

PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017**Open to Public Inspection**

A For the 2017 calendar year, or tax year beginning <u>07/01</u> , 2017, and ending <u>06/30</u> , 20 <u>18</u>																														
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>UNITED WAY OF RHODE ISLAND, INC.</u></td> <td rowspan="4">D Employer identification number <u>05-0276059</u></td> </tr> <tr> <td colspan="2">Doing business as <u>UNITED WAY OF RHODE ISLAND</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) <u>50 VALLEY STREET</u></td> <td>Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>PROVIDENCE, RI 02909-2459</u></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: <u>CORTNEY NICOLATO</u> <u>SAME AS C ABOVE</u></td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>E Telephone number <u>(401) 444-0600</u></td> <td>G Gross receipts \$ <u>19,711,114</u></td> </tr> <tr> <td colspan="2">H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">H(c) Group exemption number ▶</td> </tr> </table> </td> </tr> <tr> <td colspan="3">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="3">J Website: ▶ <u>WWW.LIVEUNITEDRI.ORG</u></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: <u>1926</u> M State of legal domicile: <u>RI</u></td> </tr> </table>	C Name of organization <u>UNITED WAY OF RHODE ISLAND, INC.</u>		D Employer identification number <u>05-0276059</u>	Doing business as <u>UNITED WAY OF RHODE ISLAND</u>		Number and street (or P.O. box if mail is not delivered to street address) <u>50 VALLEY STREET</u>	Room/suite	City or town, state or province, country, and ZIP or foreign postal code <u>PROVIDENCE, RI 02909-2459</u>		F Name and address of principal officer: <u>CORTNEY NICOLATO</u> <u>SAME AS C ABOVE</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>E Telephone number <u>(401) 444-0600</u></td> <td>G Gross receipts \$ <u>19,711,114</u></td> </tr> <tr> <td colspan="2">H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">H(c) Group exemption number ▶</td> </tr> </table>	E Telephone number <u>(401) 444-0600</u>	G Gross receipts \$ <u>19,711,114</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		H(c) Group exemption number ▶		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ <u>WWW.LIVEUNITEDRI.ORG</u>			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1926</u> M State of legal domicile: <u>RI</u>
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Part I Summary

Activities & Governance	1	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>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 <u>21</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>20</u>
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 <u>84</u>
	6	Total number of volunteers (estimate if necessary) 6 <u>3,550</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34 7b <u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h) <u>17,819,844</u> Prior Year <u>17,933,087</u> Current Year
	9	Program service revenue (Part VIII, line 2g) <u>80,092</u> <u>98,891</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>142,781</u> <u>366,557</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>11,154</u> <u>17,781</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>18,053,871</u> <u>18,416,316</u>
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4)
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>4,910,323</u> <u>4,908,353</u>
16a		Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u> <u>0</u>
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,496,521</u>
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>2,227,414</u> <u>2,648,414</u>
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>18,171,265</u> <u>19,311,227</u>
19	Revenue less expenses. Subtract line 18 from line 12 <u>(117,394)</u> <u>(894,911)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) <u>18,057,151</u> Beginning of Current Year <u>17,975,892</u> End of Year
	21	Total liabilities (Part X, line 26) <u>9,653,298</u> <u>10,317,403</u>
	22	Net assets or fund balances. Subtract line 21 from line 20 <u>8,403,853</u> <u>7,658,489</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	Date			
	Type or print name and title <u>CORTNEY NICOLATO, PRESIDENT & CEO</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>ELIZABETH RESENDES, CPA</u>	Preparer's signature <u>Elizabeth Resendes, CPA</u>	Date <u>5/6/2019</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00533754</u>
	Firm's name ▶ <u>SANSIVERI, KIMBALL & CO., LLP</u>	Firm's EIN ▶ <u>05-0255779</u>			
	Firm's address ▶ <u>50 HOLDEN STREET, PROVIDENCE, RI 02908-5758</u>	Phone no. <u>(401) 331-0500</u>			
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒

- 1** Briefly describe the organization's mission:
WE HELP PEOPLE. BECAUSE EVERYONE NEEDS HELP SOMETIMES, WE HELP PEOPLE. UNITED WAY HELPS CHILDREN
FALL IN LOVE WITH LEARNING, AND WE HELP FAMILIES WITH THE ESSENTIALS. WE SUPPORT PROGRAMS THAT
OFFER TRAINING AND EDUCATION THAT LEAD TO BETTER JOBS AND CAREERS. AND, WE PROVIDE EVERYONE WITH
(CONTINUED ON SCHEDULE O)
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,471,551 including grants of \$ 6,471,551) (Revenue \$)
-\$937,507 IN DONOR INVESTMENTS FOR THE 2017-2018 ANNUAL UNITED WAY CAMPAIGN WHERE THE DONORS
RECOMMENDED THAT THEIR GIFTS BE DISBURSED THROUGH UNITED WAY TO SPECIFIC 501(C)(3) AGENCIES
-\$5,134,903 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) MYFUND ACCOUNT (DONOR ADVISED
ACCOUNT). THESE LEADERSHIP DONORS THEN MADE RECOMMENDATIONS TO UWRI DURING THE 2017-2018 FISCAL YEAR
REQUESTING GIFTS TO BE DIRECTED (IN INCREMENTS OF \$25.00 OR GREATER) TO 501(C)(3) AGENCIES
-\$399,141 IN DONOR INVESTMENTS TO THE RI STATE EMPLOYEES CHARITABLE APPEAL (SECA) DURING THE
2017-2018 YEAR.

4b (Code:) (Expenses \$ 5,282,909 including grants of \$ 5,282,909) (Revenue \$)
-\$4,269,038 IN DONOR CONTRIBUTIONS TO UWRI'S COMMUNITY IMPACT FUND WERE GRANTED TO 79 AGENCIES IN
THE YEAR ENDED 6/30/18 TO ADDRESS RHODE ISLAND'S MOST PRESSING EDUCATION, JOBS AND INCOME, HOUSING
AND BASIC NEEDS ISSUES. OF THIS TOTAL UWRI PROVIDED OPPORTUNITY GRANTS OF \$300,000 WHICH WERE
FUNDED BY PRIOR YEAR RESERVES.
- \$573,982 IN DONOR, CORPORATE AND GOVERNMENT CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE
GRANTED TO 14 AGENCIES TO SUPPORT THE HASBRO SUMMER LEARNING INITIATIVE. WOMEN UNITED CONTRIBUTED
\$126,000 IN RESERVE FUNDING TO SUPPORT THIS INITIATIVE.
-\$96,023 IN DONOR CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE GRANTED TO 11 AGENCIES IN THE
YEAR ENDED 6/30/18 TO SUPPORT THE OLNEYVILLE SECTION OF PROVIDENCE RI AND THEIR MISSIONS ASSISTING
(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 2,541,219 including grants of \$) (Revenue \$ 116,672)
-\$1,737,037 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.
-\$463,958 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
48,000 CALLS LAST YEAR AND HELPS PEOPLE ENROLL IN MEDICARE AND MEDICAID.
-\$340,224 TO SUPPORT THE RHODE ISLAND AFTER SCHOOL PLUS ALLIANCE (RIASPA) PROGRAM WHICH ENGAGED OVER
1,000 STUDENTS IN HIGH QUALITY SUMMER LEARNING INITIATIVES.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 1,383,565 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **15,679,244**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 52	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 84	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b ✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	✓
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	✓
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	✓
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 21		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		<input checked="" type="checkbox"/>

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

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

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: ►

CORTNEY NICOLATO, 50 VALLEY STREET, PROVIDENCE, RI 02909-2459, (401) 444-0600

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) MS. SANDRA J PATTIE BOARD CHAIR	1.0	✓		✓				0	0	0
(2) MS MEGHAN GRADY SECRETARY	1.0	✓		✓				0	0	0
(3) MR ANTHONY MAIONE FORMER PRESIDENT AND CEO	37.5	✓		✓				285,472	0	35,494
(4) MS LYSA D TEAL TREASURER	1.0	✓		✓				0	0	0
(5) MS. MICHELE LEDERBERG VICE CHAIR	1.0	✓		✓				0	0	0
(6) MR. ALDEN ANDERSON BOARD MEMBER	1.0	✓						0	0	0
(7) MS PATRICIA FOWLER BOARD MEMBER	1.0	✓						0	0	0
(8) MR ROBERT MANCINI BOARD MEMBER	1.0	✓						0	0	0
(9) MR. TIMOTHY HORAN BOARD MEMBER	1.0	✓						0	0	0
(10) MR. DOLPH JOHNSON BOARD MEMBER	1.0	✓						0	0	0
(11) MS. PAOLA FERNANDEZ BOARD MEMBER	1.0	✓						0	0	0
(12) MS. ROBERTA BUTLER BOARD MEMBER	1.0	✓						0	0	0
(13) MR DAVID E PRESTON BOARD MEMBER	1.0	✓						0	0	0
(14) MR CHRISTOPHER SABITONI 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) MR. KEITH D KELLY BOARD MEMBER	1.0	✓						0	0	0
(16) MR ROBERT R KENT BOARD MEMBER	1.0	✓						0	0	0
(17) MR ANTHONY MANGIARELLI BOARD MEMBER	1.0	✓						0	0	0
(18) MS. CATHY STREKER BOARD MEMBER	1.0	✓						0	0	0
(19) MR. WILLIAM C TSONOS BOARD MEMBER	1.0	✓						0	0	0
(20) MS. MARIA BARRY BOARD MEMBER	1.0	✓						0	0	0
(21) MS. ELIZABETH FERGUSON BOARD MEMBER	1.0	✓						0	0	0
(22) MS MARY BENVENUTO FORMER EVP & CFO	37.5			✓				94,468	0	4,567
(23) MS LYNN CORWIN SVP & HR AND ORGANIZATIONAL EFFECTIVENESS	37.5					✓		102,908	0	24,680
(24) MS CARISSA HILL FORMER EVP OF RESOURCE DEVELOPMENT	37.5					✓		116,370	0	14,551
(25)										
1b Sub-total								599,218	0	79,292
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								599,218	0	79,292

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**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ✓

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ✓

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ✓

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
GALE FORCE CONSULTING PARTNERS LLC, 15 HAZEN AVENUE, DANVERS, MA 01923	PORTAL DEVELOPEMENT	191,227

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 **1**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	839,323			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,093,764			
	g	Noncash contributions included in lines 1a-1f: \$		1,306,410			
	h	Total. Add lines 1a-1f		17,933,087			
Program Service Revenue				Business Code			
	2a	RI AFTERSCHOOL ALLIANCE	611710	25,048	25,048		
	b	PROGRAM ADMINISTRATION FEES	900099	73,843	73,843		
	c						
	d						
	e						
	f	All other program service revenue .		0	0	0	0
	g	Total. Add lines 2a-2f		98,891			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		176,190			176,190
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 1,485,165	(ii) Other			
	b	Less: cost or other basis and sales expenses	1,294,798				
	c	Gain or (loss)	190,367	0			
	d	Net gain or (loss)		190,367			190,367
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a	OTHER REVENUE	624100	17,781	17,781			
b							
c							
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d			17,781			
12	Total revenue. See instructions.			18,416,316	116,672	0	366,557

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,754,460	11,754,460		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	387,905	96,290	195,326	96,290
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,563,070	1,612,163	898,493	1,052,414
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,561	22,235	28,101	24,225
9 Other employee benefits	615,946	271,584	166,922	177,440
10 Payroll taxes	266,871	114,750	72,569	79,552
11 Fees for services (non-employees):				
a Management	108,457		108,457	
b Legal	14,665	180	8,363	6,122
c Accounting	56,100		56,100	
d Lobbying	58,246	58,246		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	46,568		46,568	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	143,818	57,155	173	86,490
13 Office expenses	118,175	40,858	31,454	45,863
14 Information technology	117,263	19,428	17,205	80,630
15 Royalties				
16 Occupancy	124,606	62,813	23,448	38,345
17 Travel	17,358	8,158	842	8,358
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,430	23,510	822	1,098
20 Interest	112,562	56,902	21,179	34,481
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	266,229	137,231	55,117	73,881
23 Insurance	57,188	30,537	9,660	16,991
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT REPAIRS AND REPLACEMENT	175,543	18,304	135,506	21,733
b CONSULTANTS	460,410	408,769	16,179	35,462
c SPECIAL EVENTS	187,833	51,473	68,287	68,073
d UNITED WAY WORLDWIDE DUES	138,425	73,496	20,516	44,413
e All other expenses	419,538	760,702	(845,824)	504,660
25 Total functional expenses. Add lines 1 through 24e	19,311,227	15,679,244	1,135,463	2,496,521
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,056,350	1	1,041,255
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	4,239,034	3	4,134,691
	4 Accounts receivable, net	1,460,148	4	1,230,309
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	94,652	9	85,958
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,741,408		
	b Less: accumulated depreciation	10b 1,592,758		
	11 Investments—publicly traded securities	3,324,643	10c	3,148,650
	12 Investments—other securities. See Part IV, line 11	7,436,051	11	7,888,047
	13 Investments—program-related. See Part IV, line 11	446,273	12	446,982
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	0	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,057,151	15	0	
Liabilities	17 Accounts payable and accrued expenses	18,057,151	16	17,975,892
	18 Grants payable	617,748	17	766,955
	19 Deferred revenue	7,009,576	18	7,559,771
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	0
	24 Unsecured notes and loans payable to unrelated third parties	2,025,974	23	1,990,677
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	24	
	26 Total liabilities. Add lines 17 through 25	9,653,298	25	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,539,769	26	10,317,403
	28 Temporarily restricted net assets	765,691	27	6,811,980
	29 Permanently restricted net assets	98,393	28	748,116
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	98,393
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	8,403,853	32	
	34 Total liabilities and net assets/fund balances	18,057,151	33	7,658,489
		34	17,975,892	

Form **990** (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,416,316
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,311,227
3	Revenue less expenses. Subtract line 2 from line 1	3	(894,911)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,403,853
5	Net unrealized gains (losses) on investments	5	149,547
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,658,489

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .		✓
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.		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1–10 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)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,984,517	17,973,882	18,369,007	17,819,844	17,933,087	90,080,337
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	17,984,517	17,973,882	18,369,007	17,819,844	17,933,087	90,080,337
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,294,405
6 Public support. Subtract line 5 from line 4						82,785,932

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	17,984,517	17,973,882	18,369,007	17,819,844	17,933,087	90,080,337
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,470	18,487	12,943	118,442	176,190	345,532
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	45,441	22,250	30,802	11,154	17,781	127,428
11 Total support. Add lines 7 through 10						90,553,297
12 Gross receipts from related activities, etc. (see instructions)					12	332,463
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	91.42 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	91.89 %
16a 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
b 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>		
c 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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	OTHER INCOME	45,441	22,250	30,802	11,154	17,781	127,428
	Total	45,441	22,250	30,802	11,154	17,781	127,428

Schedule of Contributors

OMB No. 1545-0047

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

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 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,885,679	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 442,357	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 386,294	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 3,732,535	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 360,017	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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)				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2017

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	8,246													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	50,000	0												
c	Total lobbying expenditures (add lines 1a and 1b)	58,246	0												
d	Other exempt purpose expenditures	19,252,987													
e	Total exempt purpose expenditures (add lines 1c and 1d)	19,311,233	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	0	0	1,000,000	1,000,000	2,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					3,000,000
c Total lobbying expenditures	0	0	150,638	58,246	208,884
d Grassroots nontaxable amount	0	0	250,000	250,000	500,000
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000
f Grassroots lobbying expenditures	0	0	142,739	8,246	150,985

Schedule C (Form 990 or 990-EZ) 2017

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

**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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	787	
2 Aggregate value of contributions to (during year)	5,134,903	
3 Aggregate value of grants from (during year)	4,620,685	
4 Aggregate value at end of year	2,743,009	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	446,272	433,630	950,820	1,079,340	956,583
b Contributions					0
c Net investment earnings, gains, and losses	34,635	51,521	(27,908)	7,011	152,678
d Grants or scholarships					0
e Other expenditures for facilities and programs	33,925	38,879	489,282	135,531	29,921
f Administrative expenses					0
g End of year balance	446,982	446,272	433,630	950,820	1,079,340

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

- a** Board designated or quasi-endowment ☒ 78.00 %
b Permanent endowment ☒ 22.00 %
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
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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
1a Land		513,000		513,000
b Buildings		2,941,904	779,642	2,162,262
c Leasehold improvements				
d Equipment		1,234,553	770,993	463,560
e Other		51,951	42,123	9,828
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,148,650

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) _____		
Total. (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) _____		
Total. (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) _____	
Total. (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) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		0

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,094,312
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	149,547
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	149,547
3	Subtract line 2e from line 1	3	11,944,765
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,471,551
c	Add lines 4a and 4b	4c	6,471,551
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,416,316

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

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

1	Total expenses and losses per audited financial statements	1	12,839,676
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	12,839,676
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,471,551
c	Add lines 4a and 4b	4c	6,471,551
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,311,227

Part XIII Supplemental Information.

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

[SEE STATEMENT](#)

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	(a) Description	(b) Amount
	AMOUNTS DESIGNATED BY DONORS	6,471,551
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	AMOUNTS DESIGNATED BY DONORS	6,471,551

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 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, 2018, 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

UNITED WAY OF RHODE ISLAND, INC.

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

05-0276059

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CONNECTING FOR CHILDREN & FAMILIES, INC 46 HOPE STREET, WOONSOCKET, RI 02895	05-0475365	501C3	281,103				(SEE STATEMENT)
(2) (SEE STATEMENT)	05-0309695	501C3	278,168				(SEE STATEMENT)
(3) DORCAS INTERNATIONAL INSTITUTE OF RI 645 ELMWOOD AVENUE, PROVIDENCE, RI 02907	05-0258886	501C3	271,083				(SEE STATEMENT)
(4) (SEE STATEMENT)	05-0258871	501C3	225,548				(SEE STATEMENT)
(5) (SEE STATEMENT)	05-0312278	501C3	211,078				(SEE STATEMENT)
(6) RI COMMUNITY FOOD BANK 200 NIAN TIC AVE, PROVIDENCE, RI 02907	05-0395601	501C3	175,436				(SEE STATEMENT)
(7) RHODE ISLAND MENTORING PARTNERSHIP 3296 POST ROAD, WARWICK, RI 02886	05-0443260	501C3	175,265				(SEE STATEMENT)
(8) PROVIDENCE HOUSING AUTHORITY 100 BROAD STREET, PROVIDENCE, RI 02903	05-6000193	501C3	161,911				PROGRAM SERVICES
(9) GENESIS CENTER 620 POTTERS AVENUE, PROVIDENCE, RI 02907	22-3001721	501C3	150,830				(SEE STATEMENT)
(10) RI KIDS COUNT ONE UNION STATION, PROVIDENCE, RI 02903	06-1485449	501C3	127,265				(SEE STATEMENT)
(11) LOCAL INITIATIVES SUPPORT CORPORATION 146 CLIFFORD STREET, PROVIDENCE, RI 02903	13-3030229	501C3	126,722				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 288

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) (2017)

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

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

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

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) CATHOLIC CHARITY FUND ONE CATHEDRAL SQUARE, PROVIDENCE, RI 02903-3695	05-6014313	501C3	123,308				DONOR DESIGNATION
(13) MEETING STREET 1000 EDDY STREET , PROVIDENCE, RI 02905	05-0269232	501C3	121,979				DONOR DESIGNATION & PROGRAM SERVICES
(14) FOSTER FORWARD 55 SOUTH BROW STREET , EAST PROVIDENCE, RI 02914	05-0486797	501C3	113,165				DONOR DESIGNATION & PROGRAM SERVICES
(15) HOUSING NETWORK OF RI 1070 MAIN STREET, STE 202 , PAWTUCKET, RI 02860	05-0465216	501C3	112,667				PROGRAM SERVICES
(16) COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE 518 HARTFORD AVENUE, PROVIDENCE, RI 02909	46-1472304	501C3	112,181				DONOR DESIGNATION & PROGRAM SERVICES
(17) SAN MIGUEL SCHOOL P.O. BOX 6367 , PROVIDENCE, RI 02910	22-3232973	501C3	111,007				DONOR DESIGNATION
(18) SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET , PROVIDENCE, RI 02907-1031	05-0394224	501C3	110,803				DONOR DESIGNATION & PROGRAM SERVICES
(19) PROVIDENCE COMMUNITY LIBRARY PO BOX 9267 , PROVIDENCE, RI 02940	36-4640304	501C3	106,201				DONOR DESIGNATION & PROGRAM SERVICES
(20) HOUSE OF HOPE 3188 POST ROAD, WARWICK, RI 02886	05-0448151	501C3	104,609				DONOR DESIGNATION & PROGRAM SERVICES
(21) NEW URBAN ARTS 705 WESTMINSTER STREET , PROVIDENCE, RI 02903	05-0498654	501C3	103,353				DONOR DESIGNATION & PROGRAM SERVICES
(22) RIVERWOOD MENTAL HEALTH SERVICES 2756 POST ROAD, WARWICK, RI 02886	05-0396244	501C3	102,909				DONOR DESIGNATION & PROGRAM SERVICES
(23) BOYS TOWN NEW ENGLAND 58 FLANAGAN ROAD , PORTSMOUTH, RI 02871	20-0655240	501C3	101,890				DONOR DESIGNATION & PROGRAM SERVICES
(24) THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 , WARWICK, RI 02886	20-5353108	501C3	101,728				DONOR DESIGNATION & PROGRAM SERVICES
(25) RI COLLEGE 600 MOUNT PLEASANT AVENUE, PROVIDENCE, RI 02908	05-6016315	501C3	100,842				PROGRAM SERVICES
(26) BUILDING FUTURES 1 ACORN STREET , PROVIDENCE, RI 02903	81-3939129	501C3	100,000				PROGRAM SERVICES
(27) AMOS HOUSE 460 PINE STREET , PROVIDENCE, RI 02907	05-0387218	501C3	94,786				DONOR DESIGNATION & PROGRAM SERVICES
(28) INSTITUTE FOR STUDY & PRACTICE OF NON-VIOLENCE 265 OXFORD STREET, PROVIDENCE, RI 02905	05-0517863	501C3	87,121				DONOR DESIGNATION & PROGRAM SERVICES

(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
(29) CROSSROADS RHODE ISLAND 160 BROAD STREET , PROVIDENCE, RI 02903	05-0259094	501C3	85,843				DONOR DESIGNATION
(30) PROGRESO LATINO 626 BROAD STREET , CENTRAL FALLS, RI 02863-2835	05-0380608	501C3	84,181				DONOR DESIGNATION & PROGRAM SERVICES
(31) COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE , PROVIDENCE, RI 02905	22-2485332	501C3	83,205				DONOR DESIGNATION
(32) PROVIDENCE IN TOWN CHURCHES ASSOCIATION PO BOX 5639, PROVIDENCE, RI 02903	22-2672825	501C3	77,817				DONOR DESIGNATION & PROGRAM SERVICES
(33) CAPITAL GOOD FUND-THE 22 A STREET , PROVIDENCE, RI 02907	80-0348382	501C3	77,129				DONOR DESIGNATION & PROGRAM SERVICES
(34) ECONOMIC PROGRESS INSTITUTE 600 MT. PLEASANT AVENUE , #9 , PROVIDENCE, RI 02908-9980	32-0295517	501C3	76,122				DONOR DESIGNATION & PROGRAM SERVICES
(35) LEARNING COMMUNITY CHARTER SCHOOL 21 LINCOLN AVENUE , CENTRAL FALLS, RI 02863	47-0942849	501C3	76,000				DONOR DESIGNATION & PROGRAM SERVICES
(36) MAN UP, INC. 80 WASHINGTON STREET, RM 429 , PROVIDENCE, RI 02903	46-2667817	501C3	75,000				PROGRAM SERVICES
(37) ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD , BRISTOL, RI 02809	05-0277222	501C3	75,000				DONOR DESIGNATION & PROGRAM SERVICES
(38) RHODE ISLAND FREE CLINIC INC 655 BROAD STREET , PROVIDENCE, RI 02907	05-0501276	501C3	74,295				DONOR DESIGNATION & PROGRAM SERVICES
(39) CHILDREN'S FRIEND & SERVICES 153 SUMMER ST , PROVIDENCE, RI 02903-4011	05-0258819	501C3	70,902				DONOR DESIGNATION & PROGRAM SERVICES
(40) JEWISH ALLIANCE OF GREATER RI 401 ELMGROVE AVENUE , PROVIDENCE, RI 02906	27-4127671	501C3	69,897				DONOR DESIGNATION
(41) DANA FARBER CANCER INSTITUTE INC 44 BINNEY STREET , BOSTON, MA 02205-9889	04-2263040	501C3	61,784				DONOR DESIGNATION
(42) RONALD MCDONALD HOUSE - PROV 45 GAY STREET , PROVIDENCE, RI 02905	05-0434218	501C3	61,370				DONOR DESIGNATION
(43) URI FOUNDATION 79 UPPER COLLEGE RD, KINGSTON, RI 02881-0488	05-6014351	501C3	61,171				DONOR DESIGNATION
(44) BOYS/GIRLS CLUB PAWTUCKET ONE MOELLER PLACE , PAWTUCKET, RI 02860-4003	05-0258924	501C3	58,636				DONOR DESIGNATION & PROGRAM SERVICES
(45) PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET , PROVIDENCE, RI 02903	05-0262713	501C3	57,298				DONOR DESIGNATION & PROGRAM SERVICES
(46) OPENING DOORS FOR WESTERLY'S CHILDREN PO BOX 2955 , WESTERLY, RI 02891	82-0615132	501C3	54,828				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
(47) RHODE ISLAND FOUNDATION ONE UNION STATION , PROVIDENCE, RI 02903	22-2604963	501C3	54,566				DONOR DESIGNATION
(48) COLLEGE CRUSADE OF RI-THE 134 THURBERS AVENUE , STE 111 , PROVIDENCE, RI 02905	22-3031765	501C3	52,746				DONOR DESIGNATION & PROGRAM SERVICES
(49) AS220 95 MATHEWSON STREET, #204 , PROVIDENCE, RI 02903	22-2754566	501C3	51,320				DONOR DESIGNATION
(50) XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET , WESTWOOD, MA 02090	04-2314036	501C3	51,164				DONOR DESIGNATION
(51) BRYANT UNIVERSITY 1150 DOUGLAS PIKE, SMITHFIELD, RI 02917	05-0258810	501C3	50,200				DONOR DESIGNATION
(52) BOYS/GIRLS CLUBS NEWPORT COUNTY 95 CHURCH STREET , NEWPORT, RI 02840-3143	05-0281572	501C3	50,126				DONOR DESIGNATION & PROGRAM SERVICES
(53) DOWNCITY DESIGN 425 WEST FOUNTAIN STREET , UNIT #110, PROVIDENCE, RI 02903	27-1125644	501C3	50,075				DONOR DESIGNATION & PROGRAM SERVICES
(54) PAWTUCKET CITIZEN'S DEVELOPMNT 210 WEST AVE , PAWTUCKET, RI 02860	22-3241611	501C3	50,000				DONOR DESIGNATION & PROGRAM SERVICES
(55) CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET , CENTRAL FALLS, RI 02863	05-0459947	501C3	50,000				PROGRAM SERVICES
(56) COLLEGE UNBOUND 325 PUBLIC ST , PROVIDENCE, RI 02905	46-2470807	501C3	50,000				DONOR DESIGNATION
(57) SOCIAL VENTURE PARTNERS - RI 460 HARRIS AVENUE , UNIT 303 , PROVIDENCE, RI 02909	26-0163730	501C3	50,000				DONOR DESIGNATION
(58) TOWN OF CUMBERLAND 1464 DIAMOND HILL ROAD, STE 2 , CUMBERLAND, RI 02864	05-6000115	501C3	50,000				PROGRAM SERVICES
(59) TOWN OF NORTH PROVIDENCE SCHOOL DEPT 2240 MINERAL SPRING AVE , NORTH PROVIDENCE, RI 02911-1729	05-6000277	501C3	50,000				PROGRAM SERVICES
(60) YOUTHBUILD PREPARATORY ACADEMY 66 CHAFEE STREET , PROVIDENCE, RI 02909	81-3957029	501C3	50,000				DONOR DESIGNATION & PROGRAM SERVICES
(61) SUSQUEHANNA UNIVERSITY - OFFICE OF DEV. 514 UNIVERSITY AVENUE, SELINGSGROVE, PA 17870	23-1353385	501C3	48,000				DONOR DESIGNATION
(62) BROWN UNIVERSITY 164 ANGELL STREET P.O. BOX J, PROVIDENCE, RI 02912	05-0258809	501C3	46,522				DONOR DESIGNATION
(63) HASBRO CHILDREN'S HOSPITAL PO BOX H, PROVIDENCE, RI 02901	05-0258954	501C3	46,118				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
(64) RHODE ISLAND CENTER FOR JUSTICE 1 EMPIRE PLAZA , STE 410, PROVIDENCE, RI 02903	46-5295722	501C3	41,648				DONOR DESIGNATION & PROGRAM SERVICES
(65) YMCA OF GREATER PROVIDENCE 371 PINE STREET , PROVIDENCE, RI 02903	05-0258878	501C3	39,397				DONOR DESIGNATION & PROGRAM SERVICES
(66) CITIZENS CHARITABLE FOUNDATION 10 TRIPPS LANE, RTL 125 , RIVERSIDE, RI 02915	20-2302039	501C3	38,758				DONOR DESIGNATION
(67) NATURE CONSERVANCY (RI)-THE 159 WATERMAN STREET , PROVIDENCE, RI 02906	53-0242652	501C3	36,983				DONOR DESIGNATION
(68) INDEPENDENT CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE , STE 340, LARKSPUR, CA 94939	94-3067804	501C3	36,267				DONOR DESIGNATION
(69) TRINITY REPERTORY COMPANY 201 WASHINGTON STREET , PROVIDENCE, RI 02903	22-2547262	501C3	35,172				DONOR DESIGNATION & PROGRAM SERVICES
(70) WESTERLY PUBLIC SCHOOLS 93 TOWER STREET, WESTERLY, RI 02891	05-6000576	501C3	35,000				PROGRAM SERVICES
(71) HUB THEATRE COMPANY OF BOSTON 150 SAINT PAUL STREET , #103 , BROOKLINE, MA 02446	46-1283093	501C3	34,000				DONOR DESIGNATION
(72) AMERICAN RED CROSS - RI CHAPTER 105 GANO STREET , PROVIDENCE, RI 02906	53-0196605	501C3	33,016				DONOR DESIGNATION
(73) SAVE THE BAY 100 SAVE THE BAY DRIVE , PROVIDENCE, RI 02905	05-0343046	501C3	32,836				DONOR DESIGNATION
(74) HOPE HOSPICE & PALLIATIVE CARE RHODE ISLAND 1085 NORTH MAIN STREET, PROVIDENCE, RI 02906	51-0192422	501C3	32,422				DONOR DESIGNATION
(75) WESTBAY COMMUNITY ACTION INC 205 BUTTONWOODS AVE , WARWICK, RI 02886	05-0311985	501C3	32,414				DONOR DESIGNATION & PROGRAM SERVICES
(76) BREAKTHROUGH PROVIDENCE 216 HOPE STREET, PROVIDENCE, RI 02906	05-0259101	501C3	32,350				DONOR DESIGNATION & PROGRAM SERVICES
(77) YWCA RHODE ISLAND 514 BLACKSTONE ST , WOONSOCKET, RI 02895	05-0310596	501C3	32,056				DONOR DESIGNATION & PROGRAM SERVICES
(78) NEWPORT HOSPITAL FOUNDATION 11 FRIENDSHIP STREET , NEWPORT, RI 02840	22-2535533	501C3	30,996				DONOR DESIGNATION
(79) PROVIDENCE COLLEGE - DEV. OFFICE 1 CUNNINGHAM SQUARE, PROVIDENCE, RI 02918	05-0258932	501C3	30,633				DONOR DESIGNATION
(80) BLACKSTONE ACADEMY CHARTER SCHOOL 334 PLEASANT STREET, PAWTUCKET, RI 02860	80-0025718	501C3	30,267				DONOR DESIGNATION & PROGRAM SERVICES

(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
(81) PALM BEACH POLICE FOUNDATION 139 N. COUNTY ROAD, PO BOX 242, STE 20C , PALM BEACH, FL 33480	83-0462654	501C3	30,100				DONOR DESIGNATION
(82) NORTH KINGSTOWN SCHOOL DEPARTMENT 166 MARK DRIVE, NORTH KINGSTOWN, RI 02852	05-6000273	501C3	30,000				PROGRAM SERVICES
(83) RHODE ISLAND PHILHARMONIC & MUSIC SCHOOL 667 WATERMAN AVENUE, EAST PROVIDENCE, RI 02914-1712	05-0267451	501C3	29,882				DONOR DESIGNATION
(84) TOMORROW FUND - RI HOSPITAL 593 EDDY STREET, PROVIDENCE, RI 02903-4947	05-0450569	501C3	29,741				DONOR DESIGNATION
(85) LATINO POLICY INSTITUTE AT RWU 150 WASHINGTON STREET , PROVIDENCE, RI 02903	05-0277222	501C3	28,250				DONOR DESIGNATION & PROGRAM SERVICES
(86) POTTER LEAGUE FOR ANIMALS PO BOX 412 , NEWPORT, RI 02840	05-0301553	501C3	27,289				DONOR DESIGNATION
(87) RHODE ISLAND PUBLIC RADIO ONE UNION STATION , PROVIDENCE, RI 02903	05-0498502	501C3	26,447				DONOR DESIGNATION & PROGRAM SERVICES
(88) ST. THOMAS MORE CHURCH 53 ROCKLAND STREET , NARRAGANSETT, RI 02882	05-0498356	501C3	26,250				DONOR DESIGNATION
(89) BOY SCOUTS OF AMERICA - NARRAGANSETT COUNCIL PO BOX 14777, EAST PROVIDENCE, RI 02914	05-0308384	501C3	26,214				DONOR DESIGNATION
(90) LINCOLN SCHOOL 301 BUTLER AVENUE , PROVIDENCE, RI 02906	05-0258900	501C3	25,950				DONOR DESIGNATION
(91) JOHNSON & WALES UNIVERSITY 8 ABBOTT PARK PLACE, PROVIDENCE, RI 02903	05-0306206	501C3	25,305				DONOR DESIGNATION
(92) RISD MUSEUM OF ART 2 COLLEGE STREET, PROVIDENCE, RI 02903	05-0258956	501C3	25,160				DONOR DESIGNATION
(93) CLEVELAND CLINIC FLORIDA 525 OKEECHOBEE BOULEVARD , STE 1400 , WEST PALM BEACH, FL 33480	65-0003177	501C3	25,000				DONOR DESIGNATION
(94) REFUGEE DREAM CENTER 340 LOCKWOOD STREET , PROVIDENCE, RI 02907	47-3515841	501C3	25,000				PROGRAM SERVICES
(95) WEST BAY COLLABORATIVE~THE 144 BIGNALL STREET , WARWICK, RI 02888	05-0460855	501C3	25,000				PROGRAM SERVICES
(96) NEIGHBORWORKS BLACKSTONE RIVER VALLEY 719 FRONT STREET , STE 103, WOONSOCKET, RI 02895	22-2907602	501C3	24,670				DONOR DESIGNATION & PROGRAM SERVICES
(97) ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST. JUDE PLACE, MEMPHIS, TN 38105	62-0646012	501C3	23,478				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
(98) PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVENUE, NEW HAVEN, CT 06511	06-0263565	501C3	22,897				DONOR DESIGNATION
(99) COMPREHENSIVE COMMUNITY ACTION PROGRAM 311 DORIC AVE, CRANSTON, RI 02910	05-6018801	501C3	22,586				DONOR DESIGNATION & PROGRAM SERVICES
(100) BUTTON HOLE 1 BUTTON HOLE DRIVE, STE 1 , PROVIDENCE, RI 02909-5750	05-0497481	501C3	22,458				DONOR DESIGNATION
(101) COMMUNITY HEALTH CHARITIES 1199 NORTH FAIRFAX , STE 600 , ALEXANDRIA, VA 22314	13-6167225	501C3	21,566				DONOR DESIGNATION
(102) EAST BAY COMMUNITY ACTION 19 BROADWAY , NEWPORT, RI 02840	05-0310024	501C3	20,905				DONOR DESIGNATION & PROGRAM SERVICES
(103) RI PUBLIC EXPENDITURE COUNCIL 86 WEYBOSSET STREET , 5TH FL , PROVIDENCE, RI 02903	05-0271571	501C3	20,100				DONOR DESIGNATION
(104) AMER CANCER SOCIETY - N.E. DIV 931 JEFFERSON BLVD. , STE 3004 , WARWICK, RI 02886-2233	13-1788491	501C3	20,069				DONOR DESIGNATION
(105) ADVENTURE SCIENTISTS PO BOX 1834 , BOZEMAN, MT 59771	45-3345338	501C3	20,000				DONOR DESIGNATION
(106) DENTAL LIFELINE NETWORK 1800 15TH STREET, STE 100 , DENVER, CO 80202	84-6129064	501C3	20,000				DONOR DESIGNATION
(107) FELICIAN SISTERS 1315 ENFIELD STREET , ENFIELD, CT 06082	06-1329622	501C3	20,000				DONOR DESIGNATION
(108) SOUTH COUNTY HEALTH 100 KENYON AVENUE, WAKEFIELD, RI 02879	05-0259093	501C3	19,756				DONOR DESIGNATION
(109) HIGHLANDER CHARTER SCHOOL 360 MARKET STREET , WARREN, RI 02885	05-0517389	501C3	19,651				DONOR DESIGNATION
(110) YMCA-OCEAN COMMUNITY 95 HIGH STREET , WESTERLY, RI 02891	05-0268126	501C3	19,556				DONOR DESIGNATION
(111) BROWN ALPERT MEDICAL SCHOOL BOX 1893 , PROVIDENCE, RI 02912	05-0258809	501C3	19,450				DONOR DESIGNATION
(112) SOPHIA ACADEMY 582 ELMWOOD AVENUE , PROVIDENCE, RI 02907	31-1736069	501C3	18,958				DONOR DESIGNATION
(113) CCRI FOUNDATION 1762 LOUISQUISSET PIKE , LINCOLN, RI 02865	05-0394214	501C3	18,631				DONOR DESIGNATION
(114) MAKE A WISH FOUNDATION MA & RI 20 HEMINGWAY DRIVE , EAST PROVIDENCE, RI 02915	22-2867371	501C3	18,170				DONOR DESIGNATION
(115) ALZHEIMER'S ASSOCIATION - RI CHAPTER 245 WATERMAN ST., STE 306, PROVIDENCE, RI 02906	05-0445962	501C3	18,145				DONOR DESIGNATION

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(116) HAMILTON HOUSE 276 ANGELL STREET , PROVIDENCE, RI 02906	23-7188201	501C3	17,650				DONOR DESIGNATION
(117) ST MARY OF THE BAY CHURCH 645 MAIN STREET , WARREN, RI 02885	47-0824892	501C3	17,500				DONOR DESIGNATION
(118) MCAULEY HOUSE 622 ELMWOOD AVE , PO BOX 27009, PROVIDENCE, RI 02907	05-0440470	501C3	17,467				DONOR DESIGNATION
(119) UNITED WAY OF MASS BAY & MERRIMACK VALLEY 51 SLEEPER STREET, BOSTON, MA 02210-1208	04-2382233	501C3	16,247				DONOR DESIGNATION
(120) FRIARS FOREVER FUND PROVIDENCE COLLEGE ATHLETICS 1 CUNNINGHAM SQUARE, PROVIDENCE, RI 02918	05-0258932	501C3	15,750				DONOR DESIGNATION
(121) BOYS/GIRLS CLUB WARWICK P.O. BOX 8938 , WARWICK, RI 02888	05-6019193	501C3	15,445				DONOR DESIGNATION
(122) CLINICA ESPERANZA HOPE CLINIC 60 VALLEY STREET , STE 104 , PROVIDENCE, RI 02909	26-1714340	501C3	15,360				DONOR DESIGNATION & PROGRAM SERVICES
(123) GLOBAL IMPACT PO BOX 409616 , ATLANTA, GA 30384-9616	52-1273585	501C3	15,359				DONOR DESIGNATION
(124) GORDON SCHOOL 45 MAXFIELD AVENUE , EAST PROVIDENCE, RI 02914	05-0258876	501C3	15,116				DONOR DESIGNATION
(125) MOSES BROWN SCHOOL FOUNDATION 250 LLOYD AVENUE, PROVIDENCE, RI 02906-2398	23-7067506	501C3	15,062				DONOR DESIGNATION
(126) BOYS & GIRLS CLUBS OF AMERICA 1250 BROADWAY -, 36TH FLOOR , NEW YORK, NY 10001	13-5562976	501C3	15,000				DONOR DESIGNATION
(127) UNITED WAY OF CHARLOTTE COUNTY 17831 MURDOCK CIRCLE , PORT CHARLOTTE, FL 33948	59-1149995	501C3	15,000				DONOR DESIGNATION
(128) WARM (WESTERLY AREA REST MEAL) 56 SPRUCE STREET , WESTERLY, RI 02891	22-2887878	501C3	14,608				DONOR DESIGNATION & PROGRAM SERVICES
(129) SPECIAL OLYMPICS-RHODE ISLAND 370 GEORGE WASHINGTON HGHWY , SMITHFIELD, RI 02917	05-0377867	501C3	14,587				DONOR DESIGNATION
(130) RI FOUNDATION STARWEATHER & SHEPLEY FUND ONE UNION STATION, PROVIDENCE, RI 02903	22-2604963	501C3	14,465				DONOR DESIGNATION
(131) JEWISH FAMILY SERVICE OF RI 959 NORTH MAIN STREET , PROVIDENCE, RI 02904	05-0258888	501C3	14,462				DONOR DESIGNATION
(132) PRESERVATION SOCIETY, NEWPORT DEVELOPMENT OFFICE 424 BELLEVUE AVENUE, NEWPORT, RI 02840	05-0252708	501C3	14,350				DONOR DESIGNATION

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(133) RE-FOCUS, INC. 45 GREELEY STREET , PROVIDENCE, RI 02904	05-0394380	501C3	14,329				DONOR DESIGNATION
(134) PROVIDENCE CHILDRENS MUSEUM 100 SOUTH STREET , PROVIDENCE, RI 02903	05-0370944	501C3	14,175				DONOR DESIGNATION
(135) DARTMOUTH COLLEGE, TRUSTEES OF 1984 DARTMOUTH COLLEGE CLASS, DEVELOPMENT OFFICE, HANOVER, NH 03755-3555	02-0222111	501C3	14,084				DONOR DESIGNATION
(136) HAITIAN PROJECT INC PO BOX 6891 , PROVIDENCE, RI 02940	22-2700013	501C3	13,850				DONOR DESIGNATION
(137) SALVATION ARMY 34 COMMERCIAL STREET, PROVIDENCE, RI 02905	13-5562351	501C3	13,832				DONOR DESIGNATION
(138) ADOPTION RHODE ISLAND 2 BRADFORD STREET , PROVIDENCE, RI 02903	22-2543833	501C3	13,623				DONOR DESIGNATION
(139) NEWPORT ART MUSEUM 76 BELLEVUE AVENUE , NEWPORT, RI 02840	05-0258803	501C3	13,600				DONOR DESIGNATION
(140) RISE-RHODE ISLANDERS SPONSORING EDUCATION 1155 WESTMINSTER STREET , STE 106 , PROVIDENCE, RI 02909	06-1470525	501C3	13,483				DONOR DESIGNATION
(141) SOJOURNER HOUSE INC 386 SMITH ST , PROVIDENCE, RI 02908	05-0370419	501C3	13,467				DONOR DESIGNATION & PROGRAM SERVICES
(142) ST. LUKE'S CHURCH 108 WASHINGTON ROAD , BARRINGTON, RI 02806	05-0259028	501C3	13,316				DONOR DESIGNATION
(143) NATIONAL MULTIPLE SCLEROSIS 101 FIRST AVENUE , STE 6, WALTHAM, MA 02284	04-2178884	501C3	13,249				DONOR DESIGNATION
(144) ST MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE , NORTH PROVIDENCE, RI 02911	05-0213340	501C3	13,120				DONOR DESIGNATION
(145) PROVIDENCE AFTER SCHOOL ALLIANCE 81 CARPENTER STREET , PROVIDENCE, RI 02903	26-0319193	501C3	13,050				DONOR DESIGNATION
(146) UNITED WAY OF THE GREATER SEACOAST 112 CORPORATE DRIVE , UNIT 3 , PORTSMOUTH, NH 03801-2882	04-2382233	501C3	12,838				DONOR DESIGNATION
(147) MIRIAM HOSPITAL FOUNDATION PO BOX H , PROVIDENCE, RI 02901	05-0258905	501C3	12,835				DONOR DESIGNATION
(148) AMERICA'S CHARITIES PO BOX 75083 , BALTIMORE, MD 21275-5083	54-1517707	501C3	12,806				DONOR DESIGNATION
(149) WATERFIRE 475 VALLEY STREET, PROVIDENCE, RI 02908	22-2951612	501C3	12,669				DONOR DESIGNATION

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(150) DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE, PROVIDENCE, RI 02903	05-6000057	501C3	12,575				DONOR DESIGNATION
(151) YEAR UP PROVIDENCE 40 FOUNTAIN STREET , 7TH FLOOR , PROVIDENCE, RI 02903	04-3534407	501C3	12,491				DONOR DESIGNATION
(152) EARTH SHARE OF NEW ENGLAND 7735 OLD GEORGETOWN RD , #900 , BETHESDA, MD 20814	52-1601960	501C3	12,412				DONOR DESIGNATION
(153) PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET , PROVIDENCE, RI 02903	05-0262712	501C3	12,342				DONOR DESIGNATION
(154) JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD , PEACE DALE, RI 02879	05-0374356	501C3	12,164				DONOR DESIGNATION & PROGRAM SERVICES
(155) HABITAT FOR HUMANITY OF RHODE ISLAND 807 BROAD STREET , #333, PROVIDENCE, RI 02907-1679	05-0432730	501C3	12,100				DONOR DESIGNATION
(156) JOE NAMATH CHARITABLE FOUNDATION 300 EAST 51ST STREET , STE 7D , NEW YORK, NY 10022	81-3941360	501C3	12,000				DONOR DESIGNATION
(157) AMERICAN HEART ASSOCIATION - SOUTHERN NEW ENGLAND 1 STATE STREET , STE 200, PROVIDENCE, RI 02908-5005	13-5613797	501C3	11,872				DONOR DESIGNATION
(158) PAN MASS CHALLENGE TO BENEFIT DANA FARBER/JIMMY FUND 77 FOURTH AVENUE, NEEDHAM, MA 02494	04-2746912	501C3	11,500				DONOR DESIGNATION
(159) WEST ELMWOOD HOUSING DEVELOPMENT CORP 224 DEXTER STREET, PROVIDENCE, RI 02907	23-7138165	501C3	11,500				PROGRAM SERVICES
(160) RI HOSPITAL FOUNDATION - GIFT PROCESSING 593 EDDY STREET, ROOM 139, PROVIDENCE, RI 02901	05-0468736	501C3	11,465				DONOR DESIGNATION
(161) PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVE , EAST PROVIDENCE, RI 02914	05-0258934	501C3	11,450				DONOR DESIGNATION
(162) THE COVE CENTER INC 610 MANTON AVENUE , PROVIDENCE, RI 02909	05-0419116	501C3	11,383				DONOR DESIGNATION
(163) BOOKS ARE WINGS 1005 MAIN STREET, STE 8116 , PAWTUCKET, RI 02860	27-0045877	501C3	11,330				DONOR DESIGNATION & PROGRAM SERVICES
(164) ST. MARTIN'S EPISCOPAL CHURCH 50 ORCHARD AVENUE , PROVIDENCE, RI 02906	05-0260679	501C3	11,300				DONOR DESIGNATION

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(165) ARC OF BLACKSTONE VALLEY~THE 500 PROSPECT STREET , STE 203 , PAWTUCKET, RI 02860	05-0300152	501C3	11,187				DONOR DESIGNATION
(166) BIG BROTHERS BIG SISTERS OF THE OCEAN STATE 1540 PONTIAC AVENUE , STE 1 , CRANSTON, RI 02920	22-2606942	501C3	11,130				DONOR DESIGNATION
(167) PROVIDENCE PERFORMING ARTS CENTER STAGE 220 WEYBOSSET STREET, PROVIDENCE, RI 02903	05-0377244	501C3	11,016				DONOR DESIGNATION
(168) HAITIAN HEALTH FOUNDATION 97 SHERMAN STREET , NORWICH, CT 06360	06-1135999	501C3	11,001				DONOR DESIGNATION
(169) TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET , STE 200 , MEDFORD, MA 02155	04-2103634	501C3	11,000				DONOR DESIGNATION
(170) BOYS/GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET, PROVIDENCE, RI 02903	05-0258929	501C3	10,966				DONOR DESIGNATION
(171) WGBH ONE GUEST STREET , BOSTON, MA 02135	04-3312069	501C3	10,907				DONOR DESIGNATION
(172) ST RAPHAEL ACADEMY 123 WALCOTT STREET , PAWTUCKET, RI 02860-9905	05-0259066	501C3	10,740				DONOR DESIGNATION
(173) PROVIDENCE CENTER 528 NORTH MAIN STREET , PROVIDENCE, RI 02904	05-0316969	501C3	10,641				DONOR DESIGNATION
(174) SPCA - RHODE ISLAND 186 AMARAL STREET , RIVERSIDE, RI 02915	05-0262716	501C3	10,587				DONOR DESIGNATION
(175) ONE NEIGHBORHOOD BUILDERS 66 CHAFFEE ST. , PROVIDENCE, RI 02909	22-3010422	501C3	10,500				PROGRAM SERVICES
(176) LUCY'S HEARTH 19 VALLEY ROAD , MIDDLETOWN, RI 02842	22-2566612	501C3	10,499				DONOR DESIGNATION
(177) PROVIDENCE PRESERVATION SOCIETY 21 MEETING STREET , PROVIDENCE, RI 02903	05-0283958	501C3	10,350				DONOR DESIGNATION
(178) ST ADALBERTS 866 ATWELLS AVENUE , PROVIDENCE, RI 02909	05-0258963	501C3	10,125				DONOR DESIGNATION
(179) COMMUNITY 2000 EDUCATION FDTN PO BOX 1161 , CHARLESTOWN, RI 02813- 0903	05-0511235	501C3	10,120				DONOR DESIGNATION
(180) BLACKSTONE VALLEY COMMUNITY ACTION PROGRAM 32 GOFF AVENUE, PAWTUCKET, RI 02860	05-0312991	501C3	10,000				PROGRAM SERVICES
(181) MALTZ JUPITER THEATER 1001 EAST INDIANTOWN ROAD , JUPITER, FL 33477	65-0985658	501C3	10,000				DONOR DESIGNATION

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(182) OCEAN COMMUNITY CHAMBER OF COMMERCE FOUNDATION ONE CHAMBER WAY , WESTERLY, RI 02891	05-0494495	501C3	10,000				DONOR DESIGNATION
(183) TOWN OF PALM BEACH UNITED WAY, INC. 44 COCOANUT ROW, STE M201 , PALM BEACH, FL 33480	59-6037885	501C3	10,000				DONOR DESIGNATION
(184) WESTERLY HIGHER EDUCATION & JOB SKILLS CENTER ONE UNION STATION, PROVIDENCE, RI 02903	47-5069171	501C3	10,000				DONOR DESIGNATION
(185) MEALS ON WHEELS OF RI 70 BATH ST , PROVIDENCE, RI 02908	05-0340723	501C3	9,954				DONOR DESIGNATION
(186) FAMILY SERVICE OF RI INC. PO BOX 6688 , PROVIDENCE, RI 02940	05-0258858	501C3	9,952				DONOR DESIGNATION
(187) ST PATRICK'S ACADEMY 244 SMITH ST , PROVIDENCE, RI 02908	05-6000057	501C3	9,925				DONOR DESIGNATION
(188) YMCA OF NEWPORT COUNTY 792 VALLEY ROAD , NEWPORT, RI 02842	05-0258916	501C3	9,887				DONOR DESIGNATION
(189) LASALLE ACADEMY 612 ACADEMY AVENUE, PROVIDENCE, RI 02908	05-0449426	501C3	9,802				DONOR DESIGNATION
(190) COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET , WORCESTER, MA 01610	04-2103558	501C3	9,681				DONOR DESIGNATION
(191) RI ZOOLOGICAL SOCIETY - ROGER WILLIAMS PARK ZOO 1000 ELMWOOD AVENUE, PROVIDENCE, RI 02907-3659	05-6016675	501C3	9,668				DONOR DESIGNATION
(192) JEFFREY OSBORNE FOUNDATION 19241 BALLINGER STREET , NORTHRIDGE, CA 91324	46-0925456	501C3	9,500				DONOR DESIGNATION
(193) WHEELER SCHOOL 216 HOPE STREET, PROVIDENCE, RI 02906	05-0259101	501C3	9,042				DONOR DESIGNATION
(194) CYSTIC FIBROSIS FOUNDATION - MA & RI 220 NORTH MAIN STREET , STE 104, NATICK, MA 01760	13-1930701	501C3	9,020				DONOR DESIGNATION
(195) WOODLAWN COMMUNITY DEVELOPMENT 210 WEST AVENUE , PAWTUCKET, RI 02860	05-0506471	501C3	8,940				PROGRAM SERVICES
(196) GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVE. , WARWICK, RI 02886	05-0300724	501C3	8,856				DONOR DESIGNATION
(197) BOY SCOUTS OF AMERICA 1325 W WALNUT HILL LN , IRVING, TX 75015-2079	22-1576300	501C3	8,765				DONOR DESIGNATION
(198) UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PARKWAY, PHILADELPHIA, PA 19103	23-1556045	501C3	8,712				DONOR DESIGNATION

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(199) UNITED WAY OF ALLEGHENY COUNTY PO BOX 735 , PITTSBURGH, PA 15230-0735	25-1043578	501C3	8,654				DONOR DESIGNATION
(200) AMERICAN RED CROSS DISASTER RELIEF FUND, CENTRAL PROCESSING CENTER, WASHINGTON, DC 20090-6103	53-0196605	501C3	8,525				DONOR DESIGNATION
(201) SQUASH BUSTERS 795 COLUMBUS AVENUE , ROXBURY CROSSING, MA 02120	04-3330698	501C3	8,500				DONOR DESIGNATION
(202) PROVIDENCE ATHENAEUM 251 BENEFIT STREET , PROVIDENCE, RI 02903	05-0258928	501C3	8,425				DONOR DESIGNATION
(203) CITY YEAR PROVIDENCE 275 WESTMINSTER STREET , STE 500 , PROVIDENCE, RI 02903	22-2882549	501C3	8,189				DONOR DESIGNATION
(204) SCHOOL ONE 220 UNIVERSITY AVENUE , PROVIDENCE, RI 02906	05-0352225	501C3	8,163				DONOR DESIGNATION
(205) LEADERSHIP RHODE ISLAND 1570 WESTMINSTER ST. , FL. 1 , PROVIDENCE, RI 02909-1805	22-2570460	501C3	8,057				DONOR DESIGNATION
(206) UNITED WAY-CAPE & ISLANDS 1600 FALMOUTH ROAD , PO BOX 367, UNIT 25 , CENTERVILLE, MA 02632	04-2271714	501C3	7,705				DONOR DESIGNATION
(207) JUNIOR ACHIEVEMENT OF RI 57 GREENE STREET , WARWICK, RI 02886	05-0263443	501C3	7,654				DONOR DESIGNATION
(208) RISD 2 COLLEGE STREET , PROVIDENCE, RI 02903-2787	05-0258956	501C3	7,650				DONOR DESIGNATION
(209) MARTIN LUTHER KING CENTER 20 DR. MARCUS WHEATLAND BLVD , NEWPORT, RI 02840-2097	05-0271882	501C3	7,378				DONOR DESIGNATION
(210) AUDUBON SOCIETY OF RI 12 SANDERSON ROAD , SMITHFIELD, RI 02917	05-0265675	501C3	7,319				DONOR DESIGNATION
(211) DAUGHTERS OF MARY OF NAZARETH - ST. JOSEPH OF NAZARETH CONVENT 26 PHIPPS STREET, QUINCY, MA 02169	30-0781498	501C3	7,100				DONOR DESIGNATION
(212) CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 , SANTA ROSA, CA 95402-0446	94-2494324	501C3	7,093				DONOR DESIGNATION
(213) BOYS/GIRLS CLUB CUMBERLAND/LINCOLN PO BOX 7505, CUMBERLAND, RI 02864-0505	05-0280121	501C3	7,087				DONOR DESIGNATION
(214) EVEN FIELD, INC. 20 LIMROCK DRIVE , EAST GREENWICH, RI 02818	46-4180943	501C3	7,000				DONOR DESIGNATION
(215) UFCW LOCAL 328 CHARITABLE FDTN 278 SILVER SPRING STREET , PROVIDENCE, RI 02904	20-0678926	501C3	6,921				DONOR DESIGNATION
(216) FRIENDS WAY 765 WEST SHORE RD , WARWICK, RI 02889	05-0504841	501C3	6,737				DONOR DESIGNATION

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(217) DOCTORS WITHOUT BORDERS PO BOX 5030 , HAGERSTOWN, MD 21741-5030	13-3433452	501C3	6,725				DONOR DESIGNATION
(218) ARTS FOUNDATION OF CAPE COD 396 MAIN STREET , STE 10 , HYANNIS, MA 02601	04-2961772	501C3	6,659				DONOR DESIGNATION
(219) RI COLLEGE FOUNDATION DEV. OFFICE 600 MT. PLEASANT AVE, PROVIDENCE, RI 02908	05-6049721	501C3	6,619				DONOR DESIGNATION
(220) CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET , PO BOX 17526, BALTIMORE, MD 21297-0303	13-5563422	501C3	6,599				DONOR DESIGNATION
(221) ARTHRITIS FOUNDATION SNE CHPTR RHODE ISLAND BRANCH 2348 POST ROAD, STE 104, WARWICK, RI 02886	58-1341679	501C3	6,595				DONOR DESIGNATION
(222) GROW SMART RHODE ISLAND ONE EMPIRE STREET , STE 523 , PROVIDENCE, RI 02903	05-0499148	501C3	6,575				DONOR DESIGNATION
(223) PAWSWATCH P.O. BOX 7005 , WARWICK, RI 02887	05-0513435	501C3	6,570				DONOR DESIGNATION
(224) FESTIVAL BALLET 825 HOPE STREET , PROVIDENCE, RI 02906	05-0377245	501C3	6,500				DONOR DESIGNATION
(225) ALMOST HOME RESCUE PO BOX 6111 , PROVIDENCE, RI 02940	01-0893186	501C3	6,350				DONOR DESIGNATION
(226) EAST BAY FOOD PANTRY 150 FRANKLIN STREET , BRISTOL, RI 02809	26-4757945	501C3	6,347				DONOR DESIGNATION
(227) ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION 11 ROSEBANK AVE , PROVIDENCE, RI 02908	81-4458558	501C3	6,305				DONOR DESIGNATION & PROGRAM SERVICES
(228) STONY LANE SIX PRINCIPLE CHURCH 921 OLD BAPTIST ROAD , NORTH KINGSTOWN, RI 02852	05-0468920	501C3	6,240				DONOR DESIGNATION
(229) NAT'L MULTIPLE SCLEROSIS - RI 205 HALLENE RD , STE 209 , WARWICK, RI 02886	13-5661935	501C3	6,237				DONOR DESIGNATION
(230) YOUNG VOICES 150 MILLER AVENUE , PROVIDENCE, RI 02905	42-2103674	501C3	6,221				DONOR DESIGNATION
(231) DOMESTIC VIOLENCE RESOURCE CTR OF SOUTH COUNTY 61 MAIN STREET, WAKEFIELD, RI 02879	05-0377538	501C3	6,210				DONOR DESIGNATION
(232) RI COALITION FOR THE HOMELESS 1070 MAIN STREET , STE 202, PAWTUCKET, RI 02860	22-2894547	501C3	6,195				DONOR DESIGNATION & PROGRAM SERVICES
(233) MIRIAM HOSPITAL DEVELOPMENT OFFICE 162 SUMMIT AVENUE, PROVIDENCE, RI 02906	05-0258905	501C3	6,120				DONOR DESIGNATION

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(234) CVS HEALTH CHARITY CLASSIC INC. ONE CVS DRIVE , WOONSOCKET, RI 02895	05-0508742	501C3	6,000				DONOR DESIGNATION
(235) TRINITY RESTORATION INC. 375 BROAD STREET , PROVIDENCE, RI 02907	05-0502019	501C3	6,000				DONOR DESIGNATION
(236) UNIVERSITY OF HARTFORD - OFFICE OF INST. ADVANCEMENT 200 BLOMFIELD AVENUE, WEST HARTFORD, CT 06117-9950	06-0731360	501C3	6,000				DONOR DESIGNATION
(237) CENTER FOR RESILIENCE 249 MANTON AVENUE , PROVIDENCE, RI 02909	45-4438981	501C3	5,991				DONOR DESIGNATION & PROGRAM SERVICES
(238) CHILD & FAMILY SERVICE NEWPORT 31 JOHN CLARKE ROAD , MIDDLETOWN, RI 02842	23-7058381	501C3	5,989				DONOR DESIGNATION
(239) RI STATE COUNCIL OF CHURCHES 100 NIAANTIC AVENUE , STE 101 , PROVIDENCE, RI 02907	05-0268535	501C3	5,921				DONOR DESIGNATION
(240) GRANITE UNITED WAY 22 CONCORD STREET , CONCORD, NH 03101	02-6006033	501C3	5,918				DONOR DESIGNATION
(241) CONVENT OF THE SACRED HEART 1 EAST 91ST STREET , NEW YORK, NY 10128	13-1628166	501C3	5,917				DONOR DESIGNATION
(242) UNITED WAY OF CENTRAL MASS - DENHOLM BLDG. STE 300 484 MAIN STREET, WORCESTER, MA 01608-1880	04-2104017	501C3	5,885				DONOR DESIGNATION
(243) ANIMAL RESCUE RHODE ISLAND 506B CURTIS CORNER ROAD , PEACE DALE, RI 02879	05-0282432	501C3	5,885				DONOR DESIGNATION
(244) NATURE CONSERVANCY (VA)~THE - NAT'L HEADQUARTERS 4245 N. FAIRFAX DRIVE, STE 100, ARLINGTON, VA 22203	53-0242652	501C3	5,802				DONOR DESIGNATION
(245) BLITHEWOLD, INC. 101 FERRY ROAD , BRISTOL, RI 02809	05-0503407	501C3	5,800				DONOR DESIGNATION
(246) BROWN UNIVERSITY SPORTS FDTN PO BOX 1925 BROWN UNIVERSITY, PROVIDENCE, RI 02912	05-0390989	501C3	5,800				DONOR DESIGNATION
(247) FEINSTEIN-GAMM THEATRE 172 EXCHANGE STREET , PAWTUCKET, RI 02860-2211	22-2797284	501C3	5,726				DONOR DESIGNATION
(248) JONNYCAKE CENTER OF WESTERLY 23 INDUSTRIAL DRIVE, STE A , WESTERLY, RI 02891	05-0367687	501C3	5,672				DONOR DESIGNATION
(249) DAY ONE 100 MEDWAY STREET , PROVIDENCE, RI 02906	05-0385696	501C3	5,574				DONOR DESIGNATION
(250) WOLF SCHOOL~THE 215 FERRIS AVENUE , EAST PROVIDENCE, RI 02916	05-0506471	501C3	5,570				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
(251) VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK ROAD , STE 375 , PHOENIX, AZ 85018	86-0104419	501C3	5,526				DONOR DESIGNATION
(252) SALVE REGINA UNIVERSITY 100 OCHRE POINT, NEWPORT, RI 02840	05-0259080	501C3	5,506				DONOR DESIGNATION
(253) PILGRIM CONGREGATIONAL CHURCH 15 COMMON STREET , SOUTHBOROUGH, MA 01772	04-2577271	501C3	5,500				DONOR DESIGNATION
(254) TEMPLE BETH-EL 70 ORCHARD AVE , PROVIDENCE, RI 02906	05-0264805	501C3	5,451				DONOR DESIGNATION
(255) SIERRA CLUB FOUNDATION 2101 WEBSTER STREET , #1250 , OAKLAND, CA 94612	94-6069890	501C3	5,423				DONOR DESIGNATION
(256) OUR LADY OF MERCY CHURCH 65 THIRD STREET , EAST GREENWICH, RI 02818	05-0258922	501C3	5,375				DONOR DESIGNATION
(257) LSU FOUNDATION 3796 NICHOLSON DRIVE , BATON ROUGE, LA 70802	72-6020969	501C3	5,370				DONOR DESIGNATION
(258) INSTITUTE FOR LABOR STUDIES & RESEARCH 1540 PONTIAC AVENUE, CRANSTON, RI 02920	05-0387211	501C3	5,358				DONOR DESIGNATION & PROGRAM SERVICES
(259) MCAULEY MINISTRIES PO BOX 73195 , PROVIDENCE, RI 02907	05-0440470	501C3	5,350				DONOR DESIGNATION
(260) MENTOR RHODE ISLAND 3296 POST ROAD, WARWICK, RI 02886-7131	05-0443260	501C3	5,350				DONOR DESIGNATION
(261) ACLU FOUNDATION OF RI 128 DORRANCE ST, STE 220, PROVIDENCE, RI 02903	13-6213516	501C3	5,305				DONOR DESIGNATION
(262) A WISH COME TRUE INC 1010 WARWICK AVENUE , WARWICK, RI 02888	05-0398808	501C3	5,234				DONOR DESIGNATION
(263) SARGENT REHABILITATION CENTER 800 QUAKER LANE , WARWICK, RI 02818	05-0258936	501C3	5,233				DONOR DESIGNATION
(264) BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY , EAST PROVIDENCE, RI 02915	05-0258806	501C3	5,225				DONOR DESIGNATION
(265) GEAUGA COUNTY HUMANE SOCIETY'S RESCUE VILLAGE PO BOX 116 , NOVELTY, OH 44072	23-7358431	501C3	5,200				DONOR DESIGNATION
(266) GESU SCHOOL INC 1700 W THOMPSON STREET , PHILADELPHIA, PA 19121-5023	23-2728931	501C3	5,192				DONOR DESIGNATION
(267) REACH OUT AND READ RI ONE RICHMOND SQUARE , STE 121K , PROVIDENCE, RI 02906	05-0514148	501C3	5,175				DONOR DESIGNATION
(268) BOSTON COLLEGE LAW SCHOOL FUND 885 CENTRE STREET, NEWTON, MA 02459- 1100	04-2103545	501C3	5,150				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
(269) JEWISH NATIONAL FUND 42 EAST 69TH STREET , NEW YORK, NY 10021	13-1659627	501C3	5,100				DONOR DESIGNATION
(270) LOVING HEARTS OUTREACH 1902 WEST MAIN STREET , WASHINGTON, MO 63090	43-1820641	501C3	5,100				DONOR DESIGNATION
(271) BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE , WARWICK, RI 02889	05-0296059	501C3	5,096				DONOR DESIGNATION
(272) DIABETES RESEARCH AND WELLNESS FOUNDATION 1832 CONNECTICUT AVENUE N W , WASHINGTON, DC 20009	52-1840230	501C3	5,088				DONOR DESIGNATION
(273) UNITED WAY OF GRTR FALL RIVER PO BOX 2550 , FALL RIVER, MA 02722	04-2104026	501C3	5,044				DONOR DESIGNATION
(274) PAN MASSACHUSETTS CHALLENGE TRUST TO BENEFIT THE JIMMY FUND 77 FOURTH AVENUE, NEEDHAM, MA 02494	04-2746912	501C3	5,041				DONOR DESIGNATION
(275) BACK TO SCHOOL CELEBRATION OF RHODE ISLAND 25 ROYAL LITTLE DRIVE, PROVIDENCE, RI 02904	20-2305971	501C3	5,000				PROGRAM SERVICES
(276) DISCOVERY COUNSELING CENTER 115-A TOWN AND COUNTRY DRIVE , DANVILLE, CA 94526	94-1705971	501C3	5,000				DONOR DESIGNATION
(277) ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD , SIMSBURY, CT 06070	06-0689699	501C3	5,000				DONOR DESIGNATION
(278) KPMG FOUNDATION 1 FINANCIAL PLAZA , STE 2300, PROVIDENCE, RI 02903	13-5565207	501C3	5,000				DONOR DESIGNATION
(279) MALTESER INTERNATIONAL 1011 FIRST AVENUE, STE 1322 , NEW YORK, NY 10022	26-3701623	501C3	5,000				DONOR DESIGNATION
(280) ORDER OF MALTA CHARITIES 1011 FIRST AVENUE , STE 1350 , NEW YORK, NY 10022	23-7095245	501C3	5,000				DONOR DESIGNATION
(281) PARTNERSHIP FOR PROVIDENCE PARKS 11 WEST DRIVE , PROVIDENCE, RI 02904	46-1154583	501C3	5,000				DONOR DESIGNATION
(282) PROVIDENCE COLLEGE ATHLETICS PROVIDENCE COLLEGE ALUMNI HALL, PROVIDENCE, RI 02918	05-0258932	501C3	5,000				DONOR DESIGNATION
(283) RHODE ISLAND NURSES INSTITUTE MIDDLE COLLEGE CHARTER HIGH SC SUITE 400 , PROVIDENCE, RI 02903	45-1555822	501C3	5,000				DONOR DESIGNATION
(284) SAMARITANS PURSE PO BOX 3000 , BOONE, NC 28607	58-1437002	501C3	5,000				DONOR DESIGNATION
(285) SANTA BARBARA MUSEUM OF ART 1130 STATE ST , SANTA BARBARA, CA 93101	95-1664122	501C3	5,000				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
(286) SOME, INC. 71 O STREET NW , WASHINGTON, DC 20001	23-7098123	501C3	5,000				DONOR DESIGNATION
(287) UNIVERSITY OF COLORADO FDTN GIFT MANAGEMENT PO BOX 17126, DENVER, CO 80203	84-6049811	501C3	5,000				DONOR DESIGNATION
(288) ZOOLOGICAL SOCIETY/PALM BEACH 1301 SUMMIT BOULEVARD , PALM BEACH, FL 33405	59-1259270	501C3	5,000				DONOR DESIGNATION

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>FOR FISCAL YEAR ENDED JUNE 30, 2018, UWRI DISTRIBUTED \$11.5 MILLION TO 4,533 AGENCIES IN THE UNITED STATES (INCLUDED IN THIS TOTAL ARE AGENCIES THAT RECEIVE \$5,000 OR MORE, AS REPORTED IN PART II OF THIS SCHEDULE). GRANTS WERE DISTRIBUTED AS DONOR DESIGNATED (THIS IS WHEN A DONOR CONTRIBUTES TO UWRI AND RECOMMENDS THAT UWRI FORWARD THEIR CHARITABLE GIFT TO THE DESIGNATED AGENCY) OR AS PROGRAM OPERATING COSTS (THESE ARE AGENCIES THAT ARE FUNDED FROM DONOR CONTRIBUTIONS DISCRETIONARY TO THE UWRI COMMUNITY IMPACT FUND). IN SOME INSTANCES, AGENCIES RECEIVED BOTH DONOR DESIGNATED AND PROGRAM OPERATING COST FUNDING FROM UWRI.</p> <p>FOR PROGRAM OPERATING COST FUNDING, UWRI APPLIES A TRANSPARENT OPEN INVITATION AND BID PROCESS PRIOR TO AWARDING FUNDING TO AGENCIES. THERE IS AN OPEN APPLICATION PROCESS THAT INCLUDES THE EXPLANATION OF THE PROPOSED USE AND EXPECTED RESULTS FROM THE USE OF THE FUNDS. THE APPLICATIONS ARE REVIEWED BY A COMMITTEE OF COMMUNITY LEADERS AND UWRI STAFF. DURING THIS PROCESS, THE COMMITTEE REVIEWS THE PROPOSAL THAT WILL PROVIDE THE BEST RETURN ON INVESTMENT FOR THE COMMUNITY. AGENCIES THAT APPLY ARE NOT ONLY REVIEWED FOR THEIR PROPOSAL BUT ALSO A FINANCIAL REVIEW OF THE ORGANIZATION IS COMPLETED BY THE COMMITTEE TO GAIN A LEVEL OF ASSURANCE THAT THE AWARDED AGENCIES WILL FOLLOW SOUND FISCAL POLICIES. RECOMMENDATIONS BY THE COMMITTEE ARE PRESENTED TO THE UWRI BOARD OF DIRECTORS WHO THEN VOTE AND HAVE FINAL AUTHORIZATION ON AWARDING GRANTS.</p> <p>AGENCIES THAT ARE AWARDED A UWRI GRANT ARE REQUIRED TO SIGN A WRITTEN CONTRACT WITH UWRI WHICH STIPULATES THE TERMS AND CONDITIONS OF THE GRANT. GRANTEES 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 I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>TRI-COUNTY COMMUNITY ACTION AGENCY</p> <p>11 EMANUEL STREET, NORTH PROVIDENCE, RI 02911</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>FEDERAL HILL HOUSE ASSN</p> <p>9 COURTLAND STREET , PROVIDENCE, RI 02909-1597</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>COMMUNITY CARE ALLIANCE</p> <p>800 CLINTON STREET, PO BOX 1700, WOONSOCKET, RI 02895-0856</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>CONNECTING FOR CHILDREN & FAMILIES, INC:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>TRI-COUNTY COMMUNITY ACTION AGENCY:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>DORCAS INTERNATIONAL INSTITUTE OF RI:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>FEDERAL HILL HOUSE ASSN:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>COMMUNITY CARE ALLIANCE:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>RI COMMUNITY FOOD BANK:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>RHODE ISLAND MENTORING PARTNERSHIP:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>GENESIS CENTER:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>RI KIDS COUNT:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>LOCAL INITIATIVES SUPPORT CORPORATION:</p> <p>DONOR DESIGNATION & PROGRAM SERVICES</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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

05-0276059

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> First-class or charter travel </div> <div style="width: 50%;"> <input type="checkbox"/> Housing allowance or residence for personal use </div> <div style="width: 50%;"> <input type="checkbox"/> Travel for companions </div> <div style="width: 50%;"> <input type="checkbox"/> Payments for business use of personal residence </div> <div style="width: 50%;"> <input type="checkbox"/> Tax indemnification and gross-up payments </div> <div style="width: 50%;"> <input type="checkbox"/> Health or social club dues or initiation fees </div> <div style="width: 50%;"> <input type="checkbox"/> Discretionary spending account </div> <div style="width: 50%;"> <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) </div> </div>		
<p>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.</p>	1b	
<p>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 on line 1a?</p>	2	
<p>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.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Compensation committee </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Written employment contract </div> <div style="width: 50%;"> <input type="checkbox"/> Independent compensation consultant </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Compensation survey or study </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	✓
<p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p>	5b	✓
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p>	6b	✓
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</p>	7	✓
<p>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.</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

For each individual whose compensation must be reported 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 aren't 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	MR ANTHONY MAIONE	259,214	26,258	0	11,630	23,864	320,966	0
	FORMER PRESIDENT AND CEO	0	0	0	0	0	0	0
2								
3								
4								
5								
6								
7								
8								
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10								
11								
12								
13								
14								
15								
16								

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I - QUESTION 3	THE PROCESS FOR DETERMINING THE ANNUAL COMPENSATION AND BENEFITS FOR THE PRESIDENT AND CEO AT UNITED WAY IS DESCRIBED IN DETAIL IN PART VI (GOVERNANCE), QUESTION #15A.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	IN THE MONTH OF SEPTEMBER 2017 UWRI ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER IRC SECTION 457(B) FOR KEY EXECUTIVES. THE ONLY PARTICIPANT WAS ANTHONY MAIONE PRESIDENT AND CEO. UWRI ALLOWS PARTICIPANTS TO ELECT IN WRITING TO DEFER A PORTION OF THEIR COMPENSATION UP TO THE MAXIMUM AMOUNT PERMITTED UNDER SECTION 457 OF THE CODE FOR A PLAN YEAR. CONTRIBUTIONS ARE NOT MATCHED BY UWRI. THE DEFERRED COMPENSATION ACCOUNTS ARE SHOWN AS BOTH ASSETS AND LIABILITIES ON UWRI'S FINANCIAL STATEMENTS AND ARE AVAILABLE TO CREDITORS IN THE EVENT OF UWRI'S LIQUIDATION. THE BALANCE OF THE DEFERRED COMPENSATION ACCOUNT WAS \$27,000 AS OF JUNE 30, 2018. DEFERRED COMPENSATION EXPENSE WAS \$27,000 FOR THE YEAR ENDED JUNE 30, 2018.
SCHEDULE J, PART II - COMPENSATION FOR PRESIDENT AND CEO	THE COMPENSATION INFORMATION REPORTED IN PART II WAS BASED ON CALENDAR YEAR 2017 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 2017 DATA

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

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	✓	130	1,288,702	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>)	✓	21	17,708	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
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 isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't 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
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - NON CASH CONTRIBUTIONS UWRI IS RECORDING THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990 or 990-EZ)**Department of Treasury Internal
Revenue Service**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.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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: (\$894,911) CHANGE IN NET ASSETS IS ATTRIBUTABLE TO PLANNED SPENDING FROM FUND RESERVES FOR COMMUNITY IMPACT GRANTS, DEVELOPMENT OF THE MYFUND PORTAL, AND THE CEO SEARCH.
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	RI CITIZENS IN OLNEYVILLE. -\$343,866 IN DONOR CONTRIBUTIONS TO THE RI GOOD NEIGHBOR ENERGY FUND WERE GRANTED TO 7 AGENCIES IN THE YEAR ENDED 6/30/18 TO PROVIDE ENERGY ASSISTANCE TO THOSE IN NEED. DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED IN THE UWRI 2017-2018 COMMUNITY IMPACT REPORTS LOCATED ON OUR WEBSITE AT WWW.LIVEUNITEDRI.ORG
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$1,383,565 INCLUDING GRANTS OF)(REVENUE) BELOW IS A LIST OF OTHER SIGNIFICANT PROJECTS SUPPORTED (OTHER PROGRAM SERVICES) BY UNITED WAY DURING FISCAL YEAR ENDING 6/30/2018: -\$1,133,421 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. -\$250,144 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, 2018. 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 2018 AT THE START OF THE AUDIT ENGAGEMENT AND IN OCTOBER 2018 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 2018 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 2018 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	<p>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</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>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.</p>
FORM 990, PART XII, LINE 2C -	<p>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.</p>

**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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**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) 2017

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) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2017

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			n/a		

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, 2017 WERE BELOW THE REPORTABLE THRESHOLD FOR SCHEDULE R, PART V, LINE 2.

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2017, or tax year beginning 07/01, 2017, and ending 06/30, 20 18**2017**Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	18,416,316
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

PRESIDENT & CEO
Title**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <u>Elizabeth Resendes, CPA</u>	Date <u>5/6/2019</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN			
	Phone no.				

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ELIZABETH RESENDES, CPA	<u>Elizabeth Resendes, CPA</u>	<u>5/6/2019</u>		P00533754
	Firm's name	Firm's EIN			
	SANSIVERI, KIMBALL & CO., LLP	05-0255779			
	Firm's address	Phone no.			
	50 HOLDEN STREET, PROVIDENCE, RI 02908-5758	(401) 331-0500			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 36606Q

Form **8453-EO** (2017)