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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

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

C Name of organization
UNIVERSITY OF RHODE ISLAND FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
79 UPPER COLLEGE ROAD

City or town, state or country, and ZIP + 4
KINGSTON, RI 02881

D Employer identification number
05-6014351

E Telephone number
(401) 874-4490

G Gross receipts $ 27,772,395

F Name and address of principal officer
MERELISE A HITTE
79 UPPER COLLEGE ROAD
KINGSTON, RI 02881

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

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** WWW URIFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1957

M State of legal domicile RI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
LEAD URI'S FUNDRAISING AND DEVELOPMENT INITIATIVES, GENERATE SUPPORT FROM PRIVATE SOURCES THAT MEET THE STRATEGIC AND OPERATING NEEDS OF URI AND MANAGE THE FOUNDATION'S ASSETS

2 Check this box ▶☐ 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	150
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	149
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	42
6	Total number of volunteers (estimate if necessary)	6	149
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,777,220	11,720,083
	9	Program service revenue (Part VIII, line 2g)	2,978,418	2,891,465
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,365,522	1,069,787
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,121,160	15,681,335
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,671,894	12,182,917
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,555,299	3,440,881
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,444,553		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,927,310	1,730,609
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,154,503	17,354,407
	19	Revenue less expenses Subtract line 18 from line 12	2,966,657	-1,673,072

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	132,053,341	131,241,472
	21	Total liabilities (Part X, line 26)	1,108,236	2,643,772
	22	Net assets or fund balances Subtract line 21 from line 20	130,945,105	128,597,700

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

****** 2012-10-22
Signature of officer Date

MERELISE A HITTE DIRECTOR OF FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DEBORAH A HOPKINS | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00167843

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KAHN LITWIN RENZA & CO LTD
951 NORTH MAIN STREET
PROVIDENCE, RI 02904

EIN ▶ 05-0409384

Phone no ▶ (401) 274-2001

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

LEAD URI'S FUNDRAISING AND DEVELOPMENT INITIATIVES, GENERATE SUPPORT FROM PRIVATE SOURCES THAT MEET THE STRATEGIC AND OPERATING NEEDS OF URI AND MANAGE THE FOUNDATION'S ASSETS

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 and section 4947(a)(1) trusts 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 $ 1,771,389 including grants of $) (Revenue $ 415,099)

SCHOLARSHIP PROGRAMS - CONTRIBUTIONS ARE RECEIVED BY THE FOUNDATION AND REPORTED TO THE UNIVERSITY OF RHODE ISLAND ENROLLMENT SERVICES AREA THEY IN TURN AWARD THE SCHOLARSHIPS AND THEN LET THE FOUNDATION KNOW TO TRANSFER THE FUNDS TO THE UNIVERSITY

4b (Code) (Expenses $ 3,287,683 including grants of $) (Revenue $ 770,419)

EDUCATIONAL DELIVERY, GENERAL OTHER - PRIVATE SUPPORT FOR AN ATHLETIC COMPLEX, BIOTECH CENTER, AND A PHARMACY BUILDING, IS MANAGED BY THE FOUNDATION AND TRANSFERRED TO THE UNIVERSITY AS PAYMENTS BECOME DUE THIS IS ALSO FOR THE PURCHASE OF COMPUTER EQUIPMENT FOR OFFICES CAMPUS-WIDE AND INCLUDES ADDITIONS TO EXISTING BUILDINGS

4c (Code) (Expenses $ 1,391,951 including grants of $) (Revenue $ 326,183)

EDUCATIONAL PROGRAMS, GENERAL OTHER - THE FOUNDATION ADMINISTERS DONATIONS FOR OUTREACH EVENTS SUCH AS MUSIC PERFORMANCES AND LECTURES TO INVOLVE THE RHODE ISLAND COMMUNITY IN THE LIFE OF THE UNIVERSITY OF RHODE ISLAND

(Code) (Expenses $ 2,603,828 including grants of $) (Revenue $ 610,168)

EDUCATIONAL DELIVERY, GENERAL OTHER - CONTRIBUTIONS ARE RECEIVED BY THE FOUNDATION AND TRANSFERRED AS NEEDED FOR ACADEMIC PROGRAMS ACROSS THE CAMPUS MOST DEPARTMENTS ON CAMPUS RECEIVE SOME ACADEMIC SUPPORT THE MAJORITY OF THE DOLLARS GO TO THE COLLEGE OF ENGINEERING

(Code) (Expenses $ 721,917 including grants of $) (Revenue $ 169,170)

SCIENCE & TECHNOLOGY RESEARCH, GENERAL OTHER - SUPPORT OF RESEARCH BY PROFESSORS AT THE UNIVERSITY OF RHODE ISLAND FROM DONORS SUCH AS CORPORATIONS AND OTHER FOUNDATIONS AS THE MONEY IS SPENT FOR RESEARCH, THE FOUNDATION TRANSFERS IT TO THE UNIVERSITY MOST OF THE FUNDING IS FOR RESEARCH IN THE GRADUATE SCHOOL OF OCEANOGRAPHY AND THE COLLEGE OF ENGINEERING

(Code) (Expenses $ 82,156 including grants of $) (Revenue $ 19,252)

EDUCATIONAL DELIVERY - FACULTY CHAIRS FOR THE COLLEGES OF PHARMACY, ENGINEERING AND BUSINESS SUPPORT INCLUDES SALARY AND FUNDS FOR RESEARCH (5 FACULTY CHAIRS)

(Code) (Expenses $ 96,167 including grants of $) (Revenue $ 22,535)

LIBRARY PROGRAMS - THE UNIVERSITY LIBRARY USES THESE FUNDS TO PURCHASE ADDITIONAL ON-LINE SERVICES, EQUIPMENT AND BOOKS

(Code) (Expenses $ 154,732 including grants of $) (Revenue $ 36,259)

EDUCATION, GENERAL OTHER - SUPPORT OF EVENTS TO HONOR MAJOR DONORS AND OTHER ADVANCEMENT TYPE PROJECTS AND EVENTS ALSO PERMITS ATTENDANCE BY TOP ADMINISTRATORS AT SIGNIFICANT EVENTS

(Code) (Expenses $ 156,104 including grants of $) (Revenue $ 36,581)

BOAT PROGRAM - EXPENSES FROM THE FOUNDATION'S BOAT PROGRAM INCLUDES THE ACCEPTANCE OF BOATS FOR THE MARINE-RELATED PROGRAMS AND THE SALE OF THESE BOATS IF THEY ARE NOT WANTED FOR USE BY THE UNIVERSITY PROCEEDS FROM THE SALES LEND SUPPORT TO DEPARTMENTS INVOLVED IN MARINE ACTIVITIES

(Code) (Expenses $ 2,073,094 including grants of $) (Revenue $ 485,799)

EDUCATION, GENERAL OTHER - TRANSFER OF FUNDS TO THE UNIVERSITY ALUMNI ASSOCIATION FOR THEIR SCHOLARSHIP AND OTHER PROGRAMS AND ALSO TRANSFER OF ANY OPERATIONAL FUNDS FOR ATHLETICS RECEIVED AS GIFTS BY NCAA REQUIREMENTS

4d Other program services (Describe in Schedule O)
(Expenses $ 5,887,998 including grants of $) (Revenue $ 1,379,764)

4e **Total program service expenses** ▶ $ 12,339,021

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII.*	11b		No
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? *If "Yes," complete Schedule D, Part VIII.*	11c		No
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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
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? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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 owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

				Line	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8			
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	42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	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		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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?			6a		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	44			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
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	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the 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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question 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 150			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 149			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (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

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MERELISE A HITTE
79 UPPER COLLEGE ROAD
KINGSTON, RI 02881
(401) 874-4490

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	Sub-Total . . . . ▶			
c	Total from continuation sheets to Part VII, Section A . . . . ▶			
d	Total (add lines 1b and 1c) . . . . ▶	942,864	522,631	322,439

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 ▶8

			Yes	No
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		No
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	Yes	
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		No

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
CAMBRIDGE ASSOCIATES LLC 100 SUMMER STREET BOSTON, MA 021102112	INVESTMENT ADVISOR	118,900

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 Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	11,720,083				
	g	Noncash contributions included in lines 1a-1f $ 1,915,877					
	h	**Total.** Add lines 1a-1f . . . . ▶		11,720,083			
Program Service Revenue			Business Code				
	2a	SERVICES FOR URI	611710	2,891,465	2,891,465		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		2,891,465			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,062,148			2,062,148
	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)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	10,948,669 / 150,030				
	b	Less cost or other basis and sales expenses	11,655,949 / 435,111				
	c	Gain or (loss)	-707,280 / -285,081				
	d	Net gain or (loss) . . . . ▶		-992,361			-992,361
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶					
	12	**Total revenue.** See Instructions . . . ▶		15,681,335	2,891,465	0	1,069,787

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	12,182,917	12,182,917		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	370,405		108,529	261,876
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,219,023		339,580	1,879,443
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	632,605		142,983	489,622
10	Payroll taxes	218,848		50,668	168,180
11	Fees for services (non-employees)				
a	Management				
b	Legal	8,855		991	7,864
c	Accounting	42,000		42,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	633,202		633,202	
g	Other	9,488		9,488	
12	Advertising and promotion				
13	Office expenses	270,899	6,043	34,891	229,965
14	Information technology	38,533	345	8,526	29,662
15	Royalties . .				
16	Occupancy	91,889	8,888	44,404	38,597
17	Travel	102,028	385	272	101,371
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,349		13,349	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,779		87,779	
23	Insurance	23,949	9,200	14,749	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	TEMPORARY & STUDENT HEL	144,875	78,228	32,342	34,305
b	DONOR CULTIVATION	92,430	2,167	6,284	83,979
c	EXECUTIVE SEARCH/RECRUI	80,417			80,417
d	BOAT EXPENSES	49,894	49,894		
e					
f	All other expenses	41,022	954	796	39,272
25	**Total functional expenses.** Add lines 1 through 24f	17,354,407	12,339,021	1,570,833	3,444,553
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			5,923,764	1	5,297,673
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,691,711	3	3,449,125
	4	Accounts receivable, net			337,867	4	17,407
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			32,038	7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			113,674	9	61,392
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	2,635,698			
	b	Less accumulated depreciation	10b	798,926	1,828,773	10c	1,836,772
	11	Investments—publicly traded securities			118,061,484	11	119,573,881
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,064,030	15	1,005,222
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			132,053,341	16	131,241,472
Liabilities	17	Accounts payable and accrued expenses			228,762	17	325,922
	18	Grants payable				18	
	19	Deferred revenue			869,374	19	784,506
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			10,100	25	1,533,344
	26	**Total liabilities.** Add lines 17 through 25			1,108,236	26	2,643,772
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			6,555,478	27	6,477,253
	28	Temporarily restricted net assets			45,066,506	28	40,851,574
	29	Permanently restricted net assets			79,323,121	29	81,268,873
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			130,945,105	33	128,597,700
	34	Total liabilities and net assets/fund balances			132,053,341	34	131,241,472

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	15,681,335
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,354,407
3	Revenue less expenses Subtract line 2 from line 1	3	-1,673,072
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	130,945,105
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-674,333
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	128,597,700

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . .	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
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 . .	3b		

SCHEDULE A (Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF RHODE ISLAND FOUNDATION

Employer identification number
05-6014351

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☑ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,033,463	15,370,196	20,876,003	13,777,220	11,720,083	75,776,965
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	14,033,463	15,370,196	20,876,003	13,777,220	11,720,083	75,776,965
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)						3,869,115
6 **Public Support.** Subtract line 5 from line 4						71,907,850

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	14,033,463	15,370,196	20,876,003	13,777,220	11,720,083	75,776,965
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,868,562	2,444,048	1,800,980	1,848,146	2,062,148	11,023,884
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			11,638			11,638
11 **Total support** (Add lines 7 through 10)						86,812,487

12 Gross receipts from related activities, etc (See instructions) **12** 14,297,840

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14** 82 830 %

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15** 83 480 %

16a **33 1/3% support test—2011.** 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 ☑

b **33 1/3% support test—2010.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 05-6014351
Name: UNIVERSITY OF RHODE ISLAND FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,603,828 including grants of $) (Revenue $ 610,168)

EDUCATIONAL DELIVERY, GENERAL OTHER - CONTRIBUTIONS ARE RECEIVED BY THE FOUNDATION AND TRANSFERRED AS NEEDED FOR ACADEMIC PROGRAMS ACROSS THE CAMPUS MOST DEPARTMENTS ON CAMPUS RECEIVE SOME ACADEMIC SUPPORT THE MAJORITY OF THE DOLLARS GO TO THE COLLEGE OF ENGINEERING

(Code) (Expenses $ 721,917 including grants of $) (Revenue $ 169,170)

SCIENCE & TECHNOLOGY RESEARCH, GENERAL OTHER - SUPPORT OF RESEARCH BY PROFESSORS AT THE UNIVERSITY OF RHODE ISLAND FROM DONORS SUCH AS CORPORATIONS AND OTHER FOUNDATIONS AS THE MONEY IS SPENT FOR RESEARCH, THE FOUNDATION TRANSFERS IT TO THE UNIVERSITY MOST OF THE FUNDING IS FOR RESEARCH IN THE GRADUATE SCHOOL OF OCEANOGRAPHY AND THE COLLEGE OF ENGINEERING

(Code) (Expenses $ 82,156 including grants of $) (Revenue $ 19,252)

EDUCATIONAL DELIVERY - FACULTY CHAIRS FOR THE COLLEGES OF PHARMACY, ENGINEERING AND BUSINESS SUPPORT INCLUDES SALARY AND FUNDS FOR RESEARCH (5 FACULTY CHAIRS)

(Code) (Expenses $ 96,167 including grants of $) (Revenue $ 22,535)

LIBRARY PROGRAMS - THE UNIVERSITY LIBRARY USES THESE FUNDS TO PURCHASE ADDITIONAL ON-LINE SERVICES, EQUIPMENT AND BOOKS

(Code) (Expenses $ 154,732 including grants of $) (Revenue $ 36,259)

EDUCATION, GENERAL OTHER - SUPPORT OF EVENTS TO HONOR MAJOR DONORS AND OTHER ADVANCEMENT TYPE PROJECTS AND EVENTS ALSO PERMITS ATTENDANCE BY TOP ADMINISTRATORS AT SIGNIFICANT EVENTS

(Code) (Expenses $ 156,104 including grants of $) (Revenue $ 36,581)

BOAT PROGRAM - EXPENSES FROM THE FOUNDATION'S BOAT PROGRAM INCLUDES THE ACCEPTANCE OF BOATS FOR THE MARINE-RELATED PROGRAMS AND THE SALE OF THESE BOATS IF THEY ARE NOT WANTED FOR USE BY THE UNIVERSITY PROCEEDS FROM THE SALES LEND SUPPORT TO DEPARTMENTS INVOLVED IN MARINE ACTIVITIES

(Code) (Expenses $ 2,073,094 including grants of $) (Revenue $ 485,799)

EDUCATION, GENERAL OTHER - TRANSFER OF FUNDS TO THE UNIVERSITY ALUMNI ASSOCIATION FOR THEIR SCHOLARSHIP AND OTHER PROGRAMS AND ALSO TRANSFER OF ANY OPERATIONAL FUNDS FOR ATHLETICS RECEIVED AS GIFTS BY NCAA REQUIREMENTS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
THOMAS J SILVIA EXEC BOARD CHAIR	8 00	X		X				0	0	0
JOHN S STRUCK EXEC BOARD VICE CHAIR	1 00	X		X				0	0	0
PETER J MINIATI III EXEC BOARD TREASURER	4 00	X		X				0	0	0
RICHARD E BEAUPRE EXECUTIVE BOARD	2 00	X						0	0	0
GARY J BOWEN EXECUTIVE BOARD	2 00	X						0	0	0
JOHN F BRENNAN JR EXECUTIVE BOARD	2 00	X						0	0	0
MARY F CARMODY EXECUTIVE BOARD	2 00	X						0	0	0
MARGO COOK EXECUTIVE BOARD	2 00	X						0	0	0
LAURA H CUNNINGHAM EXECUTIVE BOARD	2 00	X						0	0	0
MICHAEL D FASCITELLI EXECUTIVE BOARD	2 00	X						0	0	0
JOSEPH G FORMICOLA JR EXECUTIVE BOARD	2 00	X						0	0	0
JAMES A HOPKINS EXECUTIVE BOARD	2 00	X						0	0	0
CAROLINE TENNANT KAULL EXECUTIVE BOARD	2 00	X						0	0	0
PHILLIP KYDD EXECUTIVE BOARD	2 00	X						0	0	0
DR MARGARET S LEINEN EXECUTIVE BOARD	2 00	X						0	0	0
CAROL J MAKOVICH EXECUTIVE BOARD	2 00	X						0	0	0
ANNA CANO MORALES EXECUTIVE BOARD	2 00	X						0	0	0
BLANCHE R MURRAY EXECUTIVE BOARD	2 00	X						0	0	0
HENRY J NARDONE SR EXECUTIVE BOARD	2 00	X						0	0	0
NATHANIEL NAZARETH JR EXECUTIVE BOARD	2 00	X						0	0	0
NATHANIEL NAZARETH SR EXECUTIVE BOARD	2 00	X						0	0	0
DANIEL PENDERGAST JR EXECUTIVE BOARD	2 00	X						0	0	0
THOMAS M RYAN EXECUTIVE BOARD	2 00	X						0	0	0
SEN SUSAN SOSNOWSKI EXECUTIVE BOARD	2 00	X						0	0	0
CHARLES WHARTON EXECUTIVE BOARD	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
LAUREEN L WHITE EXECUTIVE BOARD	2 00	X						0	0	0
ALAN G ZARTARIAN EXECUTIVE BOARD	2 00	X						0	0	0
LORNE A ADRAIN EXECUTIVE BOARD, EX-OFFICIO	2 00	X						0	0	0
JOSEPH CONFESSORE EXECUTIVE BOARD, EX-OFFICIO	2 00	X						0	0	0
DR FRANCES M ALEXAKOS TRUSTEE	1 00	X						0	0	0
LINDA A ANDERSON TRUSTEE	1 00	X						0	0	0
GERALDINE M BARBER TRUSTEE	2 00	X						0	0	0
VICTOR J BAXT TRUSTEE	1 00	X						0	0	0
BANICE CARL BAZAR TRUSTEE	1 00	X						0	0	0
BRUCE ALAN BEAUCHAMP TRUSTEE	1 00	X						0	0	0
GEORGE J BEDARD TRUSTEE	1 00	X						0	0	0
BRADFORD REED BOSS TRUSTEE	1 00	X						0	0	0
ROSWELL S BOSWORTH JR TRUSTEE	1 00	X						0	0	0
EDWARD W BOUCLIN JR TRUSTEE	1 00	X						0	0	0
LAUREL L BOWERMAN TRUSTEE	1 00	X						0	0	0
JOHN J BROUGH JR TRUSTEE	1 00	X						0	0	0
GUSTIN L BUONAIUTO TRUSTEE	1 00	X						0	0	0
SCOTT A CAMPBELL TRUSTEE	1 00	X						0	0	0
DR ALBERT CARLOTTI JR TRUSTEE	1 00	X						0	0	0
FRANK N CARUSO TRUSTEE	1 00	X						0	0	0
THOMAS M CATALDO TRUSTEE	1 00	X						0	0	0
SHANNON E CHANDLEY TRUSTEE	1 00	X						0	0	0
RAYMOND CHRISTOPHER JR TRUSTEE	1 00	X						0	0	0
EDMUND CIANCIARULO JR TRUSTEE	1 00	X						0	0	0
ROBERT L CONSIDINE TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DR WM CROASDALE III TRUSTEE	1 00	X						0	0	0
RONALD A CRUFF TRUSTEE	1 00	X						0	0	0
STEPHEN M CUNNINGHAM TRUSTEE	1 00	X						0	0	0
RONALD D DENELLE TRUSTEE	1 00	X						0	0	0
MARIE C DIBIASIO TRUSTEE	1 00	X						0	0	0
LAURA H DISANO TRUSTEE	1 00	X						0	0	0
DENNIS J DUFFY TRUSTEE	1 00	X						0	0	0
KATHLEEN Y DUFFY TRUSTEE	1 00	X						0	0	0
DR HEIDI K DUFFY TRUSTEE	1 00	X						0	0	0
MARY S EDDY TRUSTEE	1 00	X						0	0	0
THOMAS V FALCIGLIA TRUSTEE	1 00	X						0	0	0
J TERENCE FEELEY TRUSTEE	1 00	X						0	0	0
ALAN SHAWN FEINSTEIN TRUSTEE	1 00	X						0	0	0
DR WILLIAM R FERRANTE TRUSTEE	1 00	X						0	0	0
JAMES C FORTE TRUSTEE	1 00	X						0	0	0
PAUL M FRADIN TRUSTEE	1 00	X						0	0	0
RAYMOND P FREITAS TRUSTEE	1 00	X						0	0	0
ELIA GERMANI TRUSTEE	1 00	X						0	0	0
KATHLEEN C GOULDING TRUSTEE	1 00	X						0	0	0
GEORGE GRABOYS TRUSTEE	1 00	X						0	0	0
MARY A GRAY TRUSTEE	2 00	X						0	0	0
WILLIAM R GUGLIETTA TRUSTEE	1 00	X						0	0	0
MAUREEN E GURGHIGIAN TRUSTEE	1 00	X						0	0	0
GEORGE HADFIELD III TRUSTEE	1 00	X						0	0	0
AUDREY B HALLBERG TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DR SUSAN L HAMMEN-WINN TRUSTEE	1 00	X						0	0	0
RICHARD J HARRINGTON TRUSTEE	1 00	X						0	0	0
ALAN G HASSENFELD TRUSTEE	1 00	X						0	0	0
MANOOG T HEDITSIAN TRUSTEE	2 00	X						0	0	0
MARY D HIGGINS TRUSTEE	1 00	X						0	0	0
ROBERT J HIGGINS TRUSTEE	1 00	X						0	0	0
ANN STEPHENSON HITCHEN TRUSTEE	1 00	X						0	0	0
DR JAMES E HITCHEN JR TRUSTEE	1 00	X						0	0	0
ELIZABETH D HOLMES TRUSTEE	1 00	X						0	0	0
RUSSELL D IDE TRUSTEE	1 00	X						0	0	0
DONALD N KAULL TRUSTEE	1 00	X						0	0	0
EVELYN SIEFERT KENNEDY TRUSTEE	1 00	X						0	0	0
KENNETH N KERMES TRUSTEE	1 00	X						0	0	0
CAROLYN F KIESS TRUSTEE	1 00	X						0	0	0
JOSEPH J KIRBY TRUSTEE	1 00	X						0	0	0
KENNETH E KNOX TRUSTEE	1 00	X						0	0	0
PETER F KOHLSAAT TRUSTEE	1 00	X						0	0	0
STEPHEN C LANDES TRUSTEE	1 00	X						0	0	0
DAVID B LEA JR TRUSTEE	1 00	X						0	0	0
JAMES W LESLIE TRUSTEE	2 00	X						0	0	0
THOMAS J LIGUORI JR TRUSTEE	1 00	X						0	0	0
NANCY A LUNDGREN TRUSTEE	1 00	X						0	0	0
DR RAYMOND LUNDGREN JR TRUSTEE	1 00	X						0	0	0
ARMANDO F LUSI TRUSTEE	1 00	X						0	0	0
DR MARY P LYONS TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEO MAINELLI TRUSTEE	1 00	X						0	0	0
MARK H MAINELLI TRUSTEE	1 00	X						0	0	0
MICHAEL N MATONE TRUSTEE	1 00	X						0	0	0
SANDY S MCCREIGHT TRUSTEE	1 00	X						0	0	0
EARLE L MESSERE TRUSTEE	1 00	X						0	0	0
ROBERT S MESSINGER JR TRUSTEE	1 00	X						0	0	0
FRANK P MORMANDO JR TRUSTEE	1 00	X						0	0	0
CHARLES E MORRIS JR TRUSTEE	1 00	X						0	0	0
FRANCESCO P MORSILLI TRUSTEE	1 00	X						0	0	0
WARREN A NEGRI JR TRUSTEE	1 00	X						0	0	0
GLENN S PALMER TRUSTEE	1 00	X						0	0	0
JOHN J PALUMBO SR TRUSTEE	1 00	X						0	0	0
LOUISE R PEARSON TRUSTEE	1 00	X						0	0	0
CONSTANTINOS PERDIKAKIS TRUSTEE	1 00	X						0	0	0
ROBERT J PETISI TRUSTEE	1 00	X						0	0	0
JOHN W PICKUP TRUSTEE	1 00	X						0	0	0
DR NANCY A POTTER TRUSTEE	1 00	X						0	0	0
H DOUGLAS RANDALL III TRUSTEE	2 00	X						0	0	0
B MICHAEL RAUH TRUSTEE	1 00	X						0	0	0
DR MARY S RAVIN TRUSTEE	1 00	X						0	0	0
H MILTON READ JR TRUSTEE	1 00	X						0	0	0
JAMES H READYHOUGH TRUSTEE	1 00	X						0	0	0
EDGAR ALLAN REED TRUSTEE	1 00	X						0	0	0
RICHARD D RENDINE TRUSTEE	1 00	X						0	0	0
ERIC D ROITER TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN A ROMANO TRUSTEE	1 00	X						0	0	0
ANTHONY J ROSE JR TRUSTEE	1 00	X						0	0	0
DR DOUGLAS M ROSIE TRUSTEE	1 00	X						0	0	0
MARK A ROSS TRUSTEE	1 00	X						0	0	0
EDMUND S RUMOWICZ TRUSTEE	1 00	X						0	0	0
MADELYN G RUMOWICZ TRUSTEE	1 00	X						0	0	0
ROBERT S RUSSELL TRUSTEE	1 00	X						0	0	0
VINCENT A SARNI TRUSTEE	1 00	X						0	0	0
PHILLIP J SAULNIER TRUSTEE	1 00	X						0	0	0
DR CYNTHIA D SCULCO TRUSTEE	1 00	X						0	0	0
JANE W SKOGLEY TRUSTEE	1 00	X						0	0	0
RICHARD A SODERBERG TRUSTEE	1 00	X						0	0	0
CHARLES S SOLOVEITZIK TRUSTEE	1 00	X						0	0	0
ANN M SPRUILL TRUSTEE	1 00	X						0	0	0
JANE M STICH TRUSTEE	1 00	X						0	0	0
DONALD P SULLIVAN TRUSTEE	1 00	X						0	0	0
TIMOTHY J SULLIVAN TRUSTEE	1 00	X						0	0	0
ANNA M TUCKER TRUSTEE	1 00	X						0	0	0
MANUEL J VALES IV TRUSTEE	1 00	X						0	0	0
MARY L VALES TRUSTEE	1 00	X						0	0	0
JOSEPH N WALLER TRUSTEE	1 00	X						0	0	0
ALAN H WASSERMAN TRUSTEE	1 00	X						0	0	0
DAVID S WATSON TRUSTEE	1 00	X						0	0	0
ROBERT A WEYGAND TRUSTEE	1 00	X						0	202,631	73,715
KURT R WICKS TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID R WILKES TRUSTEE	1 00	X						0	0	0
MARY ELLEN WILSON TRUSTEE	1 00	X						0	0	0
DR DAVID DOOLEY EXECUTIVE BOARD, EX-OFFICIO - URI PRESIDENT	1 00		X					0	320,000	64,581
GLEN R KERKIAN PRESIDENT (4/11-7/11)	40 00			X				129,064	0	16,665
MICHAEL SMITH PRESIDENT (12/11-PRESENT)	40 00			X				19,970	0	8,006
RUTH JARRETT CFO (4/11-6/11)	40 00			X				85,017	0	7,652
MERELISE A HITTE ASST TREAS/DIR OF FIN (7/11-PRESENT)	40 00			X				88,448	0	25,820
WENDY BUCCI COO	40 00					X		125,815	0	29,183
EUGENE LYMAN ASST DEAN FOR DEV GSO	40 00					X		132,267	0	23,861
KEVIN MCGINNISS DIRECTOR OF ATHLETIC GIFTS	40 00					X		116,788	0	28,371
LAURIE ONANIAN DIR OF DEVELOPMENT ADMIN	40 00					X		127,067	0	18,051
DONNA JEAN RAINVILLE DIRECTOR OF PLANNED GIFTS	40 00					X		118,428	0	26,534

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF RHODE ISLAND FOUNDATION

Employer identification number
05-6014351

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ __________

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ __________

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

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

3 Using the organization's 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 XIV

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

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

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

b If "Yes," explain the arrangement in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	106,690,779	91,010,629	80,165,230	81,505,346	
b Contributions	2,408,544	4,166,380	7,284,203	2,990,307	
c Investment earnings or losses	-14,202,449	11,786,725	3,807,900	-4,888,986	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		272,955	246,704	76,683	
g End of year balance	94,896,874	106,690,779	91,010,629	79,529,984	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 2 060 %

b Permanent endowment ▶ 87 780 %

c Term endowment ▶ 10 160 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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				
b Buildings		2,316,452	585,135	1,731,317
c Leasehold improvements				
d Equipment				
e Other		319,246	213,791	105,455
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,836,772

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
BOAT DEPOSITS	2,200
PAYABLE TO RELATED ORGANIZATIONS	1,531,144
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,533,344

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION HOLDS PERMANENT ENDOWMENTS IN PERPETUITY, INVESTING THE PRINCIPAL AND USING A PORTION OF THE ANNUAL INVESTMENT RETURN TO SUPPORT THE PURPOSE DESIGNATED BY THE DONOR

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF RHODE ISLAND FOUNDATION

Employer identification number
05-6014351

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
(1) UNIVERSITY OF RHODE ISLANDGREEN HALL KINGSTON,RI 02881	05-6000522	501(C)(3)	10,874,106				GENERAL SUPPORT
(2) UNIVERSITY OF RHODE ISLAND ALUMNI ASSOCIATION73 UPPER COLLEGE ROAD KINGSTON,RI 02881	05-6015936	501(C)(3)	551,219				TO SERVE THE ALUMNI OF THE UNIVERSITY OF RHODE ISLAND & PROMOTE THE INTEREST OF THE UNIVERSITY BY PROVIDING OPPORTUNITIES FOR THE PROFESSIONAL, SOCIAL AND INTELLECTUAL GROWTH OF ITS MEMBERS AND STRENGTHENING THEIR ATTACHMENT TO AND FINANCIAL SUPPORT TO THEIR ALMA MATER
(3) UNIVERSITY OF RHODE ISLAND ALUMNI ASSOCIATION73 UPPER COLLEGE ROAD KINGSTON,RI 02881	05-6015936	501(C)(3)	757,592				TO SUPPORT THE ATHLETIC PROGRAMS AT THE UNIVERSITY OF RHODE ISLAND

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

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

Identifier	**Return Reference**	**Explanation**

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF RHODE ISLAND FOUNDATION

Employer identification number
05-6014351

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☐ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) ROBERT A WEYGAND	(i)	0	0	0	0	0	0	0
	(ii)	202,631	0	0	57,934	15,781	276,346	0
(2) DR DAVID DOOLEY	(i)	0	0	0	0	0	0	0
	(ii)	320,000	0	0	48,800	15,781	384,581	0
(3) WENDY BUCCI	(i)	125,815	0	0	11,323	17,860	154,998	0
	(ii)	0	0	0	0	0	0	0
(4) EUGENE LYMAN	(i)	132,267	0	0	11,904	11,957	156,128	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF RHODE ISLAND FOUNDATION

Employer identification number
05-6014351

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	X	26	186,225	FMV OF THE BOATS
8 Intellectual property				
9 Securities—Publicly traded	X	18	1,586,577	STOCK EXCHANGE
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 ▶ (______)				
26 Other ▶ (______)				
27 Other ▶ (______)				
28 Other ▶ (______)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

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

Part II

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

Identifier	Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the 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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF RHODE ISLAND FOUNDATION

Employer identification number
05-6014351

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	CURRENTLY ON THE BOARD THE FOLLOWING RELATIONSHIPS EXIST MRS LAURA H CUNNINGHAM AND MR STEPHEN M CUNNINGHAM, MRS KATHLEEN YANITY DUFFY AND MR DENNIS J DUFFY, MRS MARY DANIELIAN HIGGINS AND MR ROBERT JOSEPH HIGGINS, MRS ANN STEPHENSON HITCHEN AND DR JAMES E HITCHEN, JR , MRS CAROLINE TENNANT KAULL AND MR DONALD N KAULL, MRS NANCY ALMY LUNDGREN AND DR RAYMOND G LUNDGREN, JR, AND MRS MARY L VALES AND MR MANUAL J VALES, IV ARE ALL MARRIED COUPLES MRS MADELYN GEISSER RUMOWICZ AND MR EDMUND STANLEY RUMOWICZ ARE A DIVORCED COUPLE, AND MR NATHANIEL J NAZARETH JR , AND MR NATHANIEL J NAZARETH SR , ARE FATHER AND SON
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY MANAGEMENT REVISIONS, CORRECTIONS, ETC ARE MADE AS NECESSARY ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A COPY IS SENT TO ALL BOARD MEMBERS THE BOARD WILL REVIEW THE 990 AND VOTE THEIR APPROVAL
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL BOARD MEMBERS THE DIRECTOR OF FINANCE MONITORS THE RESPONSES AND IS RESPONSIBLE FOR GETTING A RESPONSE FROM EACH BOARD MEMBER IF A CONFLICT IS NOTED, THE BOARD CHAIR IS INFORMED AND HE PURSUES THE ISSUE
	FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY THE BOARD CONDUCTS A PERFORMANCE REVIEW AND EVALUATION OF THE PRESIDENT THE REVIEW ALSO ESTABLISHES THE INDIVIDUAL'S COMPENSATION FOR THE FOLLOWING YEAR THIS PROCESS INVOLVES THE EVALUATION OF THE INDIVIDUAL AND A REVIEW OF COMPENSATION OF COMPARABLE POSITIONS OBTAINED FROM THE FORM 990 OF SIMILAR ORGANIZATIONS THE BOARD'S DELIBERATION AND DECISION IS NOTED IN THE MINUTES OF THE MEETINGS THE PRESIDENT ESTABLISHES THE COMPENSATION OF THE SENIOR MANAGEMENT TEAM AND REVIEWS THE PERFORMANCE EVALUATIONS AND RECOMMENDS COMPENSATION WITH THE BOARD THE EVALUATIONS AND COMPENSATION ARE DISCUSSED BY THE BOARD ALTHOUGH NO VOTE OF APPROVAL OF THE PRESIDENT'S DECISION IS REQUIRED
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS), ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST THE ORGANIZATION WILL MAIL COPIES UPON REQUEST OR PROVIDE COPIES TO THOSE WHO COME TO THE ADMINISTRATIVE OFFICE DURING NORMAL BUSINESS HOURS THE ORGANIZATION CHARGES FOR THE COPIES IN ACCORDANCE WITH IRS REGULATIONS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -674,333

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF RHODE ISLAND FOUNDATION

Employer identification number
05-6014351

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

(a) Name, address, and EIN 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

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 organization Yes	No
(1) UNIVERSITY OF RHODE ISLAND GREEN HALL KINGSTON, RI 02881 05-6000522	EDUCATIONAL FACILITY	RI	GOVERNMENT				No
(2) UNIVERSITY OF RHODE ISLAND ALUMNI ASSOCIATION 73 UPPER COLLEGE ROAD KINGSTON, RI 02881 05-6015936	SUPPORT OF EDUCATIONAL FACILITY	RI	501(C)(3)	LINE 5			No

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) Disproprtionate 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	

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

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Sale of assets to related organization(s)	**1f**		**No**
g	Purchase of assets from related organization(s)	**1g**		**No**
h	Exchange of assets with related organization(s)	**1h**		**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**Yes**	
n	Sharing of paid employees with related organization(s)	**1n**		**No**
o	Reimbursement paid to related organization(s) for expenses	**1o**		**No**
p	Reimbursement paid by related organization(s) for expenses	**1p**		**No**
q	Other transfer of cash or property to related organization(s)	**1q**		**No**
r	Other transfer of cash or property from related organization(s)	**1r**		**No**

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 other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) UNIVERSITY OF RHODE ISLAND	B	10,874,106	
(2) UNIVERSITY OF RHODE ISLAND	J	38,317	
(3) UNIVERSITY OF RHODE ISLAND	K	2,891,465	
(4) UNIVERSITY OF RHODE ISLAND ALUMNI ASSOCIATION	B	1,308,811	
(5) UNIVERSITY OF RHODE ISLAND ALUMNI ASSOCIATION	M	12,853	
(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)** Disproprtionate 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**	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

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Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
UNIVERSITY OF RHODE ISLAND FOUNDATION	FORM 990 PAGE 10	05-6014351

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7			8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8			9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562			10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)			11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11			12	
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶	13			

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	78,933
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		55,769	7 0	MM	S/L	7,610
d 10-year property		12,119	10 0	MM	S/L	908
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
	2011-10	27,890	39 0	MM	S/L	328

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	87,779
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** | **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . | **28** |

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . | **29** |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					

43 Amortization of costs that began before your 2011 tax year . . . . | **43** |

44 Total. Add amounts in column (f) See the instructions for where to report . . | **44** |