

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2015**

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 20 16

**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) Room/suite  
50 VALLEY STREET  
 City or town, state or province, country, and ZIP or foreign postal code  
PROVIDENCE, RI 02909-2459

**D** Employer identification number  
05-0276059

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

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

**G** Gross receipts \$ 19,775,992

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

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.LIVEUNITEDRI.ORG

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

**L** Year of formation: 1926

**M** State of legal domicile: RI

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>24</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>23</u>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<u>90</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>2,190</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>17,973,882</u>	Current Year <u>18,388,058</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>35,569</u>	<u>80,031</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>29,237</u>	<u>91,910</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>22,250</u>	<u>30,802</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>18,060,938</u>	<u>18,590,801</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>11,159,322</u>	<u>10,849,403</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>4,425,410</u>	<u>4,744,446</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,184,680</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,840,022</u>	<u>2,089,690</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>17,424,754</u>	<u>17,683,539</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>636,184</u>	<u>907,262</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>16,711,711</u>	End of Year <u>17,932,528</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>9,380,694</u>	<u>9,764,188</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>7,331,017</u>	<u>8,168,340</u>

**Part II Signature Block**

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

**Sign Here**

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

**Paid Preparer Use Only**

Print/Type preparer's name: ELIZABETH RESENDES, CPA Preparer's signature: Elizabeth Resendes, CPA Date: 11/14/16 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 [X]

- 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 (SEE STATEMENT)
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
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 \$ 5,788,173 including grants of \$ 5,788,173 ) (Revenue \$ 0 )
-\$1,021,434 IN DONOR INVESTMENTS FOR THE 2015-2016 ANNUAL UNITED WAY CAMPAIGN WHERE THE DONORS RECOMMENDED THAT THEIR GIFTS BE DISBURSED THROUGH UNITED WAY TO SPECIFIC 501(C)(3) AGENCIES
-\$4,334,852 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 ACCOUNT). THESE LEADERSHIP DONORS THEN MADE RECOMMENDATIONS TO UWRI DURING THE 2015-2016 FISCAL YEAR REQUESTING GIFTS TO BE DIRECTED (IN INCREMENTS OF \$25.00 OR GREATER) TO 501(C)(3) AGENCIES
-\$431,888 IN DONOR INVESTMENTS TO THE RI STATE EMPLOYEES CHARITABLE APPEAL (SECA) DURING THE 2015-2016 YEAR.

4b (Code: ) (Expenses \$ 5,061,230 including grants of \$ 5,061,230 ) (Revenue \$ 0 )
-\$4,398,238 IN DONOR CONTRIBUTIONS TO UWRI'S COMMUNITY IMPACT FUND WERE GRANTED TO 86 AGENCIES IN THE YEAR ENDED 6/30/16 TO ADDRESS RHODE ISLAND'S MOST PRESSING EDUCATION, JOBS AND INCOME, HOUSING AND BASIC NEEDS ISSUES.
-\$586,664 IN DONOR, CORPORATE AND GOVERNMENT CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE GRANTED TO 14 AGENCIES TO SUPPORT THE HASBRO SUMMER LEARNING INITIATIVE.
-\$61,774 IN DONOR CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE GRANTED TO 5 AGENCIES IN THE YEAR ENDED 6/30/16 TO SUPPORT THE OLNEYVILLE SECTION OF PROVIDENCE RI AND THEIR MISSIONS ASSISTING RI CITIZENS IN OLNEYVILLE.

(CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 2,437,372 including grants of \$ 0 ) (Revenue \$ 110,833 )
-\$1,599,383 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.
-\$399,729 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 42,000 CALLS LAST YEAR AND HELPS PEOPLE ENROLL IN MEDICARE AND MEDICAID.

-\$438,260 TO SUPPORT THE RHODE ISLAND AFTER SCHOOL PLUS ALLIANCE (RIASPA) PROGRAM WHICH ENGAGED 1,103 STUDENTS IN HIGH QUALITY SUMMER LEARNING INITIATIVES THAT RESULTED IN THE PERCENTAGE CHANGE (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,058,078 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 14,344,853

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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>	✓	
<b>22</b> 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>		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		✓
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .		✓
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		✓
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	✓	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		✓

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► RI
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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	✓		✓				275,278	0	34,561
(2) OSWALD SCHWARTZ VICE CHAIR, BOARD GOVERNANCE AND NOMINATING COMMITTEES	1.0	✓		✓				0	0	0
(3) SANDRA J PATTIE BOARD CHAIR	1.0	✓		✓				0	0	0
(4) MICHAEL F KENALLY TREASURER	1.0	✓		✓				0	0	0
(5) MICHELE LEDERBERG VICE CHAIR, COMMUNITY INVESTMENT COMMITTEE	1.0	✓		✓				0	0	0
(6) MICHAEL T CLARKIN VICE CHAIR, RESOURCE DEVELOPMENT COMMITTEE	1.0	✓		✓				0	0	0
(7) ADRIANA DAWSON BOARD MEMBER	1.0	✓						0	0	0
(8) ALDEN ANDERSON BOARD MEMBER	1.0	✓						0	0	0
(9) CARMEN DIAZ-JUSINO BOARD MEMBER	1.0	✓						0	0	0
(10) DAVID E PRESTON, ESQ BOARD MEMBER	1.0	✓						0	0	0
(11) TIMOTHY HORAN BOARD MEMBER	1.0	✓						0	0	0
(12) DOLPH JOHNSON BOARD MEMBER	1.0	✓						0	0	0
(13) MAUREEN MARTIN BOARD MEMBER	1.0	✓						0	0	0
(14) ELIZABETH FERGUSON BOARD MEMBER	1.0	✓						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) BOB NOWAK BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) JEFFEREY J GIGUERE BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) MEGHAN GRADY BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) MARIA BARRY BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) ROBERTA H BUTLER BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) MIM L RUNEY BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) DONNA SIMMONS BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) LYSA D TEAL BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) WILLIAM C TSONOS BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) CATHY STREKER BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								275,278	0	34,561
<b>c Total from continuation sheets to Part VII, Section A</b>								364,535	0	67,606
<b>d Total (add lines 1b and 1c)</b>								639,813	0	102,167

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
OOMP, INC, 72 CLIFFORD STREET, PROVIDENCE, RI 02903	WEBSITE DESIGN AND PHILANTHROPY FUND UPGRADE	120,150
ATRION NETWORKING SMB,LLC, 30 SERVICE AVENUE, WARWICK, RI 02886	PHONE SYSTEM UPGRADE AND SERVICE	116,329

**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 **▶ 2**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,107,738				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	17,280,320				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,114,986				
	<b>h Total.</b> Add lines 1a-1f . . . . .		18,388,058				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> RI AFTERSCHOOL ALLIANCE	611710	36,569	36,569			
	<b>b</b> PROGRAM ADMINISTRATION FEES	900099	43,462	43,462			
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue .		0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .		80,031					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		12,943			12,943	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)	0	0			
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		1,263,658	500		
		<b>c</b> Gain or (loss) . . . . .		1,185,191			
		<b>d</b> Net gain or (loss) . . . . .		78,467	500		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> OTHER REVENUE	624100	30,802	30,802				
<b>b</b> -----							
<b>c</b> -----							
<b>d</b> All other revenue . . . . .		0	0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .		30,802					
<b>12 Total revenue.</b> See instructions. . . . .		18,590,801	110,833	0	91,910		

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	10,849,403	10,849,403		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	639,814	198,603	243,092	198,119
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	3,144,606	1,405,670	854,242	884,694
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	71,449	18,366	29,060	24,023
<b>9</b> Other employee benefits . . . . .	635,689	306,111	172,389	157,189
<b>10</b> Payroll taxes . . . . .	252,888	110,802	66,010	76,076
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	54,565		54,565	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	406,768	329,867	26,192	50,709
<b>12</b> Advertising and promotion . . . . .	116,434	35,401	0	81,033
<b>13</b> Office expenses . . . . .	213,236	94,434	11,760	107,042
<b>14</b> Information technology . . . . .	44,483		44,483	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	118,823	59,911	24,857	34,055
<b>17</b> Travel . . . . .	18,741	7,447	311	10,983
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	82,577	81,413	550	614
<b>20</b> Interest . . . . .	103,056	52,057	21,636	29,363
<b>21</b> Payments to affiliates . . . . .	136,468	73,829	20,995	41,644
<b>22</b> Depreciation, depletion, and amortization . . . . .	164,600	84,504	32,581	47,515
<b>23</b> Insurance . . . . .	97,626	48,535	21,164	27,927
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> TELEPHONE . . . . .	66,895	24,556	23,261	19,078
<b>b</b> STAFF TRAINING . . . . .	66,496	17,805	48,171	520
<b>c</b> SPECIAL EVENTS . . . . .	148,627	34,965	59,156	54,506
<b>d</b> POSTAGE . . . . .	45,047	4,512	13,943	26,592
<b>e</b> All other expenses . . . . .	205,248	506,662	(614,412)	312,998
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	17,683,539	14,344,853	1,154,006	2,184,680
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,834,241	<b>1</b>	1,385,447
	<b>2</b> Savings and temporary cash investments . . . . .	5,398,122	<b>2</b>	2,756,212
	<b>3</b> Pledges and grants receivable, net . . . . .	4,246,139	<b>3</b>	4,328,613
	<b>4</b> Accounts receivable, net . . . . .	1,003,882	<b>4</b>	1,374,575
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	116,497	<b>9</b>	93,380
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,423,548		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,153,205	3,047,031	<b>10c</b> 3,270,343
	<b>11</b> Investments—publicly traded securities . . . . .	114,979	<b>11</b>	4,290,328
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	950,820	<b>12</b>	433,630
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,711,711	<b>16</b>	17,932,528	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	644,036	<b>17</b>	541,517
	<b>18</b> Grants payable . . . . .	6,645,372	<b>18</b>	7,163,094
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,091,286	<b>23</b>	2,059,577
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,380,694	<b>26</b>	9,764,188
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	6,680,439	<b>27</b>	7,122,797
	<b>28</b> Temporarily restricted net assets . . . . .	552,185	<b>28</b>	947,150
	<b>29</b> Permanently restricted net assets . . . . .	98,393	<b>29</b>	98,393
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	7,331,017	<b>33</b>	8,168,340
<b>34</b> Total liabilities and net assets/fund balances . . . . .	16,711,711	<b>34</b>	17,932,528	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,590,801
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,683,539
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	907,262
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,331,017
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(69,939)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,168,340

**Part XII Financial Statements and Reporting**

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

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

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) RICHARD VOCCIO ----- EXEC. VP FINANCE & ADMINISTRATION/CFO	37.5 -----					✓		151,332	0	28,775
(26) CARISSA HILL ----- EXEC. VP DIRECTOR OF RESOURCE DEVELOPEMENT	37.5 -----					✓		106,360	0	15,077
(27) ANGELO MICCOLI ----- SVP UW2-1-1 DIRECTOR OF ADMINISTRATION	37.5 -----					✓		106,843	0	23,754

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

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.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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)(vii)**. (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 (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)						
<b>Total</b>						



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	17,691,372	18,074,335	17,984,517	17,973,882	18,369,007	90,093,113
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	17,691,372	18,074,335	17,984,517	17,973,882	18,369,007	90,093,113
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						6,594,178
<b>6 Public support.</b> Subtract line 5 from line 4.						83,498,935

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 . . . . .	17,691,372	18,074,335	17,984,517	17,973,882	18,369,007	90,093,113
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	39,904	47,071	19,470	18,487	12,943	137,875
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	62,321	68,658	45,441	22,250	30,802	229,472
<b>11 Total support.</b> Add lines 7 through 10						90,460,460
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	221,481
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92.30 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.15 %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2015.** 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 . . . .
- b 33 1/3% support tests—2014.** 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 . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>	<b>1</b>	
<b>2</b> 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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> 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? <i>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.</i>	<b>2a</b>		
<b>b</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? <i>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.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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).			

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 . . . . .			
<b>e</b> From 2014 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 . . .			
<b>d</b> Excess from 2014 . . .			
<b>e</b> Excess from 2015 . . .			



**Part VI**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	OTHER INCOME	62,321	68,658	45,441	22,250	30,802	229,472
	Total	62,321	68,658	45,441	22,250	30,802	229,472

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2015**

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

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

**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<sup>1</sup>/<sub>3</sub> % 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 1,687,640	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 462,838	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 457,810	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 4,053,152	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

<b>Name of organization</b> UNITED WAY OF RHODE ISLAND, INC.	<b>Employer identification number</b> 05-0276059
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**Part III** *Exclusively religious, charitable, etc., 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

**2015**

**Open to Public Inspection**

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

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](http://www.irs.gov/form990).**

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

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

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

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

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

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

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



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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?	✓		4,803
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		108,325
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		14,822
<b>i</b> Other activities?	✓		212,076
<b>j</b> Total. Add lines 1c through 1i			340,026
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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Part IV

**Supplemental Information.** 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
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>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 HELPS 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.</p> <p>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.</p>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for 'Held at the End of the Tax Year' (2a-2d), and Yes/No questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

**2a** Did the organization include an amount on Form 990, Part X, line 21, 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 on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	950,820	1,079,340	956,583	770,181	648,282
<b>b</b> Contributions			0	120,891	150,564
<b>c</b> Net investment earnings, gains, and losses	(27,908)	7,011	152,678	90,526	(8,284)
<b>d</b> Grants or scholarships			0		
<b>e</b> Other expenditures for facilities and programs	489,282	135,531	29,921	25,015	20,381
<b>f</b> Administrative expenses			0		
<b>g</b> End of year balance	433,630	950,820	1,079,340	956,583	770,181

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

- a** Board designated or quasi-endowment ▶ 77.00 %
- b** Permanent endowment ▶ 23.00 %
- c** Temporarily restricted endowment ▶ 0.00 %

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

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

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

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

**b** If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		513,000		513,000
<b>b</b> Buildings		2,920,987	526,743	2,394,244
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		698,670	605,119	93,551
<b>e</b> Other		290,891	21,343	269,548
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,270,343

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on 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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



**Part 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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	AMOUNTS DESIGNATED BY DONORS	5,788,173



**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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a)</b> Description	<b>(b)</b> Amount
	AMOUNTS DESIGNATED BY DONORS	5,788,173

**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, 2016, UWRI HAD COMPLETED THE TRANSFER OF \$550,000 FROM THE "UWRI FUND".
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, 2016, 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

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

05-0276059

UNITED WAY OF RHODE ISLAND, INC.

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1) CROSSROADS RHODE ISLAND</b> 160 BROAD STREET , PROVIDENCE, RI 02903	05-0259094	501(C)(3)	308,188				(SEE STATEMENT)
<b>(2) PROGRESO LATINO</b> 626 BROAD STREET , CENTRAL FALLS, RI 02863-2835	05-0380608	501(C)(3)	282,933				(SEE STATEMENT)
<b>(3) CONNECTING FOR CHILDREN &amp; FAMILIES INC</b> 46 HOPE STREET, WOONSOCKET, RI 02895	05-0475365	501(C)(3)	264,901				(SEE STATEMENT)
<b>(4) COMMUNITY CARE ALLIANCE</b> 800 CLINTON STREET PO BOX 1700, WOONSOCKET, RI 02895-0856	05-0312278	501(C)(3)	259,251				(SEE STATEMENT)
<b>(5) DORCAS INTERNATIONAL INSTITUTE OF RI</b> 645 ELMWOOD AVENUE , PROVIDENCE, RI 02907	05-0258886	501(C)(3)	191,609				(SEE STATEMENT)
<b>(6) WESTBAY COMMUNITY ACTION INC</b> 224 BUTTONWOODS AVE , WARWICK, RI 02886	05-0311985	501(C)(3)	161,328				(SEE STATEMENT)
<b>(7) LISC/RI NEIGHBORHOOD DEVELOPMENT FUND</b> 146 CLIFFORD STREET, PROVIDENCE, RI 02903	13-3030229	501(C)(3)	154,749				(SEE STATEMENT)
<b>(8) FEDERAL HILL HOUSE ASSN</b> 9 COURTLAND STREET , PROVIDENCE, RI 02909-1597	05-0258871	501(C)(3)	154,112				(SEE STATEMENT)
<b>(9) GATEWAY HEALTHCARE INC</b> 249 ROOSEVELT AVE, SUITE 205 , PAWTUCKET, RI 02860	05-0309043	501(C)(3)	149,811				(SEE STATEMENT)
<b>(10) CATHOLIC CHARITY FUND APPEAL</b> ONE CATHEDRAL SQ., PROVIDENCE, RI 02903-3695	05-6014313	501(C)(3)	148,356				(SEE STATEMENT)
<b>(11) SALVATION ARMY - PROVIDENCE</b> 34 COMMERCIAL ST., PROVIDENCE, RI 02905	13-5562351	501(C)(3)	140,907				(SEE STATEMENT)
<b>(12) (SEE STATEMENT)</b>							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 278

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2015)



## 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) RI COMMUNITY FOOD BANK 200 NIANTIC AVENUE , PROVIDENCE, RI 02907	05-0395601	501(C)(3)	136,289				DONOR DESIGNATION FOR GENERAL SUPPORT
(13) PROVIDENCE HOUSING AUTHORITY CORP 100 BROAD STREET, PROVIDENCE, RI 02903	05-6000193	501(C)(3)	134,170				PROGRAM OPERATING COSTS
(14) AMOS HOUSE 415 FRIENDSHIP STREET , PROVIDENCE, RI 02907	05-0387218	501(C)(3)	133,991				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(15) RI KIDS COUNT ONE UNION STATION , PROVIDENCE, RI 02903	06-1485449	501(C)(3)	129,261				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(16) THE PROVIDENCE PLAN 10 DAVOL SQUARE, 3RD FLOOR , PROVIDENCE, RI 02903	05-0467353	501(C)(3)	124,881				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(17) RIVERWOOD MENTAL HEALTH SERVICES, INC. 25 RAILROAD AVENUE, WARREN, RI 02885	05-0396244	501(C)(3)	110,632				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(18) EAST BAY COMMUNITY ACTION 19 BROADWAY , NEWPORT, RI 02840	05-0310024	501(C)(3)	108,000				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(19) RHODE ISLAND FREE CLINIC INC 655 BROAD STREET , PROVIDENCE, RI 02907	05-0501276	501(C)(3)	105,905				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(20) HOUSE OF HOPE CDC 3188 POST ROAD PO BOX 6130, WARWICK, RI 02888	05-0448151	501(C)(3)	104,712				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(21) PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET , PROVIDENCE, RI 02903	05-0262713	501(C)(3)	101,424				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(22) JEWISH ALLIANCE OF GREATER RI 401 ELMGROVE AVENUE , PROVIDENCE, RI 02906	27-4127671	501(C)(3)	95,712				DONOR DESIGNATION FOR GENERAL SUPPORT
(23) NEW URBAN ARTS 705 WESTMINSTER STREET , PROVIDENCE, RI 02903	05-0498654	501(C)(3)	94,202				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(24) CHILDREN'S FRIEND & SERVICES 153 SUMMER ST , PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	92,761				PROGRAM OPERATING COSTS AND DONOR DESIGNATION

(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
(25) WEST ELMWOOD HOUSING DEVELOPMENT CORP 224 DEXTER STREET, PROVIDENCE, RI 02907	23-7138165	501(C)(3)	90,050				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(26) RI COALITION FOR THE HOMELESS 1070 MAIN STREET SUITE 202, PAWTUCKET, RI 02860	22-2894547	501(C)(3)	89,267				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(27) FOSTER FORWARD 55 SOUTH BROW STREET , EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	85,723				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(28) RIVERZEDGE ARTS PROJECT 196 SECOND AVENUE , WOONSOCKET, RI 02895	13-4206227	501(C)(3)	84,831				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(29) RHODE ISLAND FOUNDATION ONE UNION STATION , PROVIDENCE, RI 02903	22-2604963	501(C)(3)	84,553				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(30) TRI-TOWN COMMUNITY ACTION 1126 HARTFORD AVENUE, JOHNSTON, RI 02919	05-0309695	501(C)(3)	80,025				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(31) WOOD RIVER HEALTH SERVICES 823 MAIN STREET , HOPE VALLEY, RI 02832	05-0378071	501(C)(3)	75,478				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(32) WARM (WESTERLY AREA REST MEAL) 56 SPRUCE STREET , WESTERLY, RI 02891	22-2887878	501(C)(3)	72,735				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(33) INDEPENDENT CHARITIES OF AMER 1100 LARKSPUR CIRCLE, SUITE 340, LARKSPUR, CA 94939	94-3067804	501(C)(3)	72,205				DONOR DESIGNATION FOR GENERAL SUPPORT
(34) MEETING STREET 1000 EDDY STREET , PROVIDENCE, RI 02905	05-0269232	501(C)(3)	65,891				DONOR DESIGNATION FOR GENERAL SUPPORT
(35) URI FOUNDATION 79 UPPER COLLEGE RD, KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	63,502				DONOR DESIGNATION FOR GENERAL SUPPORT
(36) YWCA RHODE ISLAND 514 BLACKSTONE ST , WOONSOCKET, RI 02895	05-0310596	501(C)(3)	63,102				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(37) BOYS/GIRLS CLUB PAWTUCKET ONE MOELLER PLACE , PAWTUCKET, RI 02860-4003	05-0258924	501(C)(3)	62,879				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(38) THE COLLEGE CRUSADE OF RI THE 134 CENTRE, 134 THURBERS AVE, STE 111, PROVIDENCE, RI 02905	22-3031765	501(C)(3)	60,556				PROGRAM OPERATING COSTS AND 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
(39) DOWNCITY DESIGN 425 WEST FOUNTAIN STREET UNIT #110, PROVIDENCE, RI 02903	27-1125644	501(C)(3)	59,815				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(40) HIGHLANDER INSTITUTE 42 LEXINGTON AVENUE, PROVIDENCE, RI 02907	22-3115046	501(C)(3)	59,330				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(41) RONALD MCDONALD HOUSE - PROV 45 GAY STREET , PROVIDENCE, RI 02905	05-0434218	501(C)(3)	58,945				DONOR DESIGNATION FOR GENERAL SUPPORT
(42) CAPITAL CITY COMMUNITY CENTERS 110 RUGGLES STREET , PROVIDENCE, RI 02908-3694	05-0259090	501(C)(3)	55,200				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(43) RI SCHOOL OF DESIGN 2 COLLEGE STREET, PROVIDENCE, RI 02903	05-0258956	501(C)(3)	55,100				DONOR DESIGNATION FOR GENERAL SUPPORT
(44) CAPITAL GOOD FUND-THE 22 A STREET , PROVIDENCE, RI 02907	80-0348382	501(C)(3)	55,075				PROGRAM OPERATING COSTS
(45) WESTERLY PUBLIC SCHOOLS TOWER ST COMMUNITY CENTER, 93 TOWER STREET, WESTERLY, RI 02891	47-4468607	501(C)(3)	54,000				PROGRAM OPERATING COSTS
(46) ECONOMIC PROGRESS INSTITUTE 600 MT. PLEASANT AVENUE, #9 , PROVIDENCE, RI 02908-9980	32-0295517	501(C)(3)	50,677				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(47) RHODE ISLAND PUBLIC RADIO ONE UNION STATION , PROVIDENCE, RI 02903	05-0498502	501(C)(3)	50,500				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(48) HOPE HOSPICE & PALLIATIVE CARE RHODE ISLAND 1085 NORTH MAIN STREET, PROVIDENCE, RI 02906	51-0192422	501(C)(3)	50,314				DONOR DESIGNATION FOR GENERAL SUPPORT
(49) SAN MIGUEL SCHOOL 525 BRANCH AVE , PROVIDENCE, RI 02904	22-3232973	501(C)(3)	50,101				DONOR DESIGNATION FOR GENERAL SUPPORT
(50) XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET , WESTWOOD, MA 02090	04-2314036	501(C)(3)	50,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(51) CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET , CENTRAL FALLS, RI 02863	05-0459947	501(C)(3)	48,500				PROGRAM OPERATING COSTS
(52) PLYMOUTH STATE UNIVERSITY UNIV. ADVANCEMENT MSC 50 17 HIGH STREET, PLYMOUTH, NH 03264	02-6000937	501(C)(3)	48,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(53) TOWN OF CUMBERLAND 1464 DIAMOND HILL ROAD, STE 2 , CUMBERLAND, RI 02864	05-6000115	501(C)(3)	47,500				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(54) TOWN OF NORTH PROVIDENCE SCHOOL DEPT 2240 MINERAL SPRING AVE , NORTH PROVIDENCE, RI 02911-1729	05-6000277	501(C)(3)	47,500				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
(55) PROVIDENCE IN TOWN CHURCHES PO BOX 5639, PROVIDENCE, RI 02903	22-2672825	501(C)(3)	47,065				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(56) CITIZENS CHARITABLE FOUNDATION 10 TRIPPS LANE, RTL 125 , RIVERSIDE, RI 02915	20-2302039	501(C)(3)	44,579				DONOR DESIGNATION FOR GENERAL SUPPORT
(57) SUSQUEHANNA UNIVERSITY OFFICE OF DEVELOPMENT 514 UNIVERSITY AVENUE, SELINGSGROVE, PA 17870	23-1353385	501(C)(3)	44,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(58) BOYS/GIRLS CLUBS NEWPORT COUNTY 95 CHURCH STREET , NEWPORT, RI 02840-3143	05-0281572	501(C)(3)	44,493				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(59) HUB THEATRE COMPANY OF BOSTON, INC. 50 GREEN STREET #409 , BROOKLINE, MA 02446	46-1283093	501(C)(3)	40,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(60) TRINITY REPERTORY COMPANY 201 WASHINGTON STREET , PROVIDENCE, RI 02903	22-2547262	501(C)(3)	39,534				DONOR DESIGNATION FOR GENERAL SUPPORT
(61) YMCA-OCEAN COMMUNITY 95 HIGH STREET , WESTERLY, RI 02891	05-0268126	501(C)(3)	39,240				DONOR DESIGNATION FOR GENERAL SUPPORT
(62) THE WHEELER SCHOOL DEVELOPMENT OFFICE 216 HOPE STREET, PROVIDENCE, RI 02906	05-0259101	501(C)(3)	36,838				DONOR DESIGNATION FOR GENERAL SUPPORT
(63) LINCOLN SCHOOL 301 BUTLER AVENUE , PROVIDENCE, RI 02906	05-0258900	501(C)(3)	36,375				DONOR DESIGNATION FOR GENERAL SUPPORT
(64) BROWN UNIVERSITY GIFT RECORDING OFFICE PO BOX 1877, PROVIDENCE, RI 02912	05-0390989	501(C)(3)	35,668				DONOR DESIGNATION FOR GENERAL SUPPORT
(65) UNITED WAY OF MASS BAY & MERRIMACK VALLEY 51 SLEEPER STREET, BOSTON, MA 02210-1208	04-2382233	501(C)(3)	34,745				DONOR DESIGNATION FOR GENERAL SUPPORT
(66) BOY SCOUTS OF AMERICA NARRAGANSETT COUNCIL PO BOX 14777, EAST PROVIDENCE, RI 02914	05-0308384	501(C)(3)	34,373				DONOR DESIGNATION FOR GENERAL SUPPORT
(67) MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVE , PROVIDENCE, RI 02906	05-0258905	501(C)(3)	32,685				DONOR DESIGNATION FOR GENERAL SUPPORT
(68) YMCA OF GREATER PROVIDENCE 371 PINE STREET , PROVIDENCE, RI 02903	05-0258878	501(C)(3)	32,121				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(69) TOMORROW FUND RI HOSPITAL CAMPUS 593 EDDY STREET, PROVIDENCE, RI 02903-4947	05-0450569	501(C)(3)	31,894				DONOR DESIGNATION FOR GENERAL SUPPORT
(70) POTTER LEAGUE FOR ANIMALS PO BOX 412 , NEWPORT, RI 02840	05-0301553	501(C)(3)	30,991				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
(71) BLACKSTONE ACADEMY CHARTER SCH 334 PLEASANT STREET, PAWTUCKET, RI 02860	80-0025718	501(C)(3)	30,923				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(72) KENT COUNTY YMCA 900 CENTERVILLE ROAD , WARWICK, RI 02886	05-0258878	501(C)(3)	30,400				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(73) BABSON COLLEGE GENERAL SCHOLARSHIP FUND, PO BOX 57310, BABSON PARK, MA 02157	04-2103544	501(C)(3)	30,393				DONOR DESIGNATION FOR GENERAL SUPPORT
(74) BACK TO SCHOOL OF RI 299 PROMENADE STREET, PROVIDENCE, RI 02908	20-2305971	501(C)(3)	30,050				PROGRAM OPERATING COSTS
(75) BACK TO SCHOOL CELEBRATION OF RHODE ISLAND 25 ROYAL LITTLE DRIVE, PROVIDENCE, RI 02904	20-2305971	501(C)(3)	30,000				PROGRAM OPERATING COSTS
(76) DANA FARBER CANCER INSTITUTE 220 SUNRISE AVENUE, SUITE 204 , PALM BEACH, FL 33480	04-2263040	501(C)(3)	30,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(77) NORTH KINGSTOWN SCHOOL DEPARTMENT QUIDNESSETT ELEMENTARY SCHOOL, 166 MARK DRIVE, NORTH KINGSTOWN, RI 02852	05-6000273	501(C)(3)	30,000				PROGRAM OPERATING COSTS
(78) BREAKTHROUGH PROVIDENCE 216 HOPE ST, PROVIDENCE, RI 02906	05-0259101	501(C)(3)	29,443				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(79) SAVE THE BAY 100 SAVE THE BAY DRIVE , PROVIDENCE, RI 02905	05-0343046	501(C)(3)	29,150				DONOR DESIGNATION FOR GENERAL SUPPORT
(80) BUTTON HOLE 1 BUTTON HOLE DRIVE, SUITE 1 , PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	29,012				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)	28,912				DONOR DESIGNATION FOR GENERAL SUPPORT
(82) RHODE ISLAND PHILHARMONIC & MUSIC SCHOOL 667 WATERMAN AVENUE, EAST PROVIDENCE, RI 02914-1712	05-0267451	501(C)(3)	28,742				DONOR DESIGNATION FOR GENERAL SUPPORT
(83) PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE, PROVIDENCE, RI 02918	05-0258932	501(C)(3)	28,277				DONOR DESIGNATION FOR GENERAL SUPPORT
(84) RI FOUNDATION STARWEATHER & SHEPLEY FUND ONE UNION STATION, PROVIDENCE, RI 02903	22-2604963	501(C)(3)	27,694				DONOR DESIGNATION FOR GENERAL SUPPORT
(85) COMMUNITY PREPARATORY SCHOOL 126 SOMERSET STREET , PROVIDENCE, RI 02907	22-2485332	501(C)(3)	27,235				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
(86) ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD, BRISTOL, RI 02809	05-0277222	501(C)(3)	26,400				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(87) GLOBAL IMPACT PO BOX 409616 , ATLANTA, GA 30384-9616	52-1273585	501(C)(3)	26,008				DONOR DESIGNATION FOR GENERAL SUPPORT
(88) MOSES BROWN SCHOOL FOUNDATION DEVELOPMENT OFFICE 250 LLOYD AVENUE, PROVIDENCE, RI 02906-2398	23-7067506	501(C)(3)	25,460				DONOR DESIGNATION FOR GENERAL SUPPORT
(89) NEIGHBORWORKS BLACKSTONE RIVER VALLEY 719 FRONT STREET, SUITE 103, WOONSOCKET, RI 02895	22-2907602	501(C)(3)	25,140				PROGRAM OPERATING COSTS
(90) BRYANT UNIVERSITY DEVELOPMENT OFFICE, 1150 DOUGLAS PIKE, SMITHFIELD, RI 02917	05-0258810	501(C)(3)	25,052				DONOR DESIGNATION FOR GENERAL SUPPORT
(91) ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD , SIMSBURY, CT 06070	06-0689699	501(C)(3)	25,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(92) COMMUNITY HEALTH CHARITIES OF NEW ENGLAND 35 COLD SPRING ROAD, SUITE 412, ROCKY HILL, CT 06067	06-6079596	501(C)(3)	24,932				DONOR DESIGNATION FOR GENERAL SUPPORT
(93) RISD MUSEUM OF ART DEVELOPMENT OFFICE 2 COLLEGE STREET, PROVIDENCE, RI 02903	05-0258956	501(C)(3)	23,900				DONOR DESIGNATION FOR GENERAL SUPPORT
(94) AMERICA'S CHARITIES PO BOX 75083 , BALTIMORE, MD 21275-5083	54-1517707	501(C)(3)	21,770				DONOR DESIGNATION FOR GENERAL SUPPORT
(95) FUND FOR COMMUNITY PROGRESS 90 B JEFFERSON BLVD. , WARWICK, RI 02888	05-0399609	501(C)(3)	21,324				DONOR DESIGNATION FOR GENERAL SUPPORT
(96) ALZHEIMER'S ASSOCIATION 245 WATERMAN ST., SUITE 306, PROVIDENCE, RI 02906	05-0445962	501(C)(3)	21,257				DONOR DESIGNATION FOR GENERAL SUPPORT
(97) CCRI FOUNDATION 1762 LOUISQUISSET PIKE , LINCOLN, RI 02865	05-0394214	501(C)(3)	21,256				DONOR DESIGNATION FOR GENERAL SUPPORT
(98) HASBRO CHILDREN'S HOSPITAL PO BOX H, PROVIDENCE, RI 02901	05-0258954	501(C)(3)	20,007				DONOR DESIGNATION FOR GENERAL SUPPORT
(99) FELICIAN SISTERS 1315 ENFIELD STREET , ENFIELD, CT 06082	06-1329622	501(C)(3)	20,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(100) SOUTH COUNTY HOSPITAL OFFICE OF DEVELOPMENT, 100 KENYON AVENUE, WAKEFIELD, RI 02879	05-0259093	501(C)(3)	19,192				DONOR DESIGNATION FOR GENERAL SUPPORT
(101) WOMEN & INFANTS HOSPITAL DEPT. OF PHILANTHROPY, 101 DUDLEY STREET, PROVIDENCE, RI 02905	05-0258937	501(C)(3)	18,754				DONOR DESIGNATION FOR GENERAL SUPPORT
(102) NATURE CONSERVANCY (RI)-THE 159 WATERMAN STREET , PROVIDENCE, RI 02906	53-0242652	501(C)(3)	18,671				DONOR DESIGNATION FOR GENERAL SUPPORT

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(103) AMER HEART ASSOCIATION NORTHEAST AFFILIATE 1 STATE STREET, STE 200, PROVIDENCE, RI 02908-5005	13-5613797	501(C)(3)	18,439				DONOR DESIGNATION FOR GENERAL SUPPORT
(104) PRESERVATION SOCIETY, NEWPORT DEVELOPMENT OFFICE, 424 BELLEVUE AVENUE, NEWPORT, RI 02840	05-0252708	501(C)(3)	18,300				DONOR DESIGNATION FOR GENERAL SUPPORT
(105) BOYS/GIRLS CLUB WARWICK 42 FREDRICK STREET PO BOX 8938, WARWICK, RI 02888	05-6019193	501(C)(3)	18,299				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(106) JEWISH FAMILY SERVICE OF RI 959 NORTH MAIN STREET , PROVIDENCE, RI 02904	05-0258888	501(C)(3)	18,027				DONOR DESIGNATION FOR GENERAL SUPPORT
(107) ST PATRICK'S ACADEMY 244 SMITH ST , PROVIDENCE, RI 02908	05-6000057	501(C)(3)	17,400				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)	17,366				DONOR DESIGNATION FOR GENERAL SUPPORT
(109) CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON ST, PO BOX 17090, BALTIMORE, MD 21297-0303	13-5563422	501(C)(3)	17,022				DONOR DESIGNATION FOR GENERAL SUPPORT
(110) MT ST CHARLES ACADEMY DEVELOPMENT OFFICE 800 LOGEE STREET, WOONSOCKET, RI 02895	05-0258850	501(C)(3)	16,937				DONOR DESIGNATION FOR GENERAL SUPPORT
(111) AMERICAN RED CROSS RI CHAPTER 105 GANO STREET , PROVIDENCE, RI 02906	53-0196605	501(C)(3)	16,926				DONOR DESIGNATION FOR GENERAL SUPPORT
(112) MCAULEY HOUSE 622 ELMWOOD AVE PO BOX 27009, PROVIDENCE, RI 02907	05-0440470	501(C)(3)	16,541				DONOR DESIGNATION FOR GENERAL SUPPORT
(113) URBAN LEAGUE OF RI DEVELOPMENT FUND 246 PRAIRIE AVENUE, PROVIDENCE, RI 02905	05-0258939	501(C)(3)	16,226				DONOR DESIGNATION FOR GENERAL SUPPORT
(114) DANA FARBER CANCER INSTITUTE/JIMMY FUND 10 BROOKLINE PLACE WEST, 6 FLOOR , BROOKLINE, MA 02445	04-2263040	501(C)(3)	16,145				DONOR DESIGNATION FOR GENERAL SUPPORT
(115) PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET , PROVIDENCE, RI 02903	05-0262712	501(C)(3)	15,919				DONOR DESIGNATION FOR GENERAL SUPPORT
(116) TOWER STREET SCHOOL COMMUNITY CENTER 93 TOWER STREET , WESTERLY, RI 02891	05-6000576	501(C)(3)	15,875				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(117) PAN MASS CHALLENGE TO BENEFIT DANA FARBER/JIMMY FUND 77 FOURTH AVENUE, NEEDHAM, MA 02494	04-2746912	501(C)(3)	15,605				DONOR DESIGNATION FOR GENERAL SUPPORT
(118) PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVENUE , NEW HAVEN, CT 06511	06-0263565	501(C)(3)	15,539				DONOR DESIGNATION FOR GENERAL SUPPORT

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(119) RHODE ISLANDERS SPONSORING EDUCATION 143 PRAIRIE AVE, 1ST FLOOR, PROVIDENCE, RI 02905	06-1470525	501(C)(3)	15,435				DONOR DESIGNATION FOR GENERAL SUPPORT
(120) BOYS/GIRLS CLUBS OF PROVIDENCE CENTRAL SERVICES OFFICE, 550 WICKENDON ST, PROVIDENCE, RI 02903	05-0258929	501(C)(3)	15,212				DONOR DESIGNATION FOR GENERAL SUPPORT
(121) BLITHEWOLD, INC. 101 FERRY ROAD , BRISTOL, RI 02809	05-0503407	501(C)(3)	15,164				DONOR DESIGNATION FOR GENERAL SUPPORT
(122) UNITED WAY OF CHARLOTTE COUNTY 17831 MURDOCK CIRCLE , PORT CHARLOTTE, FL 33948	59-1149995	501(C)(3)	15,031				DONOR DESIGNATION FOR GENERAL SUPPORT
(123) UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PARKWAY, PHILADELPHIA, PA 19103	23-1556045	501(C)(3)	14,654				DONOR DESIGNATION FOR GENERAL SUPPORT
(124) PROVIDENCE CENTER 528 NORTH MAIN STREET , PROVIDENCE, RI 02904	05-0316969	501(C)(3)	14,622				DONOR DESIGNATION FOR GENERAL SUPPORT
(125) DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE , BOSTON, MA 02115	04-2263040	501(C)(3)	14,120				DONOR DESIGNATION FOR GENERAL SUPPORT
(126) WOUNDED WARRIOR PROJECT (FL) 4899 BELFORT ROAD, SUITE 300 , JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	14,003				DONOR DESIGNATION FOR GENERAL SUPPORT
(127) GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVE. , WARWICK, RI 02886	05-0300724	501(C)(3)	13,592				DONOR DESIGNATION FOR GENERAL SUPPORT
(128) EARTH SHARE OF NEW ENGLAND 7735 OLD GEORGETOWN RD #900 , BETHESDA, MD 20814	22-3151372	501(C)(3)	13,559				DONOR DESIGNATION FOR GENERAL SUPPORT
(129) DAUGHTERS OF MARY OF NAZARETH ST. JOSEPH OF NAZARETH CONVENT, 26 PHIPPS ST, QUINCY, MA 02169	30-0781498	501(C)(3)	13,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(130) HAITIAN PROJECT INC 160 BROAD STREET PO BOX 6891, PROVIDENCE, RI 02940	22-2700013	501(C)(3)	13,450				DONOR DESIGNATION FOR GENERAL SUPPORT
(131) LASALLE ACADEMY 612 ACADEMY AVENUE, PROVIDENCE, RI 02908	05-0258897	501(C)(3)	13,147				DONOR DESIGNATION FOR GENERAL SUPPORT
(132) SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET , PROVIDENCE, RI 02907-1031	05-0394224	501(C)(3)	13,050				DONOR DESIGNATION FOR GENERAL SUPPORT
(133) WATERFIRE - PROVIDENCE 101 REGENT AVE, PROVIDENCE, RI 02908	22-2951612	501(C)(3)	12,621				DONOR DESIGNATION FOR GENERAL SUPPORT
(134) KPMG FOUNDATION 50 KENNEDY PLAZA, PROVIDENCE, RI 02903	13-5565207	501(C)(3)	12,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(135) BROWN ALPERT MEDICAL SCHOOL BOX 1893 , PROVIDENCE, RI 02912	05-0258809	501(C)(3)	12,450				DONOR DESIGNATION FOR GENERAL SUPPORT

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(136) BROWN UNIVERSITY SPORTS FDTN PO BOX 1925 , PROVIDENCE, RI 02912	05-0258809	501(C)(3)	12,450				DONOR DESIGNATION FOR GENERAL SUPPORT
(137) SPECIAL OLYMPICS-RHODE ISLAND 370 GEORGE WASHINGTON HGHWY , SMITHFIELD, RI 02917	05-0377867	501(C)(3)	12,331				DONOR DESIGNATION FOR GENERAL SUPPORT
(138) ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE, MEMPHIS, TN 38105	62-0646012	501(C)(3)	12,250				DONOR DESIGNATION FOR GENERAL SUPPORT
(139) LUCY'S HEARTH 913 WEST MAIN ROAD , MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	11,763				DONOR DESIGNATION FOR GENERAL SUPPORT
(140) ADOPTION RHODE ISLAND 2 BRADFORD STREET , PROVIDENCE, RI 02903	22-2543833	501(C)(3)	11,701				DONOR DESIGNATION FOR GENERAL SUPPORT
(141) DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE, PROVIDENCE, RI 02903	05-6000057	501(C)(3)	11,648				DONOR DESIGNATION FOR GENERAL SUPPORT
(142) COMMUNITY BOATING CENTER PO BOX 5849 , PROVIDENCE, RI 02903	22-2946979	501(C)(3)	11,600				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(143) CHILD & FAMILY SERVICE NEWPORT 31 JOHN CLARKE ROAD , MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	11,490				DONOR DESIGNATION FOR GENERAL SUPPORT
(144) NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NEW ENGLAND CHAPTER 101A FIRST AVENUE, SUITE 6, WALTHAM, MA 02451-1105	04-2178884	501(C)(3)	11,444				DONOR DESIGNATION FOR GENERAL SUPPORT
(145) MAKE A WISH FOUNDATION OF MA & RI ONE BULFINCH PLACE, 2ND FL , BOSTON, MA 02114	22-2867371	501(C)(3)	11,360				DONOR DESIGNATION FOR GENERAL SUPPORT
(146) NEWPORT HOSPITAL FOUNDATION 11 FRIENDSHIP STREET , NEWPORT, RI 02840	22-2535533	501(C)(3)	11,140				DONOR DESIGNATION FOR GENERAL SUPPORT
(147) THE COVE CENTER INC 610 MANTON AVENUE , PROVIDENCE, RI 02909	05-0419116	501(C)(3)	11,115				DONOR DESIGNATION FOR GENERAL SUPPORT
(148) US LACROSSE FOUNDATION 113 WEST UNIVERSITY PARKWAY , BALTIMORE, MD 21210-3300	52-0790605	501(C)(3)	11,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(149) BIG BROTHERS BIG SISTERS OF THE OCEAN STATE 1540 PONTIAC AVENUE, SUITE 1 , CRANSTON, RI 02920	22-2606942	501(C)(3)	10,808				DONOR DESIGNATION FOR GENERAL SUPPORT
(150) HIGHLANDER CHARTER SCHOOL 360 MARKET STREET , WARREN, RI 02885	05-0517389	501(C)(3)	10,730				DONOR DESIGNATION FOR GENERAL SUPPORT
(151) HAITIAN HEALTH FOUNDATION 97 SHERMAN STREET , NORWICH, CT 06360	06-1135999	501(C)(3)	10,647				DONOR DESIGNATION FOR GENERAL SUPPORT
(152) MEALS ON WHEELS OF RI 70 BATH ST , PROVIDENCE, RI 02908	05-0340723	501(C)(3)	10,393				DONOR DESIGNATION FOR GENERAL SUPPORT

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(153) MIRIAM HOSPITAL 162 SUMMIT AVE, PROVIDENCE, RI 02906	05-0258905	501(C)(3)	10,340				DONOR DESIGNATION FOR GENERAL SUPPORT
(154) RI LEGAL SERVICES INC 56 PINE ST, SUITE 400 , PROVIDENCE, RI 02903-2819	05-0318596	501(C)(3)	10,294				DONOR DESIGNATION FOR GENERAL SUPPORT
(155) GORDON SCHOOL 45 MAXFIELD AVENUE , EAST PROVIDENCE, RI 02914	05-0258876	501(C)(3)	10,275				DONOR DESIGNATION FOR GENERAL SUPPORT
(156) WOMEN'S RESOURCE CENTER OF 114 TOURO STREET, NEWPORT, RI 02840	05-0381031	501(C)(3)	10,266				DONOR DESIGNATION FOR GENERAL SUPPORT
(157) RI COMMUNITY ACTION ASSN NEWPORT AND BRISTOL COUNTIES 311 DORIC AVENUE , CRANSTON, RI 02910	22-3143639	501(C)(3)	10,225				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(158) ST ADALBERTS 866 ATWELLS AVENUE , PROVIDENCE, RI 02909	05-0258963	501(C)(3)	10,215				DONOR DESIGNATION FOR GENERAL SUPPORT
(159) FOLDS OF HONOR FOUNDATION 5800 N. PATRIOT DRIVE , OWASSO, OK 74055	75-3240683	501(C)(3)	10,197				DONOR DESIGNATION FOR GENERAL SUPPORT
(160) ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST. JUDE PLACE , MEMPHIS, TN 38105	62-0646012	501(C)(3)	10,117				DONOR DESIGNATION FOR GENERAL SUPPORT
(161) SOUTH COUNTY COMM ACTION 415 TOWER HILL ROAD , NORTH KINGSTOWN, RI 02852	05-0351121	501(C)(3)	10,087				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(162) SOPHIA ACADEMY 582 ELMWOOD AVENUE , PROVIDENCE, RI 02907	31-1736069	501(C)(3)	10,054				DONOR DESIGNATION FOR GENERAL SUPPORT
(163) RI HOSPITAL FOUNDATION LIFESPAN DEVELOPMENT OFFICE, PO BOX H, PROVIDENCE, RI 02901	05-0468736	501(C)(3)	10,015				DONOR DESIGNATION FOR GENERAL SUPPORT
(164) COMMUNITY 2000 EDUCATION FDTN PO BOX 1161 , CHARLESTOWN, RI 02813-0903	05-0511235	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(165) DENTAL LIFELINE NETWORK 1800 15TH STREET, STE 100 , DENVER, CO 80202	84-6129064	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(166) 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
(167) PRINCETON UNIVERSITY FDTN PO BOX 5357 , PRINCETON, NJ 08543	21-0634501	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(168) TOWN OF PALM BEACH UNITED WAY, INC. 44 COCOANUT ROW, SUITE M201 , PALM BEACH, FL 33480	59-6037885	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(169) UNITED WAY OF PALM BEACH COUNTY INC. 2600 QUANTUM BOULEVARD , BOYNTON BEACH, FL 33426-8627	59-0683258	501(C)(3)	10,000				DONOR DESIGNATION FOR GENERAL SUPPORT



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(170) ARC OF BLACKSTONE VALLEY~THE 500 PROSPECT STREET, SUITE 203 , PAWTUCKET, RI 02860	05-0300152	501(C)(3)	9,923				DONOR DESIGNATION FOR GENERAL SUPPORT
(171) NORTON MUSEUM OF ART 1451 SOUTH OLIVE AVENUE , WEST PALM BEACH, FL 33401	59-0624432	501(C)(3)	9,550				DONOR DESIGNATION FOR GENERAL SUPPORT
(172) BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD , PROVIDENCE, RI 02906	05-0258812	501(C)(3)	9,443				DONOR DESIGNATION FOR GENERAL SUPPORT
(173) READ TO SUCCEED 175 HILLSIDE ROAD , CRANSTON, RI 02920	74-3236898	501(C)(3)	9,325				DONOR DESIGNATION FOR GENERAL SUPPORT
(174) FAMILY SERVICE OF RI INC. PO BOX 6688 , PROVIDENCE, RI 02940	05-0258858	501(C)(3)	9,159				DONOR DESIGNATION FOR GENERAL SUPPORT
(175) RE-FOCUS, INC. 45 GREELEY STREET , PROVIDENCE, RI 02904	05-0394380	501(C)(3)	9,136				DONOR DESIGNATION FOR GENERAL SUPPORT
(176) JUNIOR ACHIEVEMENT OF RI 57 GREENE STREET , WARWICK, RI 02886	05-0263443	501(C)(3)	9,019				DONOR DESIGNATION FOR GENERAL SUPPORT
(177) WESTERLY HOSPITAL FOUNDATION DEVELOPMENT OFFICE 25 WELLS STREET, WESTERLY, RI 02891	05-6000576	501(C)(3)	9,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(178) SPCA - RHODE ISLAND 186 AMARAL STREET , EAST PROVIDENCE, RI 02914	05-0262716	501(C)(3)	8,989				DONOR DESIGNATION FOR GENERAL SUPPORT
(179) PROVIDENCE CHILDRENS MUSEUM 100 SOUTH STREET , PROVIDENCE, RI 02903	05-0370944	501(C)(3)	8,866				DONOR DESIGNATION FOR GENERAL SUPPORT
(180) BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE , WARWICK, RI 02889	05-0296059	501(C)(3)	8,846				DONOR DESIGNATION FOR GENERAL SUPPORT
(181) AUDUBON SOCIETY OF RI 12 SANDERSON ROAD , SMITHFIELD, RI 02917	05-0265675	501(C)(3)	8,841				DONOR DESIGNATION FOR GENERAL SUPPORT
(182) GRANITE UNITED WAY 22 CONCORD STREET , CONCORD, NH 03101	02-6006033	501(C)(3)	8,755				DONOR DESIGNATION FOR GENERAL SUPPORT
(183) UNITED WAY SILICON VALLEY 1400 PARKMOOR AVENUE, STE 250 , SAN JOSE, CA 95126	94-1450153	501(C)(3)	8,628				DONOR DESIGNATION FOR GENERAL SUPPORT
(184) BOYS/GIRLS CLUB CUMBERLAND/LINCOLN PO BOX 7505, CUMBERLAND, RI 02864-0505	05-0280121	501(C)(3)	8,293				DONOR DESIGNATION FOR GENERAL SUPPORT
(185) PROVIDENCE PRESERVATION SOCIETY 21 MEETING STREET , PROVIDENCE, RI 02903	05-0283958	501(C)(3)	8,105				DONOR DESIGNATION FOR GENERAL SUPPORT
(186) UNITED WAY OF ALLEGHENY COUNTY PO BOX 735 , PITTSBURGH, PA 15230-0735	25-1043578	501(C)(3)	8,056				DONOR DESIGNATION FOR GENERAL SUPPORT
(187) COMMUNITY NURSE & HOSPICE CARE 62 CENTRE STREET PO BOX 751, FAIRHAVEN, MA 02719	04-2104019	501(C)(3)	8,000				DONOR DESIGNATION FOR GENERAL SUPPORT

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(188) ENTERPRISE COMMUNITY PARTNERS 11000 BROKEN LAND PARKWAY, SUITE 700 , COLUMBIA, MD 21045	52-1231931	501(C)(3)	8,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(189) YMCA BAY SIDE (BARRINGTON) 371 PINE STREET, PROVIDENCE, RI 02903	05-0258878	501(C)(3)	8,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(190) RI ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE, PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	7,908				DONOR DESIGNATION FOR GENERAL SUPPORT
(191) BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY, EAST PROVIDENCE, RI 07101-1270	05-0258806	501(C)(3)	7,759				PROGRAM OPERATING COSTS
(192) HOLDERNESS SCHOOL CHAPEL LANE, PLYMOUTH, NH 03264	02-0147630	501(C)(3)	7,750				DONOR DESIGNATION FOR GENERAL SUPPORT
(193) CYSTIC FIBROSIS FOUNDATION MASSACHUSETTS & RI 220 NORTH MAIN STREET, STE 104, NATICK, MA 01760	13-1930701	501(C)(3)	7,643				DONOR DESIGNATION FOR GENERAL SUPPORT
(194) MAKE A WISH FOUNDATION MA & RI 20 HEMINGWAY DRIVE , EAST PROVIDENCE, RI 02915	22-2867371	501(C)(3)	7,630				DONOR DESIGNATION FOR GENERAL SUPPORT
(195) PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET , PROVIDENCE, RI 02903	05-0377244	501(C)(3)	7,628				DONOR DESIGNATION FOR GENERAL SUPPORT
(196) GRODEN NETWORK~THE DEVELOPMENT OFFICE, 610 MANTON AVENUE, PROVIDENCE, RI 02909	05-0369378	501(C)(3)	7,600				DONOR DESIGNATION FOR GENERAL SUPPORT
(197) CVS HEALTH EMPLOYEE RELIEF FUND 1 CVS DRIVE, WOONSOCKET, RI 02865	27-4380115	501(C)(3)	7,550				DONOR DESIGNATION FOR GENERAL SUPPORT
(198) FRIENDS OF WESTERLY PUBLIC LIBRARY & WILCOX PARK 44 BROAD STREET, WESTERLY, RI 02891	23-7219525	501(C)(3)	7,502				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(199) COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE 518 HARTFORD AVENUE, PROVIDENCE, RI 02909	46-1472304	501(C)(3)	7,500				PROGRAM OPERATING COSTS
(200) EDESIA GLOBAL NUTRITION SOLUTION 88 ROYAL LITTLE DRIVE , PROVIDENCE, RI 02904	26-0359866	501(C)(3)	7,388				DONOR DESIGNATION FOR GENERAL SUPPORT
(201) UFCW LOCAL 328 CHARITABLE FDTN 278 SILVER SPRING STREET , PROVIDENCE, RI 02904	20-0678926	501(C)(3)	7,335				DONOR DESIGNATION FOR GENERAL SUPPORT
(202) BOYS TOWN NEW ENGLAND 58 FLANAGAN ROAD , PORTSMOUTH, RI 02871	20-0655240	501(C)(3)	7,275				DONOR DESIGNATION FOR GENERAL SUPPORT
(203) DOCTORS WITHOUT BORDERS USA 333 7TH AVENUE, 2ND FLOOR , NEW YORK, NY 10001	13-3433452	501(C)(3)	7,119				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
(204) YMCA OF PAWTUCKET METROPOLITAN OFFICES, 660 ROOSEVELT AVE, PAWTUCKET, RI 02860	05-0259114	501(C)(3)	7,104				DONOR DESIGNATION FOR GENERAL SUPPORT
(205) INSTITUTE FOR LABOR STUDIES & RESEARCH 1540 PONTIAC AVENUE, CRANSTON, RI 02920	05-0387211	501(C)(3)	7,002				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(206) DARTMOUTH COLLEGE, TRUSTEES OF GIFT 6066 DEVELOPMENT OFFICE, HANOVER, NH 03755-3555	02-0222111	501(C)(3)	7,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(207) ST. MARKS CHURCH 27 MAIN STREET , SOUTHBOROUGH, MA 01772	04-2232903	501(C)(3)	7,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(208) WOODLAWN COMMUNITY DEVELOPMENT 210 WEST AVENUE , PAWTUCKET, RI 02860	05-0514308	501(C)(3)	7,000				PROGRAM OPERATING COSTS
(209) UNITED WAY OF CENTRAL & NE CT 30 LAUREL STREET , HARTFORD, CT 06106-1374	06-0646653	501(C)(3)	6,980				DONOR DESIGNATION FOR GENERAL SUPPORT
(210) INSTITUTE FOR STUDY & PRACTICE OF NON-VIOLENCE 265 OXFORD STREET, PROVIDENCE, RI 02905	05-0517863	501(C)(3)	6,954				DONOR DESIGNATION FOR GENERAL SUPPORT
(211) ELIZABETH BUFFUM CHACE HOUSE PO BOX 9476 , WARWICK, RI 02889	05-0384053	501(C)(3)	6,826				DONOR DESIGNATION FOR GENERAL SUPPORT
(212) DOMESTIC VIOLENCE PROGRAM OF CROSSROADS PO BOX 603300 , PROVIDENCE, RI 02906	05-0369858	501(C)(3)	6,799				DONOR DESIGNATION FOR GENERAL SUPPORT
(213) LITTLE FLOWER HOME 83 MONTICELLI DRIVE , WEST KINGSTON, RI 02892-1968	22-2576431	501(C)(3)	6,765				DONOR DESIGNATION FOR GENERAL SUPPORT
(214) PROVIDENCE ATHENAEUM 251 BENEFIT STREET , PROVIDENCE, RI 02903	05-0258928	501(C)(3)	6,675				DONOR DESIGNATION FOR GENERAL SUPPORT
(215) MARCH OF DIMES (RI) 220 WEST EXCHANGE ST., STE 003 , PROVIDENCE, RI 02903	13-1846366	501(C)(3)	6,654				DONOR DESIGNATION FOR GENERAL SUPPORT
(216) LEUKEMIA & LYMPHOMA SOCIETY MA CHAPTE R 9 ERIE DRIVE, SUITE 101, NATICK, MA 01760	13-5644916	501(C)(3)	6,625				DONOR DESIGNATION FOR GENERAL SUPPORT
(217) EAST GREENWICH ANIMAL PROTECTION LEAGUE PO BOX 184, EAST GREENWICH, RI 02818	05-0388049	501(C)(3)	6,581				DONOR DESIGNATION FOR GENERAL SUPPORT
(218) YOUNG VOICES 150 MILLER AVENUE , PROVIDENCE, RI 02905	42-2103674	501(C)(3)	6,538				DONOR DESIGNATION FOR GENERAL SUPPORT
(219) YEAR UP PROVIDENCE 40 FOUNTAIN STREET, 7TH FLOOR , PROVIDENCE, RI 02903	04-3534407	501(C)(3)	6,523				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
(220) JEWISH FEDERATION/PALM BEACH 4601 COMMUNITY DRIVE , WEST PALM BEACH, FL 33417	59-0948696	501(C)(3)	6,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(221) ORDER OF MALTA CHARITIES 1011 FIRST AVENUE, SUITE 1350 , NEW YORK, NY 10022	23-7095245	501(C)(3)	6,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(222) DAY ONE 100 MEDWAY STREET , PROVIDENCE, RI 02906	05-0385696	501(C)(3)	6,487				DONOR DESIGNATION FOR GENERAL SUPPORT
(223) NAT'L MULTIPLE SCLEROSIS - RI 205 HALLENE RD, STE 209 , WARWICK, RI 02886	05-0271809	501(C)(3)	6,452				DONOR DESIGNATION FOR GENERAL SUPPORT
(224) UNITED WAY-CAPE & ISLANDS 749 MAIN STREET FL 2 , HYANNIS, MA 02601-4327	04-2271714	501(C)(3)	6,420				DONOR DESIGNATION FOR GENERAL SUPPORT
(225) ARTHRITIS FOUNDATION SNE CHPTRRHODE ISLAND BRANCH 2348 POST ROAD, STE 104, WARWICK, RI 02886	58-1341679	501(C)(3)	6,379				DONOR DESIGNATION FOR GENERAL SUPPORT
(226) PROVIDENCE COMMUNITY LIBRARY 441 PRAIRIE AVE , PROVIDENCE, RI 02905	36-4640304	501(C)(3)	6,362				DONOR DESIGNATION FOR GENERAL SUPPORT
(227) UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL ROAD, SUITE 420 , VIENNA, VA 22182	53-0234290	501(C)(3)	6,320				DONOR DESIGNATION FOR GENERAL SUPPORT
(228) RHODE ISLAND PBS FOUNDATION 50 PARK LANE, PROVIDENCE, RI 02901-0883	22-2859005	501(C)(3)	6,174				DONOR DESIGNATION FOR GENERAL SUPPORT
(229) INSPIRING MINDS (VIPS) 763 WESTMINSTER STREET, PROVIDENCE, RI 02903	05-0310175	501(C)(3)	6,122				DONOR DESIGNATION FOR GENERAL SUPPORT
(230) THE PROVIDENCE FOUNDATION COMMERCE CENTER 30 EXCHANGE TERRACE, PROVIDENCE, RI 02903	05-0203250	501(C)(3)	6,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(231) FOODSHARE, INC 450 WOODLAND AVENUE , BLOOMFIELD, CT 06002-1342	22-2474771	501(C)(3)	5,914				DONOR DESIGNATION FOR GENERAL SUPPORT
(232) ALMOST HOME RESCUE PO BOX 6111 , PROVIDENCE, RI 02940	01--0893186	501(C)(3)	5,880				DONOR DESIGNATION FOR GENERAL SUPPORT
(233) VOLUNTEER SERVICES FOR ANIMALS PO BOX 6263 23 DRYDEN LANE, PROVIDENCE, RI 02940-6263	05-0381306	501(C)(3)	5,860				DONOR DESIGNATION FOR GENERAL SUPPORT
(234) KITS FOR KIDZ 900 S. FRONTAGE ROAD, SUITE 200 , WOODRIDGE, IL 60517	71-0878606	501(C)(3)	5,854				PROGRAM OPERATING COSTS
(235) AIDS CARE OCEAN STATE 18 PARKIS AVENUE , PROVIDENCE, RI 02907-1408	22-2929749	501(C)(3)	5,849				DONOR DESIGNATION FOR GENERAL SUPPORT
(236) LEUKEMIA & LYMPHOMA SOCIETY RI 2348 POST ROAD, STE 202 , WARWICK, RI 02886-2271	13-5644916	501(C)(3)	5,829				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
(237) GESU SCHOOL INC 1700 W THOMPSON ST , PHILADELPHIA, PA 19121	23-2728931	501(C)(3)	5,829				DONOR DESIGNATION FOR GENERAL SUPPORT
(238) MCAULEY MINISTRIES PO BOX 73195 , PROVIDENCE, RI 02907	05-0440470	501(C)(3)	5,750				DONOR DESIGNATION FOR GENERAL SUPPORT
(239) WGBH ONE GUEST STREET , BOSTON, MA 02135	04-3312069	501(C)(3)	5,695				DONOR DESIGNATION FOR GENERAL SUPPORT
(240) A WISH COME TRUE INC 1010 WARWICK AVENUE , WARWICK, RI 02888	05-0398808	501(C)(3)	5,669				DONOR DESIGNATION FOR GENERAL SUPPORT
(241) PHILLIPS ACADEMY FDTN 180 MAIN STREET, ANDOVER, MA 01810	04-2103579	501(C)(3)	5,600				DONOR DESIGNATION FOR GENERAL SUPPORT
(242) STAR KIDS SCHOLARSHIP PO BOX 6214 , MIDDLETOWN, RI 02842	04-3623364	501(C)(3)	5,600				DONOR DESIGNATION FOR GENERAL SUPPORT
(243) WORLD VISION PO BOX 9716 , FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	5,517				DONOR DESIGNATION FOR GENERAL SUPPORT
(244) AUTISM PROJECT OF RI 1516 ATWOOD AVENUE , JOHNSTON, RI 02919	05-0512037	501(C)(3)	5,507				DONOR DESIGNATION FOR GENERAL SUPPORT
(245) ANDRADE/FAXON CHARITIES FOR CHILDREN PO BOX 3305, SOUTH ATTLEBORO, MA 02703	05-0476331	501(C)(3)	5,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(246) THOMPSON ISLAND OUTWARD BOUND PO BOX 127 , BOSTON, MA 02127-0002	04-3027900	501(C)(3)	5,500				DONOR DESIGNATION FOR GENERAL SUPPORT
(247) PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVE , EAST PROVIDENCE, RI 02914	05-0258934	501(C)(3)	5,470				DONOR DESIGNATION FOR GENERAL SUPPORT
(248) UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE FLOOR #30, CHICAGO, IL 60604	30-0200478	501(C)(3)	5,418				DONOR DESIGNATION FOR GENERAL SUPPORT
(249) ARIZONA CHILDRENS CHARITIES INC. 10 SECRETARIAT WAY , GREENVILLE, SC 29615	26-4710891	501(C)(3)	5,400				DONOR DESIGNATION FOR GENERAL SUPPORT
(250) STATION FIRE MEMORIAL FDTN 78 WILBUR AVENUE , CRANSTON, RI 02920	56-2382562	501(C)(3)	5,365				DONOR DESIGNATION FOR GENERAL SUPPORT
(251) YMCA OF NEWPORT COUNTY 792 VALLEY ROAD , NEWPORT, RI 02842	05-0258916	501(C)(3)	5,343				DONOR DESIGNATION FOR GENERAL SUPPORT
(252) FRIARS FOREVER FUND PROVIDENCE COLLEGE ATHLETICS 1 CUNNINGHAM SQUARE, PROVIDENCE, RI 02918	05-0258932	501(C)(3)	5,335				DONOR DESIGNATION FOR GENERAL SUPPORT
(253) COMPREHENSIVE COMMUNITY ACTION PROGRAM 311 DORIC AVE, CRANSTON, RI 02910	05-6018801	501(C)(3)	5,300				PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
(254) JIMMY FUND & DANA-FARBER INSTITUTE 10 BROOKLINE PLACE W, 6TH FL, BROOKLINE, MA 02445-9924	04-2263040	501(C)(3)	5,263				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
(255) RI COLLEGE FOUNDATION 600 MT. PLEASANT AVE, PROVIDENCE, RI 02908	05-6049721	501(C)(3)	5,243				DONOR DESIGNATION FOR GENERAL SUPPORT
(256) CAMP STREET COMMUNITY MINISTRY PO BOX 603021 , PROVIDENCE, RI 02906-0021	05-0458477	501(C)(3)	5,200				DONOR DESIGNATION FOR GENERAL SUPPORT
(257) MARGARET STERLING COOK FDTN PO BOX 14 , HOPE, RI 02831-0014	20-2604143	501(C)(3)	5,200				DONOR DESIGNATION FOR GENERAL SUPPORT
(258) UNITED WAY OF THE MIDLANDS 1800 MAIN STREET , COLUMBIA, SC 29201	57-0314396	501(C)(3)	5,180				DONOR DESIGNATION FOR GENERAL SUPPORT
(259) COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET , WORCESTER, MA 01610	04-2103558	501(C)(3)	5,178				DONOR DESIGNATION FOR GENERAL SUPPORT
(260) FRIENDS WAY 765 WEST SHORE RD , WARWICK, RI 02889	05-0504841	501(C)(3)	5,171				DONOR DESIGNATION FOR GENERAL SUPPORT
(261) NAMI OF RHODE ISLAND 154 WATERMAN STREET, STE 5B , PROVIDENCE, RI 02906	22-2805141	501(C)(3)	5,160				DONOR DESIGNATION FOR GENERAL SUPPORT
(262) JEWISH SENIORS AGENCY 100 NIANTIC AVENUE , PROVIDENCE, RI 02907	05-0258889	501(C)(3)	5,155				DONOR DESIGNATION FOR GENERAL SUPPORT
(263) ST MARY ACADEMY BAY VIEW 3070 PAWTUCKET AVE, SUITE 2, RIVERSIDE, RI 02915	05-0263792	501(C)(3)	5,150				DONOR DESIGNATION FOR GENERAL SUPPORT
(264) MARTIN LUTHER KING CENTER 20 DR. MARCUS WHEATLAND BLVD , NEWPORT, RI 02840-2097	05-0271882	501(C)(3)	5,134				DONOR DESIGNATION FOR GENERAL SUPPORT
(265) UNITED WAY OF GRTR FALL RIVER PO BOX 2550 , FALL RIVER, MA 02722	04-2104026	501(C)(3)	5,116				DONOR DESIGNATION FOR GENERAL SUPPORT
(266) LE MOYNE COLLEGE 1419 SALT SPRINGS ROAD , SYRACUSE, NY 13214	15-0545841	501(C)(3)	5,108				DONOR DESIGNATION FOR GENERAL SUPPORT
(267) SOCIETY OF THE FOUR ARTS 2 FOUR ART PLAZA , PALM BEACH, FL 33480	59-0454318	501(C)(3)	5,050				DONOR DESIGNATION FOR GENERAL SUPPORT
(268) CHURCH COMMUNITY HOUSING CORP 50 WASHINGTON SQUARE , NEWPORT, RI 02840	05-0343709	501(C)(3)	5,048				DONOR DESIGNATION FOR GENERAL SUPPORT
(269) NEIGHBOR TO NATION 44330 PREMIER PLAZA STE 220 , ASHBURN, VA 20147	54-1879282	501(C)(3)	5,043				DONOR DESIGNATION FOR GENERAL SUPPORT
(270) BLACKSTONE VALLEY COMMUNITY ACTION PROGRAM 32 GOFF AVENUE, PAWTUCKET, RI 02860	05-0312991	501(C)(3)	5,000				PROGRAM OPERATING COSTS
(271) CRANSTON SENIOR CENTER 311 DORIC AVE, CRANSTON, RI 02910	22-3158215	501(C)(3)	5,000				PROGRAM OPERATING COSTS
(272) DISCOVERY COUNSELING CENTER 115-A TOWN AND COUNTRY DRIVE , DANVILLE, CA 94526	94-1705971	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
(273) FRANKLIN & MARSHALL COLLEGE COLLEGE ADVANCEMENT PO BOX 3003, LANCASTER, PA 17607-3003	23-1352635	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(274) FRANKLIN COUNTY UNITED WAY 301 W. FRONT STREET PO BOX 3, WASHINGTON, MO 63090	43-1124878	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(275) LOVING HEARTS OUTREACH PO BOX 1054 , WASHINGTON, MO 63090	43-1820641	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(276) MIDDLESEX SCHOOL 1400 LOWELL ROAD , CONCORD, MA 01742	04-2103821	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(277) PROVIDENCE COMMUNITY HEALTH CENTERS 375 ALLENS AVENUE, PROVIDENCE, RI 02905-5010	05-0368134	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT
(278) RISD MUSEUM ASSOCIATES 224 BENEFIT STREET , PROVIDENCE, RI 02903	05-0383432	501(C)(3)	5,000				DONOR DESIGNATION FOR GENERAL SUPPORT

Return Reference - Identifier	Explanation
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CROSSROADS RHODE ISLAND: PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	PROGRESO LATINO: PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CONNECTING FOR CHILDREN & FAMILIES INC: PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	COMMUNITY CARE ALLIANCE: PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DORCAS INTERNATIONAL INSTITUTE OF RI: PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	WESTBAY COMMUNITY ACTION INC: PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LISC/RI NEIGHBORHOOD DEVELOPMENT FUND: PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FEDERAL HILL HOUSE ASSN: PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	GATEWAY HEALTHCARE INC: DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CATHOLIC CHARITY FUND APPEAL: DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SALVATION ARMY - PROVIDENCE: PROGRAM OPERATING COSTS AND DONOR DESIGNATION FOR GENERAL SUPPORT
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>FOR FISCAL YEAR ENDED JUNE 30, 2016, UWRI DISTRIBUTED \$10.8 MILLION TO 3,094 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 AWARDED 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 AWARDED GRANTS.</p> <p>AGENCIES THAT ARE AWARDED A UWRI GRANT ARE REQUIRED TO SIGN A WRITTEN CONTRACT WITH UWRI WHICH STIPULATES THE TERMS AND CONDITIONS OF THE GRANT. GRANTEEES ARE REQUIRED TO PROVIDE UWRI WITH SEMI-ANNUAL REPORTS THAT SHOW HOW THE FUNDING WAS UTILIZED AND REPORT ON THE OUTCOMES ACHIEVED. THESE AGENCIES ARE ALSO REQUIRED TO PROVIDE UWRI WITH A FINAL REPORT AT THE END OF THE GRANT CONTRACT PERIOD WHICH VERIFIES THAT ALL FUNDS HAVE BEEN USED FOR THE PURPOSES INTENDED AND AN ASSESSMENT ON THE ACTUAL RESULTS ACHIEVED COMPARED TO THE PROPOSED RESULTS THAT WERE PRESENTED IN THE APPLICATION AND SIGNED CONTRACT. BEFORE UWRI DISBURSES ANY FUNDS TO GRANT AGENCIES (WHETHER IT IS FOR DONOR DESIGNATED OR PROGRAM OPERATING COSTS), AGENCIES ARE SCREENED BY THE UWRI FISCAL OFFICE TO VERIFY 1) THE AGENCY IS AN IRS CODE SEC. 501(C)(3) NON PROFIT ORGANIZATION AND 2) THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.</p>



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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 on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on 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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

For each individual whose compensation must be reported on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANTHONY MAIONE PRESIDENT & CEO	(i)	250,883	24,395	0	0	34,561	309,839	0
	(ii)	0	0	0	0	0	0	0
2 RICHARD VOCCIO EXEC. VP FINANCE & ADMINISTRATION/CFO	(i)	142,323	9,009	0	0	28,775	180,107	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III**

**Supplemental Information.** 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 II - COMPENSATION FOR PRESIDENT AND CEO	THE COMPENSATION INFORMATION REPORTED IN PART II WAS BASED ON CALENDAR YEAR 2015 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 2015 DATA IN WHICH THERE WERE 27 PAY PERIODS DUE TO THE LEAP YEAR

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	111	1,112,564	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 ▶ ( <u>NON CASH CONTRIBUTIONS</u> ) . . . . .	✓	6	2,422	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 FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED: NUMBER OF CONTRIBUTIONS OTHER- NUMBER OF CONTRIBUTIONS

**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.

**2015**

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	CURRENT YEAR: \$907,262 CHANGE IN NET ASSETS MOSTLY ATTRIBUTABLE TO \$495,000 COMMUNITY IMPACT FUNDING EXCESS THAT WILL BE USED TO FUND GRANTS IN FY2017. \$343,000 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.
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	-\$14,554 IN DONOR CONTRIBUTIONS TO THE UWRI WOMEN'S LEADERSHIP COUNCIL WERE GRANTED TO 5 AGENCIES IN THE YEAR ENDED 6/30/16 TO SUPPORT CHILDHOOD EDUCATION WITH A FOCUS ON CLOSING THE GAPS IN CHILDHOOD LITERACY.  DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED IN THE UWRI 2015-2016 COMMUNITY IMPACT REPORTS LOCATED ON OUR WEBSITE AT WWW.LIVEUNITEDRI.ORG
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	FROM PRE TO POST TEST SCORES IN LITERACY AND MATHEMATICS IN HSLI 2016 IS 21.95 % AND 29.98% RESPECTIVELY.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$1,058,078 INCLUDING GRANTS OF \$0)(REVENUE \$0)  BELOW IS A LIST OF OTHER SIGNIFICANT PROJECTS SUPPORTED (OTHER PROGRAM SERVICES) BY UNITED WAY DURING FISCAL YEAR ENDING 6/30/2016:  -\$945,789 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.  -\$112,289 TO SUPPORT THE ADVOCACY AND VOLUNTEER WORK OF UWRI. OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT WWW.UWRI.ORG/VOLUNTEER.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, 2016. 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 2016 AT THE START OF THE AUDIT ENGAGEMENT AND IN OCTOBER 2016 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 2016 WITH MANAGEMENT AND SKC. THE AUDIT COMMITTEE MEMBERS ASKED QUESTIONS PERTAINING TO THE COMPLETED FORM 990. THE AUDIT COMMITTEE THEN VOTED AND RECOMMENDED THAT THE FINAL FORM 990 BE ADOPTED. IN ADDITION TO PROVIDING EACH MEMBER OF THE BOARD OF DIRECTORS WITH A COPY OF THE FINAL FORM 990 AT ITS NOVEMBER 2016 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.

Return Reference - Identifier	Explanation
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.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

05-0276059

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

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

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

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

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

Cat. No. 50135Y

Schedule R (Form 990) 2015

**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) <a href="#">(SEE STATEMENT)</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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	✓	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

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

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



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

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

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

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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, 2016 WERE BELOW THE REPORTABLE THRESHOLD FOR SCHEDULE R, PART V, LINE 2.