISLAND 77 EDDY ST, 2ND FLOOR, PROVIDENCE, RI 02903	22-2882549	501(C)(3)	8,161				DONOR DESIGNATION FOR GENERAL SUPPORT
(208) WESTERLY HOSPITAL FOUNDATION DEVELOPMENT OFFICE 25 WELLS STREET, WESTERLY, RI 02891	05-0508064	501(C)(3)	8,153				DONOR DESIGNATION FOR GENERAL SUPPORT
(209) PROVIDENCE CHILDRENS MUSEUM 100 SOUTH STREET, PROVIDENCE, RI 02903	05-0370944	501(C)(3)	8,145				DONOR DESIGNATION FOR GENERAL SUPPORT
(210) VOLUNTEER SERVICES FOR ANIMALS PO BOX 6263 23 DRYDEN LANE, PROVIDENCE, RI 02940-6263	05-0381306	501(C)(3)	8,089				DONOR DESIGNATION FOR GENERAL SUPPORT
(211) JEFFREY OSBORNE FOUNDATION 19241 BALLINGER STREET, NORTHRIDGE, CA 91324	46-0925456	501(C)(3)	8,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(212) EPISCOPAL DIOCESE OF MASSACHUSETTS 138 TREMONT STREET, BOSTON, MA 02111	04-2104156	501(C)(3)	8,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(213) PROVIDENCE PERFORMING ARTS CTR 220 WEYBOSSET STREET, PROVIDENCE, RI 02903	05-0377244	501(C)(3)	7,990				DONOR DESIGNATION FOR GENERAL SUPPORT
(214) NATURE CONSERVANCY (RI)-THE 159 WATERMAN STREET, PROVIDENCE, RI 02906	53-0242652	501(C)(3)	7,975				DONOR DESIGNATION FOR GENERAL SUPPORT
(215) DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY 61 MAIN STREET, WAKEFIELD, RI 02879	05-0377538	501(C)(3)	7,883				DONOR DESIGNATION FOR GENERAL SUPPORT
(216) UNITED WAY OF DELAWARE COUNTY PO BOX 319, DELAWARE, OH 43015-0319	31-4423899	501(C)(3)	7,822				DONOR DESIGNATION FOR GENERAL SUPPORT
(217) GORDON SCHOOL 45 MAXFIELD AVENUE, EAST PROVIDENCE, RI 02914	05-0258876	501(C)(3)	7,800				DONOR DESIGNATION FOR GENERAL SUPPORT

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(218) WOMEN'S CENTER OF RI, INC PO BOX 603300, PROVIDENCE, RI 02906	05-0369858	501(C)(3)	7,775			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(219) REDWOOD LIBRARY & ATHENAEUM 50 BELLEVUE AVENUE, NEWPORT, RI 02840	05-0260678	501(C)(3)	7,598			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(220) TRUDEAU CENTER/KENT COUNTY RIARC 3445 POST ROAD, WARWICK, RI 02886	05-0310093	501(C)(3)	7,508			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(221) COMPREHENSIVE COMMUNITY ACTION PROGRAM 311 DORIC AVE, CRANSTON, RI 02910	05-6018801	501(C)(3)	7,507			DONOR DESIGNATION AND PROGRAM OPERATING COSTS	DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(222) NANTUCKET LAND COUNCIL PO BOX 502, NANTUCKET, MA 02554	51-0180597	501(C)(3)	7,500			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(223) HIGHLANDER CHARTER SCHOOL 360 MARKET STREET, WARREN, RI 02885	05-0517389	501(C)(3)	7,416			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(224) RI COLLEGE FOUNDATION RIC DEVELOPMENT OFFICE, 600 MT. PLEASANT AVE, PROVIDENCE, RI 02908	05-6049721	501(C)(3)	7,410			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(225) SOUTH COUNTY COMM ACTION 1935 KINGSTOWN ROAD, WAKEFIELD, RI 02879-2432	05-0351121	501(C)(3)	7,345			DONOR DESIGNATION AND PROGRAM OPERATING COSTS	DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(226) WGBH ONE GUEST STREET, BOSTON, MA 02135	04-3312069	501(C)(3)	7,335			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(227) BLACKSTONE VALLEY COMMUNITY ACTION PROGRAM 32 GOFF AVENUE, PAWTUCKET, RI 02860	05-0312991	501(C)(3)	7,207			PROGRAM OPERATING COSTS	PROGRAM OPERATING COSTS
(228) COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE 518 HARTFORD AVENUE, PROVIDENCE, RI 02909	46-1472304	501(C)(3)	7,207			PROGRAM OPERATING COSTS	PROGRAM OPERATING COSTS
(229) LITTLE FLOWER HOME 83 MONTICELLI DRIVE, WEST KINGSTON, RI 02892-1968	22-2576431	501(C)(3)	7,190			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(230) BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY, EAST PROVIDENCE, RI 02915	05-0258806	501(C)(3)	7,174			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(231) UFCW LOCAL 328 CHARITABLE FDTN 278 SILVER SPRING STREET, PROVIDENCE, RI 02904	20-0678926	501(C)(3)	7,096			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(232) JONNYCAKE CENTER OF WESTERLY PO BOX 273, WESTERLY, RI 02891	05-0367687	501(C)(3)	7,088			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(233) WOODLAWN COMMUNITY DEVELOPMENT 210 WEST AVENUE, PAWTUCKET, RI 02860	05-0514308	501(C)(3)	7,000			PROGRAM OPERATING COSTS	PROGRAM OPERATING COSTS
(234) FRIENDS OF B'NAI ISRAEL CENETERY 224 PROSPECT STREET PO BOS 250, SLATERSVILLE, RI 02876	27-4325929	501(C)(3)	7,000			DONOR DESIGNATION FOR GENERAL SUPPORT	DONOR DESIGNATION FOR GENERAL SUPPORT
(235) MARTIN LUTHER KING CENTER 20 DR. MARCUS WHEATLAND BLVD, NEWPORT, RI 02840-2097	05-0271882	501(C)(3)	6,828			DONOR DESIGNATION FOR GENERAL SUPPORT	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
(236) CATHOLIC CHARITIES FUND, APPEAL DIOCESE OF FALL RIVER, 450 HIGHLAND AVENUE, FALL RIVER, MA 02722	04-2221363	501(C)(3)	6,758				DONOR DESIGNATION FOR GENERAL SUPPORT
(237) INSTITUTE FOR STUDY & PRACTICE OF NON-VIOLENCE, 265 OXFORD STREET, PROVIDENCE, RI 02905	05-0517863	501(C)(3)	6,747				DONOR DESIGNATION FOR GENERAL SUPPORT
(238) ALZHEIMER'S ASSOCIATION, 207 S. PROSPECT ROAD, SUITE 1, BLOOMINGTON, IL 61704	13-3039601	501(C)(3)	6,740				DONOR DESIGNATION FOR GENERAL SUPPORT
(239) INSTITUTE FOR LABOR STUDIES & RESEARCH/ISLR SCHOLARSHIP FUND, CRANSTON, RI 02920	05-0387211	501(C)(3)	6,637				DONOR DESIGNATION FOR GENERAL SUPPORT
(240) DARTMOUTH COLLEGE, TRUSTEES OF GIFT RECORDING OFFICE, 6066 DEVELOPMENT OFFICE, HANOVER, NH 03755-3555	02-0222111	501(C)(3)	6,625				DONOR DESIGNATION FOR GENERAL SUPPORT
(241) LEUKEMIA & LYMPHOMA SOCIETY RI, 2348 POST ROAD, STE 202, WARWICK, RI 02886	13-5644916	501(C)(3)	6,538				DONOR DESIGNATION FOR GENERAL SUPPORT
(242) DOCTORS WITHOUT BORDERS USA, 333 7TH AVENUE, 2ND FLOOR, NEW YORK, NY 10001	13-3433452	501(C)(3)	6,506				DONOR DESIGNATION FOR GENERAL SUPPORT
(243) ST RAPHAEL ACADEMY, 123 WALCOTT STREET, PAWTUCKET, RI 02860-3905	05-0259066	501(C)(3)	6,480				DONOR DESIGNATION FOR GENERAL SUPPORT
(244) RHODE ISLAND PBS FOUNDATION (FORMERLY WSBE) 50 PARK LANE, PROVIDENCE, RI 02901-0883	22-2859005	501(C)(3)	6,470				DONOR DESIGNATION FOR GENERAL SUPPORT
(245) OLD SLATER MILL ASSOCIATION, 67 ROOSEVELT AVENUE PO BOX 626, PAWTUCKET, RI 02862	05-0265956	501(C)(3)	6,450				DONOR DESIGNATION AND PROGRAM OPERATING COSTS
(246) MCAULEY MINISTRIES, PO BOX 73195, PROVIDENCE, RI 02907	05-0440470	501(C)(3)	6,450				DONOR DESIGNATION FOR GENERAL SUPPORT
(247) JEWISH SENIORS AGENCY, 100 NANTIC AVENUE, PROVIDENCE, RI 02907	05-0258889	501(C)(3)	6,433				DONOR DESIGNATION FOR GENERAL SUPPORT
(248) UNITED WAY OF GRTR FALL RIVER, PO BOX 2350, FALL RIVER, MA 02722	04-2104026	501(C)(3)	6,431				DONOR DESIGNATION FOR GENERAL SUPPORT
(249) RI CENTER ASSISTING THOSE IN NEED (RICAN) PO BOX 73, CAROLINA, RI 02812	20-4070706	501(C)(3)	6,400				DONOR DESIGNATION FOR GENERAL SUPPORT
(250) THE COVE CENTER INC, 610 MANTON AVENUE, PROVIDENCE, RI 02909	05-0419116	501(C)(3)	6,308				DONOR DESIGNATION FOR GENERAL SUPPORT
(251) NAT'L MULTIPLE SCLEROSIS - RI, 205 HALLENE RD, STE 209, WARWICK, RI 02886	05-0271809	501(C)(3)	6,252				DONOR DESIGNATION FOR GENERAL SUPPORT
(252) BROWN UNIV FOUNDATION, BROWN UNIV GIFT RECORDING OFF, PO BOX 1877, PROVIDENCE, RI 02912	05-0390969	501(C)(3)	6,250				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
(253) ST MARY ACADEMY BAY VIEW OFFICE OF DEVELOPMENT, 3070 PAWTUCKET AVE, SUITE 2, RIVERSIDE, RI 02915	05-0263792	501(C)(3)	6,100				DONOR DESIGNATION FOR GENERAL SUPPORT
(254) PROVIDENCE RESCUE MISSION PO BOX 72753 , PROVIDENCE, RI 02907-9909	05-0503326	501(C)(3)	6,084				DONOR DESIGNATION FOR GENERAL SUPPORT
(255) CLEMSON UNIVERSITY FOUNDATION PO BOX 345602 , CLEMSON, SC 29634	57-0426335	501(C)(3)	6,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(256) FAXON FOUNDATION 144 WESTMINSTER STREET , PROVIDENCE, RI 02903	16-1735316	501(C)(3)	6,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(257) A WISH COME TRUE INC 1010 WARWICK AVENUE , WARWICK, RI 02888	05-0398808	501(C)(3)	5,998				DONOR DESIGNATION FOR GENERAL SUPPORT
(258) MAKE A WISH FOUNDATION RHODE ISLAND & MASS. 20 HEMINGWAY DRIVE, EAST PROVIDENCE, RI 02915	22-2867371	501(C)(3)	5,977				DONOR DESIGNATION FOR GENERAL SUPPORT
(259) GRODEN NETWORK, THE DEVELOPMENT OFFICE, 610 MANTON AVENUE, PROVIDENCE, RI 02909	05-0369378	501(C)(3)	5,972				DONOR DESIGNATION FOR GENERAL SUPPORT
(260) NORTH KINGSTOWN EXETER ANIMAL PROTECTION LEAGUE INC 500 STONY LN PO BOX 83, NORTH KINGSTOWN, RI 02852	05-0317567	501(C)(3)	5,959				DONOR DESIGNATION FOR GENERAL SUPPORT
(261) WORLD VISION PO BOX 9716 , FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	5,949				DONOR DESIGNATION FOR GENERAL SUPPORT
(262) GESU SCHOOL INC 1700 W THOMPSON ST , PHILADELPHIA, PA 19121	23-2728931	501(C)(3)	5,940				DONOR DESIGNATION FOR GENERAL SUPPORT
(263) NEIGHBOR TO NATION 44330 PREMIER PLAZA STE 220 , ASHBURN, VA 20147	54-1879282	501(C)(3)	5,905				DONOR DESIGNATION FOR GENERAL SUPPORT
(264) WOUNDED WARRIORS, INC. 920 107TH AVENUE, SUITE 250 , OMAHA, NE 68114-4719	20-1407520	501(C)(3)	5,880				DONOR DESIGNATION FOR GENERAL SUPPORT
(265) RI BRAIN & SPINE TUMOR FOUNDATION 118 DUDLEY STREET , PROVIDENCE, RI 02905-2403	26-1995525	501(C)(3)	5,860				DONOR DESIGNATION FOR GENERAL SUPPORT
(266) ANIMAL RESCUE LEAGUE OF SOUTHERN RHODE ISLAND PO BOX 458, WAKEFIELD, RI 02880-0458	05-0282432	501(C)(3)	5,745				DONOR DESIGNATION FOR GENERAL SUPPORT
(267) MAKE A WISH FOUNDATION OF MASS & RI ONE BULFINCH PLACE, 2ND FL , BOSTON, MA 02114	22-2867371	501(C)(3)	5,657				DONOR DESIGNATION FOR GENERAL SUPPORT
(268) FRIENDS OF TOWNIE ATHLETICS ATTN: PAUL AMARAL, 2000 PAWTUCKET AVENUE, RUMFORD, RI 02916	26-4173798	501(C)(3)	5,650				DONOR DESIGNATION FOR GENERAL SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(269) PARTNERS IN HEALTH 888 COMMONWEALTH AVE 3RD FLOOR, BOSTON, MA 02215	04-3567502	501(C)(3)	5,559				DONOR DESIGNATION FOR GENERAL SUPPORT
(270) ALS ASSOCIATION OF RI 2374 POST ROAD, SUITE 103, WARWICK, RI 02886	05-0460482	501(C)(3)	5,545				DONOR DESIGNATION FOR GENERAL SUPPORT
(271) FOOD FOR THE POOR INC 6401 LYONS ROAD, COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	5,526				DONOR DESIGNATION FOR GENERAL SUPPORT
(272) CYSTIC FIBROSIS FOUNDATION MASSACHUSETTS & RI 220 NORTH MAIN STREET, STE 104, NATICK, MA 01760	13-1930701	501(C)(3)	5,515				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)	5,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(274) VETERANS OF FOREIGN WARS PO BOX 8958, TOPEKA, KS 66608-8911	43-1758998	501(C)(3)	5,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(275) KIDS COUNT RI ONE UNION STATION, PROVIDENCE, RI 02903	06-1485449	501(C)(3)	5,450				DONOR DESIGNATION FOR GENERAL SUPPORT
(276) UNITED WAY OF CENTRAL MASS DENHOLM BUILDING, STE 300, 484 MAIN STREET, WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	5,448				DONOR DESIGNATION FOR GENERAL SUPPORT
(277) OCEAN STATE COMM RESOURCE, INC 310 MAPLE AVE, STE 105, BARRINGTON, RI 02806	04-2936360	501(C)(3)	5,431				DONOR DESIGNATION FOR GENERAL SUPPORT
(278) ELIZABETH BUFFUM CHACE HOUSE PO BOX 9476, WARWICK, RI 02889	05-0384053	501(C)(3)	5,389				DONOR DESIGNATION FOR GENERAL SUPPORT
(279) RI HISTORICAL SOCIETY 110 BENEVOLENT STREET, PROVIDENCE, RI 02906	05-0259110	501(C)(3)	5,371				DONOR DESIGNATION FOR GENERAL SUPPORT
(280) UNITED WAY OF THE GREATER CAPITAL REGION PO BOX 13865, ALBANY, NY 12212-3865	14-1338305	501(C)(3)	5,334				DONOR DESIGNATION FOR GENERAL SUPPORT
(281) PROVIDENCE PRESERVATION SOCIETY 21 MEETING STREET, PROVIDENCE, RI 02903	05-0283958	501(C)(3)	5,325				DONOR DESIGNATION FOR GENERAL SUPPORT
(282) VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK ROAD STE 375, PHOENIX, AZ 85018	86-0104419	501(C)(3)	5,323				DONOR DESIGNATION FOR GENERAL SUPPORT
(283) PATROLMAN GREGORY W. BOLDEN MEMORIAL SCHOLARSHIP FUND, INC. 46 COLDBROOK ROAD, WARWICK, RI 02888	35-2417351	501(C)(3)	5,300				DONOR DESIGNATION FOR GENERAL SUPPORT
(284) UNITED WAY OF GRTR: CLEVELAND 1331 EUCLID AVENUE, CLEVELAND, OH 44115	34-6516654	501(C)(3)	5,289				DONOR DESIGNATION FOR GENERAL SUPPORT
(285) INT'L TENNIS HALL OF FAME 194 BELLEVUE AVENUE, NEWPORT, RI 02840	13-6144356	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
(286) MARGARET STERLING COOK FDTN PO BOX 14, HOPE, RI 02831-0014	20-2604143	501(C)(3)	5,200				DONOR DESIGNATION FOR GENERAL SUPPORT
(287) JAMESTOWN ART CENTER PO BOX 97, JAMESTOWN, RI 02853-0097	30-0507266	501(C)(3)	5,150				DONOR DESIGNATION FOR GENERAL SUPPORT
(288) HOLOCAUST EDUCATION & RESOURCE CENTER OF RHODE ISLAND 401 ELMGROVE AVENUE, PROVIDENCE, RI 02906	05-0483511	501(C)(3)	5,125				DONOR DESIGNATION FOR GENERAL SUPPORT
(289) PROVIDENCE ATHENAEUM 251 BENEFIT STREET, PROVIDENCE, RI 02903	05-0258928	501(C)(3)	5,070				DONOR DESIGNATION FOR GENERAL SUPPORT
(290) COMMUNITY 2000 EDUCATION FDTN PO BOX 1161, CHARLESTOWN, RI 02813-0903	05-0511235	501(C)(3)	5,050				DONOR DESIGNATION FOR GENERAL SUPPORT
(291) ASSUMPTION CHURCH FOOD PANTRY 791 POTTERS AVENUE, PROVIDENCE, RI 02907-3066	05-0258820	501(C)(3)	5,012				DONOR DESIGNATION FOR GENERAL SUPPORT
(292) JOHN F KENNEDY HYANNIS MUSEUM FOUNDATION PO BOX 2488, HYANIS, MA 02601	20-0177247	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(293) INTERNATIONAL YACHT RESTORATION SCHOOL, NEWPORT, RI 02840	05-0470320	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(294) MASS EYE & EAR INFIRMARY INC ATTN: DEVELOPMENT OFFICE, 243 CHARLES STREET, BOSTON, MA 02114	04-2785453	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(295) RHODYSQUASH 8 FREEBODY STREET, NEWPORT, RI 02840	27-3574708	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(296) FACING ADDICTION, INC. 100 MILL PLAIN ROAD, 3RD FLOOR, DANBURY, CT 06811	27-0163591	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(297) CAMPAIGN FOR CATHOLIC SCHOOLS 66 BROOKS DRIVE, 4TH FLOOR, BRAintree, MA 02184	26-2290458	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(298) CRANSTON SENIOR CENTER C/O COMPREHENSIVE COM ACTION, 311 DORIC AVE. CRANSTON, RI 02910	22-3158215	501(C)(3)	5,000			PROGRAM OPERATING COSTS	PROGRAM OPERATING COSTS
(299) RI STATE HOUSE RESTORATION SOCIETY 150 BENEFIT STREET, PROVIDENCE, RI 02903	06-1470261	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(300) A WOMAN'S CONCERN INC 103 BROADWAY, REVERE, MA 02151	22-3196616	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(301) ISRAEL TENNIS CENTERS FOUNDATION 432 PARK AVENUE SOUTH 4TH FLOOR, NEW YORK, NY 10016	13-2961273	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(302) ROGERS HOME, INC. 70 FOSTER SHELDON ROAD, WAKEFIELD, RI 02879	27-3471804	501(C)(3)	5,000				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
(803) NORTH SMITHFIELD SCHOOL DEPT PO BOX 72 83 GREENE STREET, SLATERSVILLE, RI 02876	04-3673183	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(804) WORLD WAR II FOUNDATION 333 WHITE HORN DRIVE, SUITE 3, KINGSTON, RI 02881	27-4793304	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(805) LOVING HEARTS OUTREACH PO BOX 1054 , WASHINGTON, MO 63090	43-1820641	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT

Part IV

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

Return Reference	Identifier	Explanation
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	THE PROVIDENCE PLAN: DONOR DESIGNATION AND PROGRAM OPERATING COSTS
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	CROSSROADS RHODE ISLAND: DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	PROGRESO LATINO: DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	CONNECTING FOR CHILDREN & FAMILIES: DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	COMMUNITY CARE ALLIANCE: DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	LISC/RI NEIGHBORHOOD: DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	DORCAS INTERNATIONAL INSTITUTE OF RI: DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	WESTBAY COMMUNITY ACTION INC: DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	FEDERAL HILL HOUSE ASSN: DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	AMOS HOUSE: DONOR DESIGNATION FOR GENERAL SUPPORT AND PROGRAM OPERATING COSTS
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>FOR FISCAL YEAR ENDED JUNE 30, 2015, UWRI DISTRIBUTED \$11.1 MILLION TO 3,619 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</p>

Return Reference	Identifier	Explanation
		OF THE PATRIOT ACT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2014

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

Part I Questions Regarding Compensation

1a 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 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?

3 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- | | | | |
|--|-----------|---|---|
| a Receive a severance payment or change-of-control payment? | 4a | ✓ | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | ✓ |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | ✓ |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 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:

- | | | | |
|--|-----------|--|---|
| a The organization? | 5a | | ✓ |
| b Any related organization? | 5b | | ✓ |
- If "Yes" to line 5a or 5b, describe in Part III.

6 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:

- | | | | |
|--|-----------|--|---|
| a The organization? | 6a | | ✓ |
| b Any related organization? | 6b | | ✓ |
- If "Yes" to line 6a or 6b, describe in Part III.

7 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

8 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	✓	
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANTHONY MAIONE PRESIDENT & CEO	234,125 0	22,027 0	0 0	0 0	32,710 0	288,862 0	0 0
2 RICHARD YOCCIO EXEC. VP. FINANCE & ADMINISTRATION/CFO	131,826 0	8,737 0	0 0	0 0	28,689 0	169,252 0	0 0
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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 I, LINE 4A	SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THE SEVERANCE PAYMENT REPORTED FOR ALLAN STEIN WAS FROM FEBRUARY 2014 TO DECEMBER 31, 2014, INCLUDED IN THE TOTAL PAYROLL IS EARNED WAGES FOR JANUARY 2014 AS WELL AS ACCRUED UNUSED VACATION TIME THAT WAS ALSO PAID IN FEBRUARY 2014. UNITED WAY OF RI CONTINUED TO PAY THE EMPLOYER PORTION OF HEALTH, DENTAL AND LIFE INSURANCE BENEFITS DURING THIS TIME.
SCHEDULE J, PART II	COMPENSATION FOR PRESIDENT AND CEO	THE COMPENSATION INFORMATION REPORTED IN PART II WAS BASED ON CALENDAR YEAR 2014 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 INSURANCE, 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 2014 DATA.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**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.

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				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	101	1,191,126	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)	✓	3	4,364	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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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: NUMBER OF CONTRIBUTIONS OTHER: 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 \$22,551 IN COMMISSIONS WERE PAID FOR THE YEAR ENDING JUNE 30, 2015.

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.

2014

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 19	REVENUE LESS EXPENSES	<p>CURRENT YEAR: \$636,184 CHANGE IN NET ASSETS MOSTLY ATTRIBUTABLE TO \$358,000 COMMUNITY IMPACT FUNDING EXCESS THAT WILL BE USED TO FUND GRANTS IN FY2016. \$253,000 IN EXCESS CLAY MINE CONTRIBUTION INCOME RECEIVED AND ADDED TO THE CLAY MINE NET ASSET RESERVE ACCOUNT TO BE USED AS A CONTINGENCY TO OFFSET A LOSS OF THIS REVENUE SOURCE IN THE FUTURE WHICH IS USED TO PARTIALLY FUND UWRI OVERHEAD EXPENSES.</p> <p>PRIOR 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.</p>
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	ONE NUMBER TO CALL, 2-1-1, WHETHER THE NEED IS CHILDCARE, HEALTH INSURANCE OR TAX PREPARATION, HELP STARTS WITH A HUMAN CONNECTION AT UNITED WAY 2-1-1 IN RHODE ISLAND.
FORM 990, PART III, LINE 4B	PROGRAM SERVICE DESCRIPTION	<p>-\$58,566 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 6/30/15.</p> <p>-\$58,250 IN DONOR CONTRIBUTIONS TO THE UWRI WOMEN'S LEADERSHIP COUNCIL WERE GRANTED TO 5 AGENCIES IN THE YEAR ENDED 6/30/15 TO SUPPORT CHILDHOOD EDUCATION WITH A FOCUS ON CLOSING THE GAPS IN CHILDHOOD LITERACY.</p> <p>DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED IN THE UWRI 2014-2015 COMMUNITY IMPACT REPORTS LOCATED ON OUR WEBSITE AT WWW.LIVEUNITEDRI.ORG</p>
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$932,435.00 INCLUDING GRANTS OF \$0.00)(REVENUE \$0.00)</p> <p>BELOW IS A LIST OF OTHER SIGNIFICANT PROJECTS SUPPORTED (OTHER PROGRAM SERVICES) BY UNITED WAY DURING FISCAL YEAR ENDING 6/30/2015:</p> <p>-\$828,385 TO SUPPORT THE PUBLIC POLICY AND LABOR RELATIONS WORK, AND SUPPORT THE COMMUNITY INVESTMENT WORK PROVIDED BY UWRI STAFF IN ADMINISTRATING AND MONITORING THE COMMUNITY INVESTMENT OUTCOMES FROM THE GRANTS AWARDED FROM UWRI COMMUNITY IMPACT FUND.</p> <p>-\$104,050 TO SUPPORT THE ADVOCACY AND VOLUNTEER WORK OF UWRI. OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT WWW.UWRI.ORG/VOLUNTEER.</p>
FORM 990, PART VI, LINE 4	SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	THE BYLAWS FOR THE ORGANIZATION WERE REVISED AND APPROVED BY THE BOARD OF DIRECTORS ON MAY 13, 2015 AS DESCRIBED BELOW.
FORM 990, PART VI, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	<p>PRIOR TO THE REVISION OF THE BYLAWS IN MAY 2015 UWRI HAD MEMBERS. OUR BY-LAWS DEFINED CONTRIBUTING MEMBERS AS FOLLOWS:</p> <p>ALL INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS, CORPORATIONS AND OTHER 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, LINE 6	ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS	THE BYLAWS OF THE ORGANIZATION WERE UPDATED IN FISCAL YEAR 2015 TO REMOVE CONTRIBUTING MEMBERS. THE AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY THE BOARD OF DIRECTORS.

Return Reference	Identifier	Explanation
FORM 990, PART VI, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>PRIOR TO THE REVISION OF THE BYLAWS IN MAY 2015 OUR BYLAWS STATED THAT 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, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>IN FISCAL YEAR 2015 THE ORGANIZATION BYLAWS WERE UPDATED AS FOLLOWS. EACH DIRECTOR SHALL BE ELECTED BY VOTE OF THE BOARD OF DIRECTORS AND AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS, EXCEPT AS SET FORTH IN SECTION 5 OF THE BYLAWS, AND SHALL HOLD OFFICE FOR A TERM OF THREE (3) YEARS AND 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 BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SHALL CONSIST OF NO MORE THAN TWENTY-FIVE (25) MEMBERS OR SUCH GREATER OR LESSER NUMBER AS THE BOARD OF DIRECTORS MAY DETERMINE AND FIX FROM TIME TO TIME.</p>
FORM 990, PART VI, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>PRIOR TO THE REVISION OF THE BYLAWS IN MAY 2015 OUR BYLAWS STATED THAT 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, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>IN FISCAL YEAR 2015 THE ORGANIZATION BYLAWS WERE UPDATED AS FOLLOWS. THE BOARD OF DIRECTORS SHALL ESTABLISH THE POLICIES OF THE CORPORATION, WITHIN THE SCOPE OF THE ARTICLES OF INCORPORATION, SHALL ELECT THE DIRECTORS AND 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 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. THE ANNUAL MEETING OF THE BOARD OF DIRECTORS OF THE CORPORATION SHALL BE HELD UPON SUCH A DATE NOT LATER THAN OCTOBER 31ST OF EACH YEAR AS THE BOARD OF DIRECTORS SHALL FIX. SPECIAL MEETINGS SHALL BE HELD UPON THE CALL OF THE CHAIR OF THE BOARD OF DIRECTORS. ALL MEETINGS SHALL BE HELD AT THE PRINCIPAL OFFICE OF THE CORPORATION OR AT SUCH OTHER PLACE AT SUCH A TIME OF DAY AS SHALL BE FIXED BY THE BOARD OF 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 THESE BYLAWS.</p>
FORM 990, PART VI, 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, 2015. UWRI EXECUTIVE MANAGEMENT IS RESPONSIBLE FOR THE ACTUAL RESULTS. THE AUDIT COMMITTEE MET WITH UWRI FISCAL MANAGEMENT AND ITS CPA FIRM, SANSIVERI, KIMBALL & CO., LLP (SKC) IN AUGUST 2015 AT THE START OF THE AUDIT ENGAGEMENT AND IN OCTOBER 2015 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 OCTOBER 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</p>

Return Reference	Identifier	Explanation
		ADOPTED. IN ADDITION TO PROVIDING EACH MEMBER OF THE BOARD OF DIRECTORS WITH A COPY OF THE FINAL FORM 990 AT ITS NOVEMBER 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.
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	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.
FORM 990, PART VI, 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> <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, 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 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.
FORM 990, PART XII, LINE 2C		THE PROCESS BY WHICH UWRI'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE ANNUAL AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM DID NOT CHANGE FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

05-0276059

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.

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

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	N/A		✓
(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
1	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? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)		
		1a	1b
		1c	1d
		1e	1f
		1g	1h
		1i	1j
		1k	1l
		1m	1n
		1o	1p
		1q	1r
		1s	

2	(a) Name of related organization	(b) Transaction type (e-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.

(1)	(a)	(b)	(c)	(d)	(e)		(f)	(g)	(h)		(i)	(k)
					Are all partners section 501(c)(3) organizations?	Yes			No	Disproportionate allocations?		
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												

Part VII**Supplemental Information.** Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Identifier	Explanation
SCHEDULE R, PART IV	DESCRIPTION OF RELATED ORGANIZATION	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. 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.
SCHEDULE R, PART V	LINE 2	TRANSACTIONS FOR THE YEAR ENDED JUNE 30, 2015 WERE BELOW THE REPORTABLE THRESHOLD FOR SCHEDULE R, PART V, LINE 2.