

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/foi990](http://www.irs.gov/foi990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
 UNITED WAY OF RHODE ISLAND INC

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Doing business as  
 UNITED WAY OF RHODE ISLAND

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Number and street (or P O box if mail is not delivered to street address) Room/suite  
 50 VALLEY STREET

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City or town, state or province, country, and ZIP or foreign postal code  
 PROVIDENCE, RI 029092459

**D** Employer identification number  
 05-0276059

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

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

**F** Name and address of principal officer  
 ANTHONY MAIONE  
 50 VALLEY STREET  
 PROVIDENCE, RI 029092459

**H(a)** Is this a group return for subordinates?  
 No  Yes

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

**H(c)** Group exemption number ▶

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

**J** Website: ▶ www.LIVEUNITEDri.org

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

**L** Year of formation 1926

**M** State of legal domicile RI

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 CHANGING LIVES AND STRENGTHENING OUR COMMUNITY, TOGETHER WE BELIEVE THAT RHODE ISLANDERS WANT TO DO BETTER FOR THEMSELVES, AND THAT BY WORKING TOGETHER WE CAN MAKE A DIFFERENCE IN OUR COMMUNITY

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	90
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	2,190
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

		Prior Year	Current Year	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	17,973,882	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	35,569	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,237	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,250	
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,060,938	18,590,801
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,159,322	10,849,403
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,425,410	4,744,446
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,184,680		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,840,022	2,089,690
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,424,754	17,683,539
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	636,184	907,262	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b>	Total assets (Part X, line 16)	16,711,711	17,932,528
	<b>21</b>	Total liabilities (Part X, line 26)	9,380,694	9,764,188
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	7,331,017	8,168,340	

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2016-11-14

ANTHONY MAIONE PRESIDENT & CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Elizabeth Resendes CPA	Preparer's signature Elizabeth Resendes CPA	Date 2016-11-14	Check <input type="checkbox"/> if self-employed	PTIN P00533754
Firm's name ▶ SANSIVERI KIMBALL & CO LLP			Firm's EIN ▶ 05-0255779	
Firm's address ▶ 55 DORRANCE STREET PROVIDENCE, RI 029032220			Phone no (401) 331-0500	

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

We help people Because everyone needs help sometimes, we help people United Way helps children fall in love with learning, and we help families with the essentials We support programs that offer training and education that lead to better jobs and careers And, we provide everyone with one number to call, 2-1-1 whether the need is childcare, health insurance or tax preparation, help starts with a human connection at United Way 2-1-1 in Rhode Island

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 5,788,173 including grants of \$ 5,788,173 ) (Revenue \$ 0 )  
 -\$1,021,434 IN DONOR INVESTMENTS FOR THE 2015-2016 ANNUAL UNITED WAY CAMPAIGN WHERE THE DONORS RECOMMENDED THAT THEIR GIFTS BE DISBURSED THROUGH UNITED WAY TO SPECIFIC 501(C)(3) AGENCIES -\$4 334,852 IN DONOR INVESTMENTS FOR 700 LEADERSHIP DONORS (GIFTS OF \$1,000 OR MORE) WHO CHOOSE TO DIRECT THEIR GIFTS TO THEIR UNITED WAY OF RHODE ISLAND (UWRI) PHILANTHROPY ACCOUNT (DONOR ADVISED ACCOUNT) THESE LEADERSHIP DONORS THEN MADE RECOMMENDATIONS TO UWRI DURING THE 2015-2016 FISCAL YEAR REQUESTING GIFTS TO BE DIRECTED (IN INCREMENTS OF \$25 00 OR GREATER) TO 501(C)(3) AGENCIES -\$431,888 IN DONOR INVESTMENTS TO THE RI STATE EMPLOYEES CHARITABLE APPEAL (SECA) DURING THE 2015-2016 YEAR

**4b** (Code ) (Expenses \$ 5,061,230 including grants of \$ 5,061,230 ) (Revenue \$ 0 )  
 -\$4,398,238 IN DONOR CONTRIBUTIONS TO UWRI'S COMMUNITY IMPACT FUND WERE GRANTED TO 86 AGENCIES IN THE YEAR ENDED 6/30/16 TO ADDRESS RHODE ISLAND'S MOST PRESSING EDUCATION, JOBS AND INCOME, HOUSING AND BASIC NEEDS ISSUES - \$586,664 IN DONOR, CORPORATE AND GOVERNMENT CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE GRANTED TO 14 AGENCIES TO SUPPORT THE HASBRO SUMMER LEARNING INITIATIVE -\$61,774 IN DONOR CONTRIBUTIONS TO THE UWRI COMMUNITY IMPACT FUND WERE GRANTED TO 5 AGENCIES IN THE YEAR ENDED 6/30/16 TO SUPPORT THE OLNEYVILLE SECTION OF PROVIDENCE RI AND THEIR MISSIONS ASSISTING RI CITIZENS IN OLNEYVILLE -\$14,554 IN DONOR CONTRIBUTIONS TO THE UWRI WOMEN'S LEADERSHIP COUNCIL WERE GRANTED TO 5 AGENCIES IN THE YEAR ENDED 6/30/16 TO SUPPORT CHILDHOOD EDUCATION WITH A FOCUS ON CLOSING THE GAPS IN CHILDHOOD LITERACY DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED IN THE UWRI 2015-2016 COMMUNITY IMPACT REPORTS LOCATED ON OUR WEBSITE AT WWW LIVEUNITEDRI ORG

**4c** (Code ) (Expenses \$ 2,437,372 including grants of \$ 0 ) (Revenue \$ 110,833 )  
 -\$1,599,383 TO OPERATE THE UNITED WAY 2-1-1 IN RHODE ISLAND WHICH IS THE INFORMATION AND REFERRAL CENTER THAT CONNECTS PEOPLE WITH CRITICAL HUMAN SERVICES AND, IT'S AVAILABLE 24-HOURS A DAY, 365 DAYS A YEAR, ONLINE AND OFFLINE -\$399,729 TO OPERATE THE "POINT CALL CENTER" WHICH IS A RESOURCE NETWORK FOR LONG-TERM CARE OPTIONS AND SUPPORT FOR SENIORS, ADULTS WITH DISABILITIES AND THEIR CAREGIVERS UNITED WAY OF RHODE ISLAND OPERATES THIS SERVICE ON BEHALF OF THE RHODE ISLAND DEPARTMENT OF ELDERLY AFFAIRS THE "POINT" TOOK 42,000 CALLS LAST YEAR AND HELPS PEOPLE ENROLL IN MEDICARE AND MEDICAID -\$438,260 TO SUPPORT THE RHODE ISLAND AFTER SCHOOL PLUS ALLIANCE (RIASPA) PROGRAM WHICH ENGAGED 1,103 STUDENTS IN HIGH QUALITY SUMMER LEARNING INITIATIVES THAT RESULTED IN THE PERCENTAGE LEARNING FROM PRE TO POST TEST SCORES IN LITERACY AND MATHEMATICS IN HSLI 2016 IS 21 95 % AND 29 98% RESPECTIVELY

See Additional Data

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

(Expenses \$ 1,058,078 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 14,344,853

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed	RI
<b>18</b>	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD VOCCIO 50 VALLEY STREET PROVIDENCE, RI 029092459 (401) 444-0600	



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							639,813	0	102,167	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
Oomph Inc 72 Clifford Street Providence, RI 02903	Website Design and Philanthropy Fund Upgrade	120,150
Atrion Networking SMBLLC 30 Service Avenue Warwick, RI 02886	Phone System Upgrade and Service	116,329

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> _____						
	<b>b</b>	Membership dues . . . . . <b>1b</b> _____						
	<b>c</b>	Fundraising events . . . . . <b>1c</b> _____						
	<b>d</b>	Related organizations . . . . . <b>1d</b> _____						
	<b>e</b>	Government grants (contributions) <b>1e</b> _____ 1,107,738						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 17,280,320						
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____ 1,114,986						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>	18,388,058					
<b>Program Service Revenue</b>		Business Code						
	<b>2a</b>	RI Afterschool Alliance _____ 611710	36,569	36,569				
	<b>b</b>	Program Administration Fees _____ 900099	43,462	43,462				
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue _____	0	0	0	0		
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>	80,031						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>	12,943			12,943		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>						
	<b>5</b>	Royalties . . . . . <b>▶</b>						
	<b>6a</b>	Gross rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss) _____ 0	0			
	<b>d</b>	Net rental income or (loss) . . . . . <b>▶</b>						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,263,658				
			(ii) Other		500			
			<b>b</b>	Less cost or other basis and sales expenses	1,185,191			
			<b>c</b>	Gain or (loss) _____ 78,467	500			
	<b>d</b>	Net gain or (loss) . . . . . <b>▶</b>	78,967			78,967		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>	<b>b</b>	Less direct expenses . . . . . <b>b</b> _____				
			<b>c</b>	Net income or (loss) from fundraising events . . . . . <b>▶</b>				
			<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>	<b>b</b>	Less direct expenses . . . . . <b>b</b> _____		
	<b>c</b>	Net income or (loss) from gaming activities . . . . . <b>▶</b>						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>	<b>b</b>			Less cost of goods sold . . . . . <b>b</b> _____			
		<b>c</b>	Net income or (loss) from sales of inventory . . . . . <b>▶</b>					
		Miscellaneous Revenue	Business Code					
<b>11a</b>	Other Revenue _____	624100	30,802	30,802				
		<b>b</b>	_____					
		<b>c</b>	_____					
		<b>d</b>	All other revenue . . . . . _____	0	0	0	0	
		<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>	30,802				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>	18,590,801	110,833	0	91,910			

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	10,849,403	10,849,403		
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	639,814	198,603	243,092	198,119
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	3,144,606	1,405,670	854,242	884,694
<b>7</b>	Other salaries and wages . . . . .				
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	71,449	18,366	29,060	24,023
<b>9</b>	Other employee benefits . . . . .	635,689	306,111	172,389	157,189
<b>10</b>	Payroll taxes . . . . .	252,888	110,802	66,010	76,076
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	54,565		54,565	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	406,768	329,867	26,192	50,709
<b>12</b>	Advertising and promotion . . . . .	116,434	35,401	0	81,033
<b>13</b>	Office expenses . . . . .	213,236	94,434	11,760	107,042
<b>14</b>	Information technology . . . . .	44,483		44,483	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	118,823	59,911	24,857	34,055
<b>17</b>	Travel . . . . .	18,741	7,447	311	10,983
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	82,577	81,413	550	614
<b>20</b>	Interest . . . . .	103,056	52,057	21,636	29,363
<b>21</b>	Payments to affiliates . . . . .	136,468	73,829	20,995	41,644
<b>22</b>	Depreciation, depletion, and amortization . . . . .	164,600	84,504	32,581	47,515
<b>23</b>	Insurance . . . . .	97,626	48,535	21,164	27,927
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
<b>a</b>	Telephone	66,895	24,556	23,261	19,078
<b>b</b>	Staff Training	66,496	17,805	48,171	520
<b>c</b>	Special Events	148,627	34,965	59,156	54,506
<b>d</b>	Postage	45,047	4,512	13,943	26,592
<b>e</b>	All other expenses	205,248	506,662	-614,412	312,998
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	17,683,539	14,344,853	1,154,006	2,184,680
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,834,241	<b>1</b>	1,385,447
	<b>2</b> Savings and temporary cash investments . . . . .	5,398,122	<b>2</b>	2,756,212
	<b>3</b> Pledges and grants receivable, net . . . . .	4,246,139	<b>3</b>	4,328,613
	<b>4</b> Accounts receivable, net . . . . .	1,003,882	<b>4</b>	1,374,575
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	116,497	<b>9</b>	93,380
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,423,548		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,153,205	3,047,031	<b>10c</b> 3,270,343
	<b>11</b> Investments—publicly traded securities . . . . .	114,979	<b>11</b>	4,290,328
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	950,820	<b>12</b>	433,630
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,711,711	<b>16</b>	17,932,528	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	644,036	<b>17</b>	541,517
	<b>18</b> Grants payable . . . . .	6,645,372	<b>18</b>	7,163,094
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,091,286	<b>23</b>	2,059,577
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	9,380,694	<b>26</b>	9,764,188
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	6,680,439	<b>27</b>	7,122,797
	<b>28</b> Temporarily restricted net assets . . . . .	552,185	<b>28</b>	947,150
	<b>29</b> Permanently restricted net assets . . . . .	98,393	<b>29</b>	98,393
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	7,331,017	<b>33</b>	8,168,340	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	16,711,711	<b>34</b>	17,932,528	

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:** 15000238

**Software Version:** 2015v2.1

**EIN:** 05-0276059

**Name:** UNITED WAY OF RHODE ISLAND INC

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

(Code ) (Expenses \$ 1,058,078 including grants of \$ 0 ) (Revenue \$ 0 )

BELOW IS A LIST OF OTHER SIGNIFICANT PROJECTS SUPPORTED (OTHER PROGRAM SERVICES) BY UNITED WAY DURING FISCAL YEAR ENDING 6/30/2016 -\$945,789 TO SUPPORT THE PUBLIC POLICY AND LABOR RELATIONS WORK, AND SUPPORT THE COMMUNITY INVESTMENT WORK PROVIDED BY UWRI STAFF IN ADMINISTRATING AND MONITORING THE COMMUNITY INVESTMENT OUTCOMES FROM THE GRANTS AWARDED FROM UWRI COMMUNITY IMPACT FUND -\$112,289 TO SUPPORT THE ADVOCACY AND VOLUNTEER WORK OF UWRI OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT WWW.UWRI.ORG/VOLUNTEER

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY MAIONE PRESIDENT & CEO	37.5	X		X				275,278	0	34,563
OSWALD SCHWARTZ VICE CHAIR, BOARD GOVERNANCE AND NOMINATING COMMITTEES	1.0	X		X				0	0	0
SANDRA J PATTIE BOARD CHAIR	1.0	X		X				0	0	0
MICHAEL F KENNALLY TREASURER	1.0	X		X				0	0	0
MICHELE LEDERBERG VICE CHAIR, COMMUNITY INVESTMENT COMMITTEE	1.0	X		X				0	0	0
MICHAEL T CLARKIN VICE CHAIR, RESOURCE DEVELOPMENT COMMITTEE	1.0	X		X				0	0	0
ADRIANA DAWSON BOARD MEMBER	1.0	X						0	0	0
ALDEN ANDERSON BOARD MEMBER	1.0	X						0	0	0
CARMEN DIAZ-JUSINO BOARD MEMBER	1.0	X						0	0	0
DAVID E PRESTON ESQ BOARD MEMBER	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY HORAN BOARD MEMBER	1 0 .....	X						0	0	0
DOLPH JOHNSON BOARD MEMBER	1 0 .....	X						0	0	0
MAUREEN MARTIN BOARD MEMBER	1 0 .....	X						0	0	0
ELIZABETH FERGUSON BOARD MEMBER	1 0 .....	X						0	0	0
BOB NOWAK BOARD MEMBER	1 0 .....	X						0	0	0
JEFFEREY J GIGUERE BOARD MEMBER	1 0 .....	X						0	0	0
MEGHAN GRADY BOARD MEMBER	1 0 .....	X						0	0	0
MARIA BARRY BOARD MEMBER	1 0 .....	X						0	0	0
ROBERTA H BUTLER BOARD MEMBER	1 0 .....	X						0	0	0
MIM L RUNEY BOARD MEMBER	1 0 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA SIMMONS BOARD MEMBER	1 0 .....	X						0	0	0
LYSA D TEAL BOARD MEMBER	1 0 .....	X						0	0	0
WILLIAM C TSONOS BOARD MEMBER	1 0 .....	X						0	0	0
CATHY STREKER BOARD MEMBER	1 0 .....	X						0	0	0
RICHARD VOCCIO EXEC VP FINANCE & ADMINISTRATION/CFO	37 5 .....					X		151,332	0	28,775
CARISSA HILL EXEC VP DIRECTOR OF RESOURCE DEVELOPEMENT	37 5 .....					X		106,360	0	15,077
ANGELO MICCOLI SVP UW2-1-1 DIRECTOR OF ADMINISTRATION	37 5 .....					X		106,843	0	23,754

SCHEDULE A (Form 990 or 990EZ)

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.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF RHODE ISLAND INC

Employer identification number

05-0276059

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	17,691,372	18,074,335	17,984,517	17,973,882	18,369,007	90,093,113
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,904	47,071	19,470	18,487	12,943	137,875
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	62,321	68,658	45,441	22,250	30,802	229,472
<b>11 Total support.</b> Add lines 7 through 10						90,460,460
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	221,481

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

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	92.30%
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	92.15%

- 16a 33 1/3% support test—2015.** 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—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 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 Section 509(a)(2)**

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

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

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

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

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

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

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

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

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

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

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

**Part VI Supplemental Information.**

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

<b>Facts And Circumstances Test</b>
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Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 62321 0, COLUMN B - 68658 0, COLUMN C - 45441 0, COLUMN D - 22250 0, COLUMN E - 30802 0, COLUMN F - 229472 0,

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

Department of the Treasury  
 Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

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

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

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

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

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

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV

**2** Political expenditures ▶ \$ \_\_\_\_\_

**3** Volunteer hours \_\_\_\_\_

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_

**4** Did the filing organization file Form 1120-POL for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns														
	<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

**Yes**  **No**

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

**Lobbying Expenditures During 4-Year Averaging Period**

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
UNITED WAY OF RHODE ISLAND INC

**Employer identification number**  
05-0276059

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	657	
<b>2</b> Aggregate value of contributions to (during year)	4,235,394	
<b>3</b> Aggregate value of grants from (during year)	4,139,685	
<b>4</b> Aggregate value at end of year	2,213,294	

- 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

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

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

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

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

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

- a** Board designated or quasi-endowment ▶ 77 %
  - b** Permanent endowment ▶ 23 %
  - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100 %

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

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

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

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

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

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

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

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	12,732,689
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-69,939	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> -69,939
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 12,802,628
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	5,788,173	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 5,788,173
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 18,590,801

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	11,895,366
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 11,895,366
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	5,788,173	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 5,788,173
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 17,683,539

**Part XIII Supplemental Information**

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

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The endowment is invested at the RI Foundation under the name "UWRI Fund " Since 2008 UWRI has deposited donor planned gifts into this endowment account to grow the fund In November 2014, the UWRI Board of Directors approved a technology plan to support the UWRI 2020 Strategic Plan The UWRI Board of Directors also approved to fund the technology plan by using up to \$550,000 of UWRI Endowment Funding As of June 30, 2016, UWRI had completed the transfer of \$550,000 from the "UWRI Fund"

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Amounts designated by donors - 5788173
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Amounts designated by donors - 5788173



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	<p>FOR FISCAL YEAR ENDED JUNE 30, 2016, UWRI DISTRIBUTED \$10.8 MILLION TO 3,094 AGENCIES IN THE UNITED STATES (INCLUDED IN THIS TOTAL ARE AGENCIES THAT RECEIVE \$5,000 OR MORE, AS REPORTED IN PART II OF THIS SCHEDULE). GRANTS WERE DISTRIBUTED AS DONOR DESIGNATED (THIS IS WHEN A DONOR CONTRIBUTES TO UWRI AND RECOMMENDS THAT UWRI FORWARD THEIR CHARITABLE GIFT TO THE DESIGNATED AGENCY) OR AS PROGRAM OPERATING COSTS (THESE ARE AGENCIES THAT ARE FUNDED FROM DONOR CONTRIBUTIONS DISCRETIONARY TO THE UWRI COMMUNITY IMPACT FUND). IN SOME INSTANCES, AGENCIES RECEIVED BOTH DONOR DESIGNATED AND PROGRAM OPERATING COST FUNDING FROM UWRI. FOR PROGRAM OPERATING COST FUNDING, UWRI APPLIES A TRANSPARENT OPEN INVITATION AND BID PROCESS PRIOR TO AWARDING FUNDING TO AGENCIES. THERE IS AN OPEN APPLICATION PROCESS THAT INCLUDES THE EXPLANATION OF THE PROPOSED USE AND EXPECTED RESULTS FROM THE USE OF THE FUNDS. THE APPLICATIONS ARE REVIEWED BY A COMMITTEE OF COMMUNITY LEADERS AND UWRI STAFF. DURING THIS PROCESS, THE COMMITTEE REVIEWS THE PROPOSAL THAT WILL PROVIDE THE BEST RETURN ON INVESTMENT FOR THE COMMUNITY AGENCIES THAT APPLY. ARE NOT ONLY REVIEWED FOR THEIR PROPOSAL BUT ALSO A FINANCIAL REVIEW OF THE ORGANIZATION IS COMPLETED BY THE COMMITTEE TO GAIN A LEVEL OF ASSURANCE THAT THE AWARDED AGENCIES WILL FOLLOW SOUND FISCAL POLICIES. RECOMMENDATIONS BY THE COMMITTEE ARE PRESENTED TO THE UWRI BOARD OF DIRECTORS WHO THEN VOTE AND HAVE FINAL AUTHORIZATION ON AWARDED GRANTS. AGENCIES THAT ARE AWARDED A UWRI GRANT ARE REQUIRED TO SIGN A WRITTEN CONTRACT WITH UWRI WHICH STIPULATES THE TERMS AND CONDITIONS OF THE GRANT. GRANTEEES ARE REQUIRED TO PROVIDE UWRI WITH SEMI-ANNUAL REPORTS THAT SHOW HOW THE FUNDING WAS UTILIZED AND REPORT ON THE OUTCOMES ACHIEVED. THESE AGENCIES ARE ALSO REQUIRED TO PROVIDE UWRI WITH A FINAL REPORT AT THE END OF THE GRANT CONTRACT PERIOD WHICH VERIFIES THAT ALL FUNDS HAVE BEEN USED FOR THE PURPOSES INTENDED AND AN ASSESSMENT ON THE ACTUAL RESULTS ACHIEVED COMPARED TO THE PROPOSED RESULTS THAT WERE PRESENTED IN THE APPLICATION AND SIGNED CONTRACT. BEFORE UWRI DISBURSES ANY FUNDS TO GRANT AGENCIES (WHETHER IT IS FOR DONOR DESIGNATED OR PROGRAM OPERATING COSTS), AGENCIES ARE SCREENED BY THE UWRI FISCAL OFFICE TO VERIFY 1) THE AGENCY IS AN IRS CODE SEC. 501(C)(3) NON-PROFIT ORGANIZATION AND 2) THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.</p>

**Additional Data****Software ID:** 15000238**Software Version:** 2015v2.1**EIN:** 05-0276059**Name:** UNITED WAY OF RHODE ISLAND INC**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Crossroads Rhode Island 160 Broad Street Providence, RI 02903	05-0259094	501(c)(3)	308,188				Program operating costs and Donor Designation for General Support
Progreso Latino 626 Broad Street Central Falls, RI 028632835	05-0380608	501(c)(3)	282,933				Program operating costs and Donor Designation for General Support
Connecting for Children & Families Inc 46 Hope Street Woonsocket, RI 02895	05-0475365	501(c)(3)	264,901				Program operating costs and Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Community Care Alliance 800 Clinton Street PO Box 1700 Woonsocket, RI 028950856	05-0312278	501(c)(3)	259,251				Program operating costs and Donor Designation for General Support
Dorcas International Institute of RI 645 Elmwood Avenue Providence, RI 02907	05-0258886	501(c)(3)	191,609				Program operating costs and Donor Designation for General Support
Westbay Community Action Inc 224 Buttonwoods Ave Warwick, RI 02886	05-0311985	501(c)(3)	161,328				Program operating costs and Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LISCRI Neighborhood Development Fund 146 Clifford Street Providence, RI 02903	13-3030229	501(c)(3)	154,749				Program operating costs and Donor Designation for General Support
Federal Hill House Assn 9 Courtland Street Providence, RI 029091597	05-0258871	501(c)(3)	154,112				Program operating costs and Donor Designation for General Support
Gateway Healthcare Inc 249 Roosevelt Ave Suite 205 Pawtucket, RI 02860	05-0309043	501(c)(3)	149,811				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Catholic Charity Fund Appeal One Cathedral Sq Providence, RI 029033695	05-6014313	501(c)(3)	148,356				Donor Designation for General Support
Salvation Army - Providence 34 Commercial St Providence, RI 02905	13-5562351	501(c)(3)	140,907				Program operating costs and Donor Designation for General Support
RI Community Food Bank 200 Niantic Avenue Providence, RI 02907	05-0395601	501(c)(3)	136,289				Donor Designation for General Support

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Providence Housing Authority Corp 100 Broad Street Providence, RI 02903	05-6000193	501(c)(3)	134,170				Program operating costs
Amos House 415 Friendship Street Providence, RI 02907	05-0387218	501(c)(3)	133,991				Program operating costs and Donor Designation for General Support
RI Kids Count One Union Station Providence, RI 02903	06-1485449	501(c)(3)	129,261				Program operating costs and Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Providence Plan 10 Davol Square 3rd Floor Providence, RI 02903	05-0467353	501(c)(3)	124,881				Program operating costs and Donor Designation for General Support
Riverwood Mental Health Services Inc 25 Railroad Avenue Warren, RI 02885	05-0396244	501(c)(3)	110,632				Program operating costs and Donor Designation for General Support
East Bay Community Action 19 Broadway Newport, RI 02840	05-0310024	501(c)(3)	108,000				Program operating costs and Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Rhode Island Free Clinic Inc 655 Broad Street Providence, RI 02907	05-0501276	501(c)(3)	105,905				Program operating costs and Donor Designation for General Support
House of Hope CDC 3188 Post Road PO Box 6130 Warwick, RI 02888	05-0448151	501(c)(3)	104,712				Program operating costs and Donor Designation for General Support
Providence Public Library 150 Empire Street Providence, RI 02903	05-0262713	501(c)(3)	101,424				Program operating costs and Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Jewish Alliance of Greater RI 401 Elmgrove Avenue Providence, RI 02906	27-4127671	501(c)(3)	95,712				Donor Designation for General Support
New Urban Arts 705 Westminster Street Providence, RI 02903	05-0498654	501(c)(3)	94,202				Program operating costs and Donor Designation for General Support
Children's Friend & Services 153 Summer St Providence, RI 029034011	05-0258819	501(c)(3)	92,761				Program operating costs and Donor Designation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
West Elmwood Housing Development Corp 224 Dexter Street Providence, RI 02907	23-7138165	501(c)(3)	90,050				Program operating costs and Donor Designation for General Support
RI Coalition for the Homeless 1070 Main Street Suite 202 Pawtucket, RI 02860	22-2894547	501(c)(3)	89,267				Program operating costs and Donor Designation for General Support
Foster Forward 55 South Brow Street East Providence, RI 02914	05-0486797	501(c)(3)	85,723				Program operating costs and Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RiverzEdge Arts Project 196 Second Avenue Woonsocket, RI 02895	13-4206227	501(c)(3)	84,831				Program operating costs and Donor Designation for General Support
Rhode Island Foundation One Union Station Providence, RI 02903	22-2604963	501(c)(3)	84,553				Program operating costs and Donor Designation for General Support
Tri-Town Community Action 1126 Hartford Avenue Johnston, RI 02919	05-0309695	501(c)(3)	80,025				Program operating costs and Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wood River Health Services 823 Main Street Hope Valley, RI 02832	05-0378071	501(c)(3)	75,478				Program operating costs and Donor Designation for General Support
WARM (Westerly Area Rest Meal) 56 Spruce Street Westerly, RI 02891	22-2887878	501(c)(3)	72,735				Program operating costs and Donor Designation for General Support
Independent Charities of Amer 1100 Larkspur Circle Suite 340 Larkspur, CA 94939	94-3067804	501(c)(3)	72,205				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Meeting Street 1000 Eddy Street Providence, RI 02905	05-0269232	501(c)(3)	65,891				Donor Designation for General Support
URI Foundation 79 Upper College Rd Kingston, RI 028812023	05-6014351	501(c)(3)	63,502				Donor Designation for General Support
YWCA Rhode Island 514 Blackstone St Woonsocket, RI 02895	05-0310596	501(c)(3)	63,102				Program operating costs and Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BoysGirls Club Pawtucket One Moeller Place Pawtucket, RI 028604003	05-0258924	501(c)(3)	62,879				Program operating costs and Donor Designation for General Support
The College Crusade of RI The 134 Centre 134 Thurbers Ave Ste 111 Providence, RI 02905	22-3031765	501(c)(3)	60,556				Program operating costs and Donor Designation for General Support
DownCity Design 425 West Fountain Street Unit 110 Providence, RI 02903	27-1125644	501(c)(3)	59,815				Program operating costs and Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Highlander Institute 42 Lexington Avenue Providence, RI 02907	22-3115046	501(c)(3)	59,330				Program operating costs and Donor Designation for General Support
Ronald McDonald House - Prov 45 Gay Street Providence, RI 02905	05-0434218	501(c)(3)	58,945				Donor Designation for General Support
Capital City Community Centers 110 Ruggles Street Providence, RI 029083694	05-0259090	501(c)(3)	55,200				Program operating costs and Donor Designation for General Support

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RI School of Design 2 College Street Providence, RI 02903	05-0258956	501(c)(3)	55,100				Donor Designation for General Support
Capital Good FundThe 22 A Street Providence, RI 02907	80-0348382	501(c)(3)	55,075				Program operating costs
Westerly Public Schools Tower St Community Center 93 Tower Street Westerly, RI 02891	47-4468607	501(c)(3)	54,000				Program operating costs

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Economic Progress Institute 600 Mt Pleasant Avenue 9 Providence, RI 029089980	32-0295517	501(c)(3)	50,677				Program operating costs and Donor Designation for General Support
Rhode Island Public Radio One Union Station Providence, RI 02903	05-0498502	501(c)(3)	50,500				Program operating costs and Donor Designation for General Support
Hope Hospice & Palliative Care Rhode Island 1085 North Main Street Providence, RI 02906	51-0192422	501(c)(3)	50,314				Donor Designation for General Support

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San Miguel School 525 Branch Ave Providence, RI 02904	22-3232973	501(c)(3)	50,101				Donor Designation for General Support
Xaverian Brothers High School 800 Clapboardtree Street Westwood, MA 02090	04-2314036	501(c)(3)	50,000				Donor Designation for General Support
Central Falls School District 949 Dexter Street Central Falls, RI 02863	05-0459947	501(c)(3)	48,500				Program operating costs

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Plymouth State University Univ Advancement MSC 50 17 High Street Plymouth, NH 03264	02-6000937	501(c)(3)	48,500				Donor Designation for General Support
Town of Cumberland 1464 Diamond Hill Road Ste 2 Cumberland, RI 02864	05-6000115	501(c)(3)	47,500				Program operating costs and Donor Designation for General Support
Town of North Providence School Dept 2240 Mineral Spring Ave North Providence, RI 02911729	05-6000277	501(c)(3)	47,500				Program operating costs

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Providence In Town Churches PO Box 5639 Providence, RI 02903	22-2672825	501(c)(3)	47,065				Program operating costs and Donor Designation for General Support
Citizens Charitable Foundation 10 Tripps Lane RTL 125 Riverside, RI 02915	20-2302039	501(c)(3)	44,579				Donor Designation for General Support
Susquehanna University Office of Development 514 University Avenue Selinsgrove, PA 17870	23-1353385	501(c)(3)	44,500				Donor Designation for General Support

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BoysGirls Clubs Newport County 95 Church Street Newport, RI 028403143	05-0281572	501(c)(3)	44,493				Program operating costs and Donor Designation for General Support
Hub Theatre Company of Boston Inc 50 Green Street 409 Brookline, MA 02446	46-1283093	501(c)(3)	40,000				Donor Designation for General Support
Trinity Repertory Company 201 Washington Street Providence, RI 02903	22-2547262	501(c)(3)	39,534				Donor Designation for General Support

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YMCA -Ocean Community 95 High Street Westerly, RI 02891	05-0268126	501(c)(3)	39,240				Donor Designation for General Support
The Wheeler School Development Office 216 Hope Street Providence, RI 02906	05-0259101	501(c)(3)	36,838				Donor Designation for General Support
Lincoln School 301 Butler Avenue Providence, RI 02906	05-0258900	501(c)(3)	36,375				Donor Designation for General Support

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Brown University Gift Recording Office PO Box 1877 Providence, RI 02912	05-0390989	501(c)(3)	35,668				Donor Designation for General Support
United Way of Mass Bay & Merrimack Valley 51 Sleeper Street Boston, MA 022101208	04-2382233	501(c)(3)	34,745				Donor Designation for General Support
Boy Scouts of America Narragansett Council PO Box 14777 East Providence, RI 02914	05-0308384	501(c)(3)	34,373				Donor Designation for General Support

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Miriam Hospital Foundation 164 Summit Ave Providence, RI 02906	05-0258905	501(c)(3)	32,685			Donor Designation for General Support	Donor Designation for General Support
YMCA of Greater Providence 371 Pine Street Providence, RI 02903	05-0258878	501(c)(3)	32,121			Program operating costs and Donor Designation for General Support	Program operating costs and Donor Designation for General Support
Tomorrow Fund RI Hospital Campus 593 Eddy Street Providence, RI 029034947	05-0450569	501(c)(3)	31,894			Donor Designation for General Support	Donor Designation for General Support

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Potter League for Animals PO Box 412 Newport, RI 02840	05-0301553	501(c)(3)	30,991				Donor Designation for General Support
Blackstone Academy Charter Sch 334 Pleasant Street Pawtucket, RI 02860	80-0025718	501(c)(3)	30,923				Program operating costs and Donor Designation for General Support
Kent County YMCA 900 Centerville Road Warwick, RI 02886	05-0258878	501(c)(3)	30,400				Program operating costs and Donor Designation for General Support

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Babson College General Scholarship Fund PO Box 57310 Babson Park, MA 02157	04-2103544	501(c)(3)	30,393			Donor Designation for General Support	
Back to School of RI 299 Promenade Street Providence, RI 02908	20-2305971	501(c)(3)	30,050			Program operating costs	
Back to School Celebration of Rhode Island 25 Royal Little Drive Providence, RI 02904	20-2305971	501(c)(3)	30,000			Program operating costs	

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Dana Farber Cancer Institute 220 Sunrise Avenue Suite 204 Palm Beach, FL 33480	04-2263040	501(c)(3)	30,000				Donor Designation for General Support
North Kingstown School Department Quidnessett Elementary School 166 Mark Drive North Kingstown, RI 02852	05-6000273	501(c)(3)	30,000				Program operating costs
Breakthrough Providence 216 Hope St Providence, RI 02906	05-0259101	501(c)(3)	29,443				Program operating costs and Donor Designation for General Support

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Save The Bay 100 Save The Bay Drive Providence, RI 02905	05-0343046	501(c)(3)	29,150				Donor Designation for General Support
Button Hole 1 Button Hole Drive Suite 1 Providence, RI 029095750	05-0497481	501(c)(3)	29,012				Donor Designation for General Support
Amer Cancer Society - NE Div 931 Jefferson Blvd Ste 3004 Warwick, RI 028862233	13-1788491	501(c)(3)	28,912				Donor Designation for General Support

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Rhode Island Philharmonic & Music School 667 Waterman Avenue East Providence, RI 029141712	05-0267451	501(c)(3)	28,742				Donor Designation for General Support
Providence College 1 Cunningham Square Providence, RI 02918	05-0258932	501(c)(3)	28,277				Donor Designation for General Support
RI Foundation Starweather & Shepley Fund One Union Station Providence, RI 02903	22-2604963	501(c)(3)	27,694				Donor Designation for General Support

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Community Preparatory School 126 Somerset Street Providence, RI 02907	22-2485332	501(c)(3)	27,235				Donor Designation for General Support
Roger Williams University One Old Ferry Road Bristol, RI 02809	05-0277222	501(c)(3)	26,400				Program operating costs and Donor Designation for General Support
Global Impact PO Box 409616 Atlanta, GA 303849616	52-1273585	501(c)(3)	26,008				Donor Designation for General Support

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Moses Brown School Foundation Development Office 250 Lloyd Avenue Providence, RI 029062398	23-7067506	501(c)(3)	25,460				Donor Designation for General Support
NeighborWorks Blackstone River Valley 719 Front Street Suite 103 Woonsocket, RI 02895	22-2907602	501(c)(3)	25,140				Program operating costs
Bryant University Development Office 1150 Douglas Pike Smithfield, RI 02917	05-0258810	501(c)(3)	25,052				Donor Designation for General Support

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Ethel Walker School 230 Bushy Hill Road Simsbury, CT 06070	06-0689699	501(c)(3)	25,000				Donor Designation for General Support
Community Health Charities of New England 35 Cold Spring Road Suite 412 Rocky Hill, CT 06067	06-6079596	501(c)(3)	24,932				Donor Designation for General Support
RISD Museum of Art Development Office 2 College Street Providence, RI 02903	05-0258956	501(c)(3)	23,900				Donor Designation for General Support

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America's Charities PO Box 75083 Baltimore, MD 212755083	54-1517707	501(c)(3)	21,770				Donor Designation for General Support
Fund for Community Progress 90 B Jefferson Blvd Warwick, RI 02888	05-0399609	501(c)(3)	21,324				Donor Designation for General Support
Alzheimer's Association 245 Waterman St Suite 306 Providence, RI 02906	05-0445962	501(c)(3)	21,257				Donor Designation for General Support

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CCRI Foundation 1762 Louisquisset Pike Lincoln, RI 02865	05-0394214	501(c)(3)	21,256				Donor Designation for General Support
Hasbro Children's Hospital PO Box H Providence, RI 02901	05-0258954	501(c)(3)	20,007				Donor Designation for General Support
Felician Sisters 1315 Enfield Street Enfield, CT 06082	06-1329622	501(c)(3)	20,000				Donor Designation for General Support

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South County Hospital Office of Development 100 Kenyon Avenue Wakefield, RI 02879	05-0259093	501(c)(3)	19,192				Donor Designation for General Support
Women & Infants Hospital Dept of Philanthropy 101 Dudley Street Providence, RI 02905	05-0258937	501(c)(3)	18,754				Donor Designation for General Support
Nature Conservancy (RI) The 159 Waterman Street Providence, RI 02906	53-0242652	501(c)(3)	18,671				Donor Designation for General Support

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Amer Heart Association Northeast Affiliate 1 State Street Ste 200 Providence, RI 029085005	13-5613797	501(c)(3)	18,439				Donor Designation for General Support
Preservation Society Newport Development Office 424 Bellevue Avenue Newport, RI 02840	05-0252708	501(c)(3)	18,300				Donor Designation for General Support
BoysGirls Club Warwick 42 Fredrick Street PO Box 8938 Warwick, RI 02888	05-6019193	501(c)(3)	18,299				Program operating costs and Donor Designation for General Support

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Jewish Family Service of RI 959 North Main Street Providence, RI 02904	05-0258888	501(c)(3)	18,027				Donor Designation for General Support
St Patrick's Academy 244 Smith St Providence, RI 02908	05-6000057	501(c)(3)	17,400				Donor Designation for General Support
St Mary's Home for Children 420 Fruit Hill Avenue North Providence, RI 02911	05-0213340	501(c)(3)	17,366				Donor Designation for General Support

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Catholic Relief Services 228 West Lexington St PO Box 17090 Baltimore, MD 212970303	13-5563422	501(c)(3)	17,022				Donor Designation for General Support
Mt St Charles Academy Development Office 800 Logee Street Woonsocket, RI 02895	05-0258850	501(c)(3)	16,937				Donor Designation for General Support
American Red Cross RI Chapter 105 Gano Street Providence, RI 02906	53-0196605	501(c)(3)	16,926				Donor Designation for General Support

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McAuley House 622 Elmwood Ave PO Box 27009 Providence, RI 02907	05-0440470	501(c)(3)	16,541				Donor Designation for General Support
Urban League of RI Development Fund 246 Prairie Avenue Providence, RI 02905	05-0258939	501(c)(3)	16,226				Donor Designation for General Support
Dana Farber Cancer Institute Jimmy Fund 10 Brookline Place West 6 Floor Brookline, MA 02445	04-2263040	501(c)(3)	16,145				Donor Designation for General Support

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Providence Animal Rescue League 34 Elbow Street Providence, RI 02903	05-0262712	501(c)(3)	15,919				Donor Designation for General Support
Tower Street School Community Center 93 Tower Street Westerly, RI 02891	05-6000576	501(c)(3)	15,875				Program operating costs and Donor Designation for General Support
Pan Mass Challenge to benefit Dana Farber Jimmy Fund 77 Fourth Avenue Needham, MA 02494	04-2746912	501(c)(3)	15,605				Donor Designation for General Support

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Planned Parenthood of Southern New England 345 Whitney Avenue New Haven, CT 06511	06-0263565	501(c)(3)	15,539				Donor Designation for General Support
Rhode Islanders Sponsoring Education 143 Prairie Ave 1st Floor Providence, RI 02905	06-1470525	501(c)(3)	15,435				Donor Designation for General Support
BoysGirls Clubs of Providence Central Services Office 550 Wickendon St Providence, RI 02903	05-0258929	501(c)(3)	15,212				Donor Designation for General Support

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Blithewold Inc 101 Ferry Road Bristol, RI 02809	05-0503407	501(c)(3)	15,164				Donor Designation for General Support
United Way of Charlotte County 17831 Murdock Circle Port Charlotte, FL 33948	59-1149995	501(c)(3)	15,031				Donor Designation for General Support
United Way of Greater Philadelphia and Southern New Jersey 1709 Benjamin Franklin Parkway Philadelphia, PA 19103	23-1556045	501(c)(3)	14,654				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Providence Center 528 North Main Street Providence, RI 02904	05-0316969	501(c)(3)	14,622				Donor Designation for General Support
Dana Farber Cancer Institute Inc 450 Brookline Avenue Boston, MA 02115	04-2263040	501(c)(3)	14,120				Donor Designation for General Support
Wounded Warrior Project (FL) 4899 Belfort Road Suite 300 Jacksonville, FL 32256	20-2370934	501(c)(3)	14,003				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Girl Scouts of Southeastern New England 500 Greenwich Ave Warwick, RI 02886	05-0300724	501(c)(3)	13,592				Donor Designation for General Support
Earth Share of New England 7735 Old Georgetown Rd 900 Bethesda, MD 20814	22-3151372	501(c)(3)	13,559				Donor Designation for General Support
Daughters of Mary of Nazareth St Joseph of Nazareth Convent 26 Phipps St Quincy, MA 02169	30-0781498	501(c)(3)	13,500				Donor Designation for General Support

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Haitian Project Inc 160 Broad Street PO Box 6891 Providence, RI 02940	22-2700013	501(c)(3)	13,450				Donor Designation for General Support
LaSalle Academy 612 Academy Avenue Providence, RI 02908	05-0258897	501(c)(3)	13,147				Donor Designation for General Support
Southside Community Land Trust 109 Somerset Street Providence, RI 029071031	05-0394224	501(c)(3)	13,050				Donor Designation for General Support

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WaterFire - Providence 101 Regent Ave Providence, RI 02908	22-2951612	501(c)(3)	12,621				Donor Designation for General Support
KPMG Foundation 50 Kennedy Plaza Providence, RI 02903	13-5565207	501(c)(3)	12,500				Donor Designation for General Support
Brown Alpert Medical School Box 1893 Providence, RI 02912	05-0258809	501(c)(3)	12,450				Donor Designation for General Support

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Brown University Sports Fdtn PO Box 1925 Providence, RI 02912	05-0258809	501(c)(3)	12,450				Donor Designation for General Support
Special Olympics - Rhode Island 370 George Washington Hwy Smithfield, RI 02917	05-0377867	501(c)(3)	12,331				Donor Designation for General Support
St Jude Children's Research Hospital 501 St Jude Place Memphis, TN 38105	62-0646012	501(c)(3)	12,250				Donor Designation for General Support

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Lucy's Hearth 913 West Main Road Middletown, RI 02842	22-2566612	501(c)(3)	11,763				Donor Designation for General Support
Adoption Rhode Island 2 Bradford Street Providence, RI 02903	22-2543833	501(c)(3)	11,701				Donor Designation for General Support
Diocese of Providence One Cathedral Square Providence, RI 02903	05-6000057	501(c)(3)	11,648				Donor Designation for General Support

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Community Boating Center PO Box 5849 Providence, RI 02903	22-2946979	501(c)(3)	11,600				Program operating costs and Donor Designation for General Support
Child & Family Service Newport 31 John Clarke Road Middletown, RI 02842	23-7058381	501(c)(3)	11,490				Donor Designation for General Support
National Multiple Sclerosis Society Greater New England Chapter 101A First Avenue Suite 6 Waltham, MA 024511105	04-2178884	501(c)(3)	11,444				Donor Designation for General Support

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Make A Wish Foundation of MA & RI One Bulfinch Place 2nd Fl Boston, MA 02114	22-2867371	501(c)(3)	11,360				Donor Designation for General Support
Newport Hospital Foundation 11 Friendship Street Newport, RI 02840	22-2535533	501(c)(3)	11,140				Donor Designation for General Support
The Cove Center Inc 610 Manton Avenue Providence, RI 02909	05-0419116	501(c)(3)	11,115				Donor Designation for General Support

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US Lacrosse Foundation 113 West University Parkway Baltimore, MD 212103300	52-0790605	501(c)(3)	11,000				Donor Designation for General Support
Big Brothers Big Sisters of the Ocean State 1540 Pontiac Avenue Suite 1 Cranston, RI 02920	22-2606942	501(c)(3)	10,808				Donor Designation for General Support
Highlander Charter School 360 Market Street Warren, RI 02885	05-0517389	501(c)(3)	10,730				Donor Designation for General Support

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Haitian Health Foundation 97 Sherman Street Norwich, CT 06360	06-1135999	501(c)(3)	10,647				Donor Designation for General Support
Meals on Wheels of RI 70 Bath St Providence, RI 02908	05-0340723	501(c)(3)	10,393				Donor Designation for General Support
Miriam Hospital 162 Summit Ave Providence, RI 02906	05-0258905	501(c)(3)	10,340				Donor Designation for General Support

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RI Legal Services Inc 56 Pine St Suite 400 Providence, RI 029032819	05-0318596	501(c)(3)	10,294				Donor Designation for General Support
Gordon School 45 Maxfield Avenue East Providence, RI 02914	05-0258876	501(c)(3)	10,275				Donor Designation for General Support
Women's Resource Center of 114 Touro Street Newport, RI 02840	05-0381031	501(c)(3)	10,266				Donor Designation for General Support

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RI Community Action Assn Newport and Bristol Counties 311 Doric Avenue Cranston, RI 02910	22-3143639	501(c)(3)	10,225				Program operating costs and Donor Designation for General Support
St Adalberts 866 Atwells Avenue Providence, RI 02909	05-0258963	501(c)(3)	10,215				Donor Designation for General Support
Folds of Honor Foundation 5800 N Patriot Drive Owasso, OK 74055	75-3240683	501(c)(3)	10,197				Donor Designation for General Support

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St Jude Childrens Research Hospital Inc 501 St Jude Place Memphis, TN 38105	62-0646012	501(c)(3)	10,117				Donor Designation for General Support
South County Comm Action 415 Tower Hill Road North Kingstown, RI 02852	05-0351121	501(c)(3)	10,087				Program operating costs and Donor Designation for General Support
Sophia Academy 582 Elmwood Avenue Providence, RI 02907	31-1736069	501(c)(3)	10,054				Donor Designation for General Support

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RI Hospital Foundation Lifespan Development Office PO Box H Providence, RI 02901	05-0468736	501(c)(3)	10,015				Donor Designation for General Support
Community 2000 Education Fdtn PO Box 1161 Charlestown, RI 028130903	05-0511235	501(c)(3)	10,000				Donor Designation for General Support
Dental Lifeline Network 1800 15th Street Ste 100 Denver, CO 80202	84-6129064	501(c)(3)	10,000				Donor Designation for General Support

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FACE of Rhode Island 1 Cathedral Square Providence, RI 02903	20-5898870	501(c)(3)	10,000				Donor Designation for General Support
Princeton University Fdtn PO Box 5357 Princeton, NJ 08543	21-0634501	501(c)(3)	10,000				Donor Designation for General Support
Town of Palm Beach United Way Inc 44 Coconut Row Suite M201 Palm Beach, FL 33480	59-6037885	501(c)(3)	10,000				Donor Designation for General Support

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United Way of Palm Beach County Inc 2600 Quantum Boulevard Boynton Beach, FL 334268627	59-0683258	501(c)(3)	10,000				Donor Designation for General Support
Arc of Blackstone Valley The 500 Prospect Street Suite 203 Pawtucket, RI 02860	05-0300152	501(c)(3)	9,923				Donor Designation for General Support
Norton Museum of Art 1451 South Olive Avenue West Palm Beach, FL 33401	59-0624432	501(c)(3)	9,550				Donor Designation for General Support

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Butler Hospital 345 Blackstone Boulevard Providence, RI 02906	05-0258812	501(c)(3)	9,443				Donor Designation for General Support
Read to Succeed 175 Hillside Road Cranston, RI 02920	74-3236898	501(c)(3)	9,325				Donor Designation for General Support
Family Service of RI Inc PO Box 6688 Providence, RI 02940	05-0258858	501(c)(3)	9,159				Donor Designation for General Support

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Re-Focus Inc 45 Greeley Street Providence, RI 02904	05-0394380	501(c)(3)	9,136				Donor Designation for General Support
Junior Achievement of RI 57 Greene Street Warwick, RI 02886	05-0263443	501(c)(3)	9,019				Donor Designation for General Support
Westerly Hospital Foundation Development Office 25 Wells Street Westerly, RI 02891	05-6000576	501(c)(3)	9,000				Donor Designation for General Support

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SPCA - Rhode Island 186 Amara Street East Providence, RI 02914	05-0262716	501(c)(3)	8,989				Donor Designation for General Support
Providence Childrens Museum 100 South Street Providence, RI 02903	05-0370944	501(c)(3)	8,866				Donor Designation for General Support
Bishop Hendricken High School 2615 Warwick Avenue Warwick, RI 02889	05-0296059	501(c)(3)	8,846				Donor Designation for General Support

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Audubon Society of RI 12 Sanderson Road Smithfield, RI 02917	05-0265675	501(c)(3)	8,841				Donor Designation for General Support
Granite United Way 22 Concord Street Concord, NH 03101	02-6006033	501(c)(3)	8,755				Donor Designation for General Support
United Way Silicon Valley 1400 Parkmoor Avenue Ste 250 San Jose, CA 95126	94-1450153	501(c)(3)	8,628				Donor Designation for General Support

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BoysGirls Club CumberlandLincoln PO Box 7505 Cumberland, RI 028640505	05-0280121	501(c)(3)	8,293				Donor Designation for General Support
Providence Preservation Society 21 Meeting Street Providence, RI 02903	05-0283958	501(c)(3)	8,105				Donor Designation for General Support
United Way of Allegheny County PO Box 735 Pittsburgh, PA 152300735	25-1043578	501(c)(3)	8,056				Donor Designation for General Support

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Community Nurse & Hospice Care 62 Centre Street PO Box 751 Fairhaven, MA 02719	04-2104019	501(c)(3)	8,000				Donor Designation for General Support
Enterprise Community Partners 1100 Broken Land Parkway Suite 700 Columbia, MD 21045	52-1231931	501(c)(3)	8,000				Donor Designation for General Support
YMCA Bay Side (Barrington) 371 Pine Street Providence, RI 02903	05-0258878	501(c)(3)	8,000				Donor Designation for General Support

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RI Zoological Society 1000 Elmwood Avenue Providence, RI 029073659	05-6016675	501(c)(3)	7,908				Donor Designation for General Support
Bradley Hospital 1011 Veterans Memorial Parkway East Providence, RI 071011270	05-0258806	501(c)(3)	7,759				Program operating costs
Holderness School Chapel Lane Plymouth, NH 03264	02-0147630	501(c)(3)	7,750				Donor Designation for General Support

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Cystic Fibrosis Foundation Massachusetts & RI 220 North Main Street Ste 104 Natick, MA 01760	13-1930701	501(c)(3)	7,643				Donor Designation for General Support
Make A Wish Foundation MA & RI 20 Hemingway Drive East Providence, RI 02915	22-2867371	501(c)(3)	7,630				Donor Designation for General Support
Providence Performing Arts Center 220 Weybosset Street Providence, RI 02903	05-0377244	501(c)(3)	7,628				Donor Designation for General Support

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Groden NetworkThe Development Office 610 Manton Avenue Providence, RI 02909	05-0369378	501(c)(3)	7,600				Donor Designation for General Support
CVS Health Employee Relief Fund 1 CVS Drive Woonsocket, RI 02865	27-4380115	501(c)(3)	7,550				Donor Designation for General Support
Friends of Westerly Public Library & Wilcox Park 44 Broad Street Westerly, RI 02891	23-7219525	501(c)(3)	7,502				Program operating costs and Donor Designation for General Support

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Community Action Partnership of Providence 518 Hartford Avenue Providence, RI 02909	46-1472304	501(c)(3)	7,500				Program operating costs
Edesia Global Nutrition Solution 88 Royal Little Drive Providence, RI 02904	26-0359866	501(c)(3)	7,388				Donor Designation for General Support
UFCW Local 328 Charitable Fdtn 278 Silver Spring Street Providence, RI 02904	20-0678926	501(c)(3)	7,335				Donor Designation for General Support

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Boys Town New England 58 Flanagan Road Portsmouth, RI 02871	20-0655240	501(c)(3)	7,275				Donor Designation for General Support
Doctors Without Borders USA 333 7th Avenue 2nd Floor New York, NY 10001	13-3433452	501(c)(3)	7,119				Donor Designation for General Support
YMCA of Pawtucket Metropolitan Offices 660 Roosevelt Ave Pawtucket, RI 02860	05-0259114	501(c)(3)	7,104				Donor Designation for General Support

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Institute for Labor Studies & Research 1540 Pontiac Avenue Cranston, RI 02920	05-0387211	501(c)(3)	7,002				Program operating costs and Donor Designation for General Support
Dartmouth College Trustees of Gift 6066 Development Office Hanover, NH 037553555	02-0222111	501(c)(3)	7,000				Donor Designation for General Support
St Marks Church 27 Main Street Southborough, MA 01772	04-2232903	501(c)(3)	7,000				Donor Designation for General Support

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Woodlawn Community Development 210 West Avenue Pawtucket, RI 02860	05-0514308	501(c)(3)	7,000				Program operating costs
United Way of Central & NE CT 30 Laurel Street Hartford, CT 061061374	06-0646653	501(c)(3)	6,980				Donor Designation for General Support
Institute for Study & Practice of Non-Violence 265 Oxford Street Providence, RI 02905	05-0517863	501(c)(3)	6,954				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Elizabeth Buffum Chace House PO Box 9476 Warwick, RI 02889	05-0384053	501(c)(3)	6,826				Donor Designation for General Support
Domestic Violence Program of Crossroads PO Box 603300 Providence, RI 02906	05-0369858	501(c)(3)	6,799				Donor Designation for General Support
Little Flower Home 83 Monticelli Drive West Kingston, RI 028921968	22-2576431	501(c)(3)	6,765				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Providence Athenaeum 251 Benefit Street Providence, RI 02903	05-0258928	501(c)(3)	6,675				Donor Designation for General Support
March of Dimes (RI) 220 West Exchange St Ste 003 Providence, RI 02903	13-1846366	501(c)(3)	6,654				Donor Designation for General Support
Leukemia & Lymphoma Society MA Chapter 101 Erie Drive Suite 101 Natick, MA 01760	13-5644916	501(c)(3)	6,625				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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East Greenwich Animal Protection League PO Box 184 East Greenwich, RI 02818	05-0388049	501(c)(3)	6,581				Donor Designation for General Support
Young Voices 150 Miller Avenue Providence, RI 02905	42-2103674	501(c)(3)	6,538				Donor Designation for General Support
Year Up Providence 40 Fountain Street 7th Floor Providence, RI 02903	04-3534407	501(c)(3)	6,523				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Jewish FederationPalm Beach 4601 Community Drive West Palm Beach, FL 33417	59-0948696	501(c)(3)	6,500				Donor Designation for General Support
Order of Malta Charities 1011 First Avenue Suite 1350 New York, NY 10022	23-7095245	501(c)(3)	6,500				Donor Designation for General Support
Day One 100 Medway Street Providence, RI 02906	05-0385696	501(c)(3)	6,487				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Nat'l Multiple Sclerosis - RI 205 Hallene Rd Ste 209 Warwick, RI 02886	05-0271809	501(c)(3)	6,452				Donor Designation for General Support
United WayCape & Islands 749 Main Street Fl 2 Hyannis, MA 026014327	04-2271714	501(c)(3)	6,420				Donor Designation for General Support
Arthritis Foundation SNE ChptrRhode Island Branch 2348 Post Road Ste 104 Warwick, RI 02886	58-1341679	501(c)(3)	6,379				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Providence Community Library 441 Prairie Ave Providence, RI 02905	36-4640304	501(c)(3)	6,362				Donor Designation for General Support
United Way of the National Capital Area 1577 Spring Hill Road Suite 420 Vienna, VA 22182	53-0234290	501(c)(3)	6,320				Donor Designation for General Support
Rhode Island PBS Foundation 50 Park Lane Providence, RI 029010883	22-2859005	501(c)(3)	6,174				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Inspiring Minds (VIPS) 763 Westminster Street Providence, RI 02903	05-0310175	501(c)(3)	6,122				Donor Designation for General Support
The Providence Foundation Commerce Center 30 Exchange Terrace Providence, RI 02903	05-0203250	501(c)(3)	6,000				Donor Designation for General Support
Foodshare Inc 450 Woodland Avenue Bloomfield, CT 060021342	22-2474771	501(c)(3)	5,914				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Almost Home Rescue PO Box 6111 Providence, RI 02940	01-0893186	501(c)(3)	5,880				Donor Designation for General Support
Volunteer Services for Animals PO Box 6263 23 Dryden Lane Providence, RI 029406263	05-0381306	501(c)(3)	5,860				Donor Designation for General Support
Kits for Kidz 900 S Frontage Road Suite 200 Woodridge, IL 60517	71-0878606	501(c)(3)	5,854				Program operating costs

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AIDS Care Ocean State 18 Parkis Avenue Providence, RI 029071408	22-2929749	501(c)(3)	5,849				Donor Designation for General Support
Leukemia & Lymphoma Society RI 2348 Post Road Ste 202 Warwick, RI 028862271	13-5644916	501(c)(3)	5,829				Donor Designation for General Support
Gesu School Inc 1700 W Thompson St Philadelphia, PA 19121	23-2728931	501(c)(3)	5,829				Donor Designation for General Support

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
McAuley Ministries PO Box 73195 Providence, RI 02907	05-0440470	501(c)(3)	5,750				Donor Designation for General Support
WGBH One Guest Street Boston, MA 02135	04-3312069	501(c)(3)	5,695				Donor Designation for General Support
A Wish Come True Inc 1010 Warwick Avenue Warwick, RI 02888	05-0398808	501(c)(3)	5,669				Donor Designation for General Support

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Phillips Academy Fdtn 180 Main Street Andover, MA 01810	04-2103579	501(c)(3)	5,600				Donor Designation for General Support
Star Kids Scholarship PO Box 6214 Middletown, RI 02842	04-3623364	501(c)(3)	5,600				Donor Designation for General Support
World Vision PO Box 9716 Federal Way, WA 98063	95-1922279	501(c)(3)	5,517				Donor Designation for General Support

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Autism Project of RI 1516 Atwood Avenue Johnston, RI 02919	05-0512037	501(c)(3)	5,507				Donor Designation for General Support
AndradeFaxon Charities for Children PO Box 3305 South Attleboro, MA 02703	05-0476331	501(c)(3)	5,500				Donor Designation for General Support
Thompson Island Outward Bound PO Box 127 Boston, MA 021270002	04-3027900	501(c)(3)	5,500				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Providence Country Day School 660 Waterman Ave East Providence, RI 02914	05-0258934	501(c)(3)	5,470				Donor Designation for General Support
United Way of Metropolitan Chicago 333 South Wabash Avenue Floor 30 Chicago, IL 60604	30-0200478	501(c)(3)	5,418				Donor Designation for General Support
Arizona Childrens Charities Inc 10 Secretariat Way Greenville, SC 29615	26-4710891	501(c)(3)	5,400				Donor Designation for General Support

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Station Fire Memorial Fdtn 78 Wilbur Avenue Cranston, RI 02920	56-2382562	501(c)(3)	5,365				Donor Designation for General Support
YMCA of Newport County 792 Valley Road Newport, RI 02842	05-0258916	501(c)(3)	5,343				Donor Designation for General Support
Friars Forever Fund Providence College Athletics 1 Cunningham Square Providence, RI 02918	05-0258932	501(c)(3)	5,335				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Comprehensive Community Action Program 311 Doric Ave Cranston, RI 02910	05-6018801	501(c)(3)	5,300				Program operating costs and Donor Designation for General Support
Jimmy Fund & Dana-Farber Institute 10 Brookline Place W 6th Fl Brookline, MA 024459924	04-2263040	501(c)(3)	5,263				Donor Designation for General Support
RI College Foundation 600 Mt Pleasant Ave Providence, RI 02908	05-6049721	501(c)(3)	5,243				Donor Designation for General Support

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Camp Street Community Ministry PO Box 603021 Providence, RI 029060021	05-0458477	501(c)(3)	5,200				Donor Designation for General Support
Margaret Sterling Cook Fdtn PO Box 14 Hope, RI 028310014	20-2604143	501(c)(3)	5,200				Donor Designation for General Support
United Way of the Midlands 1800 Main Street Columbia, SC 29201	57-0314396	501(c)(3)	5,180				Donor Designation for General Support

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College of the Holy Cross 1 College Street Worcester, MA 01610	04-2103558	501(c)(3)	5,178				Donor Designation for General Support
Friends Way 765 West Shore Rd Warwick, RI 02889	05-0504841	501(c)(3)	5,171				Donor Designation for General Support
NA MI of Rhode Island 154 Waterman Street Ste 5B Providence, RI 02906	22-2805141	501(c)(3)	5,160				Donor Designation for General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Jewish Seniors Agency 100 Niantic Avenue Providence, RI 02907	05-0258889	501(c)(3)	5,155				Donor Designation for General Support
St Mary Academy Bay View 3070 Pawtucket Ave Suite 2 Riverside, RI 02915	05-0263792	501(c)(3)	5,150				Donor Designation for General Support
Martin Luther King Center 20 Dr Marcus Wheatland Blvd Newport, RI 028402097	05-0271882	501(c)(3)	5,134				Donor Designation for General Support

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United Way of Grtr Fall River PO Box 2550 Fall River, MA 02722	04-2104026	501(c)(3)	5,116				Donor Designation for General Support
Le Moyne College 1419 Salt Springs Road Syracuse, NY 13214	15-0545841	501(c)(3)	5,108				Donor Designation for General Support
Society of the Four Arts 2 Four Art Plaza Palm Beach, FL 33480	59-0454318	501(c)(3)	5,050				Donor Designation for General Support

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Church Community Housing Corp 50 Washington Square Newport, RI 02840	05-0343709	501(c)(3)	5,048				Donor Designation for General Support
Neighbor To Nation 44330 Premier Plaza Ste 220 Ashburn, VA 20147	54-1879282	501(c)(3)	5,043				Donor Designation for General Support
Blackstone Valley Community Action Program 32 Goff Avenue Pawtucket, RI 02860	05-0312991	501(c)(3)	5,000				Program operating costs

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Cranston Senior Center 311 Doric Ave Cranston, RI 02910	22-3158215	501(c)(3)	5,000				Program operating costs
Discovery Counseling Center 115-A Town and Country Drive Danville, CA 94526	94-1705971	501(c)(3)	5,000				Donor Designation for General Support
Franklin & Marshall College College Advancement PO Box 3003 Lancaster, PA 176073003	23-1352635	501(c)(3)	5,000				Donor Designation for General Support

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Franklin County United Way 301 W Front Street PO Box 3 Washington, MO 63090	43-1124878	501(c)(3)	5,000				Donor Designation for General Support
Loving Hearts Outreach PO Box 1054 Washington, MO 63090	43-1820641	501(c)(3)	5,000				Donor Designation for General Support
Middlesex School 1400 Lowell Road Concord, MA 01742	04-2103821	501(c)(3)	5,000				Donor Designation for General Support

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Providence Community Health Centers 375 Allens Avenue Providence, RI 029055010	05-0368134	501(c)(3)	5,000				Donor Designation for General Support
RISD Museum Associates 224 Benefit Street Providence, RI 02903	05-0383432	501(c)(3)	5,000				Donor Designation for General Support

**Schedule J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

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

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

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF RHODE ISLAND INC

Employer identification number

05-0276059

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? **5a** No
  - b** Any related organization? **5b** No
- If "Yes," on line 5a or 5b, describe in Part III

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

- a** The organization? **6a** No
  - b** Any related organization? **6b** No
- If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** No

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANTHONY MAIONE PRESIDENT & CEO	(i)	250,883	24,395	0	34,561	309,839	0
	(ii)	0	0	0	0	0	0
2 RICHARD VOCCIO EXEC VP FINANCE & ADMINISTRATION/CFO	(i)	142,323	9,009	0	28,775	180,107	0
	(ii)	0	0	0	0	0	0

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I QUESTION 3	THE PROCESS FOR DETERMINING THE ANNUAL COMPENSATION AND BENEFITS FOR THE PRESIDENT AND CEO AT UNITED WAY IS DESCRIBED IN DETAIL IN PART VI (GOVERNANCE), QUESTION #15A
Schedule J, Part II COMPENSATION FOR PRESIDENT AND CEO	THE COMPENSATION INFORMATION REPORTED IN PART II WAS BASED ON CALENDAR YEAR 2015 PER IRS FORM INSTRUCTIONS SO THAT IT ALL ALIGNS WITH W-2 AND FORM 941 DATA SEPARATELY REPORTED TO THE IRS
Schedule J, Part II, Column (D) PART II, COLUMN D	NON-TAXABLE BENEFITS REPORTED INCLUDE MEDICAL INSURANCE, DENTAL INSURANCE, LIFE AND LONG TERM DISABILITY INSURANCE AND COMPANY MATCH ON THE 403(B) RETIREMENT PLAN CONTRIBUTIONS THESE NON-TAXABLE BENEFITS ARE THE SAME THAT ARE OFFERED TO ALL UNITED WAY EMPLOYEES
Schedule J, Part II, Column (E) PART II, COLUMN E	TOTAL COMPENSATION THIS YEAR WAS BASED ON CALENDAR YEAR 2015 DATA IN WHICH THERE WERE 27 PAY PERIODS DUE TO THE LEAP YEAR

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

**Open to Public Inspection**

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

Name of the organization  
UNITED WAY OF RHODE ISLAND INC

**Employer identification number**  
05-0276059

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	111	1,112,564	Market value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>Non Cash Contributions</u> ) . . . . .	X	6	2,422	Market value
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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

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

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I EXPLANATIONS OF REPORTING FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS OTHER- NUMBER OF CONTRIBUTIONS

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
UNITED WAY OF RHODE ISLAND INC**Employer identification number**

05-0276059

**Return Reference****Explanation**Form 990, Part I,  
Line 19 REVENUE  
LESS EXPENSESCURRENT YEAR \$907,262 CHANGE IN NET ASSETS MOSTLY ATTRIBUTABLE TO \$495,000 COMMUNITY IMPACT  
FUNDING EXCESS THAT WILL BE USED TO FUND GRANTS IN FY2017 \$343,000 IN EXCESS CLAY MINE CONTRIBUTION  
INCOME RECEIVED AND ADDED TO THE CLAY MINE NET ASSET RESERVE ACCOUNT TO BE USED AS A CONTINGENCY  
TO OFFSET A LOSS OF THIS REVENUE SOURCE IN THE FUTURE WHICH IS USED TO PARTIALLY FUND UWRI  
OVERHEAD EXPENSES

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 1,058,078 including grants of \$ 0)(Revenue \$ 0) BELOW IS A LIST OF OTHER SIGNIFICANT PROJECTS SUPPORTED (OTHER PROGRAM SERVICES) BY UNITED WAY DURING FISCAL YEAR ENDING 6/30/2016 -\$945,789 TO SUPPORT THE PUBLIC POLICY AND LABOR RELATIONS WORK, AND SUPPORT THE COMMUNITY INVESTMENT WORK PROVIDED BY UWRI STAFF IN ADMINSTRATING AND MONITORING THE COMMUNITY INVESTMENT OUTCOMES FROM THE GRANTS AWARDED FROM UWRI COMMUNITY IMPACT FUND -\$112,289 TO SUPPORT THE ADVOCACY AND VOLUNTEER WORK OF UWRI OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT <a href="http://WWW.UWRI.ORG/VOLUNTEER">WWW.UWRI.ORG/VOLUNTEER</a>

Return Reference	Explanation
<p>Form 990, Part VI, Line 11b Review of form 990 by governing body</p>	<p>THE AUDIT COMMITTEE OF THE UWRI IS THE BOARD COMMITTEE RESPONSIBLE FOR THE ANNUAL DETAIL REVIEW OF THE AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR UWRI. THE AUDIT COMMITTEE IS RESPONSIBLE TO ENSURE THAT UWRI MANAGEMENT HAS COMPLETED ITS FORM 990 TO FULLY COMPLY WITH IRS REGULATIONS AND THAT THE PRESENTATION OF THE AUDITED REPORTS FOR UWRI FAIRLY PRESENT IN ALL MATERIAL RESPECTS THE FINANCIAL CONDITION AND OPERATIONAL RESULTS OF UWRI FOR THE PERIOD ENDING JUNE 30, 2016. UWRI EXECUTIVE MANAGEMENT IS RESPONSIBLE FOR THE ACTUAL RESULTS. THE AUDIT COMMITTEE MET WITH UWRI FISCAL MANAGEMENT AND ITS CPA FIRM, SANSIVERI, KIMBALL &amp; CO, LLP (SKC) IN AUGUST 2016 AT THE START OF THE AUDIT ENGAGEMENT AND IN OCTOBER 2016 TO REVIEW THE AUDIT REPORT AND AUDITED FINANCIAL STATEMENTS AND RECEIVE A DETAILED PRESENTATION BY UWRI FISCAL MANAGEMENT. THE FORM 990 WAS REVIEWED BY THE UWRI AUDIT COMMITTEE IN OCTOBER 2016 WITH MANAGEMENT AND SKC. THE AUDIT COMMITTEE MEMBERS ASKED QUESTIONS PERTAINING TO THE COMPLETED FORM 990. THE AUDIT COMMITTEE THEN VOTED AND RECOMMENDED THAT THE FINAL FORM 990 BE ADOPTED. IN ADDITION TO PROVIDING EACH MEMBER OF THE BOARD OF DIRECTORS WITH A COPY OF THE FINAL FORM 990 AT ITS NOVEMBER 2016 BOARD MEETING AND PRIOR TO ITS IRS FILING, A FORMAL SUMMARY PRESENTATION WAS GIVEN TO THE UWRI BOARD OF DIRECTORS BY UWRI FISCAL MANAGEMENT WITH SPECIAL ATTENTION TO PART VI (GOVERNANCE, MANAGEMENT AND DISCLOSURE). ONCE THE FORM 990 IS FILED WITH THE IRS, UWRI FISCAL MANAGEMENT WILL POST AN ELECTRONIC COPY OF ITS AUDITED FINANCIAL STATEMENTS, FORM 990 AND CEO/CFO FINANCIAL STATEMENT CERTIFICATION DOCUMENT ON ITS WEBSITE (WWW.UWRI.ORG) FOR PUBLIC INSPECTION.</p>

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c Conflict of interest policy	ALL UWRI EMPLOYEES AND BOARD MEMBERS ARE REQUIRED ANNUALLY TO COMPLETE A WRITTEN CONFLICT OF INTEREST FORM DISCLOSING ALL POTENTIAL CONFLICTS OR DUALITIES OF INTEREST THE EMPLOYEE OR BOARD MEMBER IS REQUIRED TO SIGN AND RETURN THE FORM TO THE STAFF ETHICS OFFICER AT UWRI ONCE ALL SAID FORMS ARE COLLECTED BY THE STAFF ETHICS OFFICER, THEY ARE THEN REVIEWED BY THE ETHICS COMMITTEE (THREE BOARD MEMBER VOLUNTEERS) TO INSURE COMPLIANCE WITH THE POLICY ANY EXCEPTIONS TO UWRI POLICY ARE ADDRESSED BY THE ETHICS COMMITTEE WITH THE EMPLOYEE OR BOARD MEMBER INVOLVED THESE EXCEPTIONS ARE DOCUMENTED IN WRITTEN MEMORANDUM AFTER THIS ANNUAL PROCESS IS COMPLETED, THE ETHICS COMMITTEES CHAIR THEN REPORTS OUT IN SUMMARY TO THE UWRI BOARD OF DIRECTORS AT A REGULARLY SCHEDULED BOARD MEETING

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	BOARD OF DIRECTORS OVERSIGHT CEO PERFORMANCE AND COMPENSATION IS OVERSEEN BY THE COMPENSATION AND BENEFITS COMMITTEE OF THE BOARD SPECIFIC RECOMMENDATIONS RELATED TO COMPENSATION ARE MADE BY THE COMPENSATION AND BENEFITS COMMITTEE WHICH IS COMPOSED OF BOARD MEMBERS, UWRI STAFF AND VOLUNTEERS RECOMMENDATIONS ARE PUT FORWARD TO THE ENTIRE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL IN EXECUTIVE SESSION OF THE UWRI BOARD WITHOUT ANY STAFF PRESENT COMPARATIVE SALARY DATA THE COMPENSATION AND BENEFITS COMMITTEE IS PROVIDED WITH CEO SALARY INFORMATION OF MORE THAN TEN COMPARABLE ORGANIZATIONS, CAPTURING NATIONAL, REGIONAL AND LOCAL COMPENSATION DATA FOR SIMILARLY-SIZED ORGANIZATIONS PERFORMANCE-BASED SYSTEM CEO PERFORMANCE IS ANNUALLY ASSESSED BY THE COMPENSATION AND BENEFITS COMMITTEE AND PRESENTED TO THE FULL BOARD OF DIRECTORS IN EXECUTIVE SESSION (AS NOTED ABOVE, COMPENSATION DECISIONS ARE OVERSEEN BY THE SAME GROUP) ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ABLE TO PROVIDE WRITTEN INPUT ON THE CEO'S PERFORMANCE THE CEO HAS DOCUMENTED GOALS AND OBJECTIVES ON WHICH PERFORMANCE IS BASED, PLUS DOCUMENTED DETAIL THAT GUIDES THE AWARD OF A BONUS, IF ANY THE DISCUSSION AND BONUS AWARD ARE DOCUMENTED TO SUPPORT IMPLEMENTATION

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE SALARY DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WAS REVIEWED BY INDEPENDENT PERSONS (COMPENSATION COMMITTEE) COMPENSATION SALARY DATA THE COMPENSATION COMMITTEE REVIEWS COMPENSATION DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION COMPENSATION DATA IS OBTAINED FROM COMPARABLE SIZED ORGANIZATIONS CONSISTENT WITH THE CEO DATA MENTIONED ABOVE

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	UWRI MAKES AVAILABLE ON ITS OWN WEBSITE THE ANNUAL AUDITED FINANCIAL STATEMENTS AS OF THIS FILING, UWRI HAS AN ELECTRONIC VERSION OF ITS FINANCIAL STATEMENTS FOR ITS THREE MOST CURRENT FISCAL YEARS FOR PUBLIC INSPECTION AND PRINT UWRI AT THIS TIME DOES NOT FORMALLY MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENT OR CONFLICT OF INTEREST POLICY

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XII, Line 2c	THE PROCESS BY WHICH UWRI'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE ANNUAL AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM DID NOT CHANGE FROM THE PRIOR YEAR





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

Table with columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved, and Yes/No columns. Rows include categories like Receipt of interest, Gift, grant, or capital contribution, Loans or loan guarantees, Dividends, Sale of assets, etc.

Summary table with columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved, and Yes/No columns. Row 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.



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Schedule R, Part IV DESCRIPTION OF RELATED ORGANIZATION	50 VALLEY LAND CONDOMINIUM ("THE ASSOCIATION") IS AN UNINCORPORATED CONDOMINIUM MANAGEMENT ASSOCIATION PURSUANT TO RHODE ISLAND LAW. THE ASSOCIATION FILED IRS FORM 8832 ELECTING TO BE TAXED AS A CORPORATE ENTITY FOR INCOME TAX PURPOSES. THE ASSOCIATION MANAGES TWO LAND-ONLY CONDOMINIUM UNITS CONSISTING OF PARKING FACILITIES. THE UNITED WAY OF RI IS A MEMBER OF THE ASSOCIATION AND A UNIT OWNER OF ONE OF THE LAND-ONLY CONDOMINIUM UNITS.
Schedule R, Part V LINE 2	TRANSACTIONS FOR THE YEAR ENDED JUNE 30, 2016 WERE BELOW THE REPORTABLE THRESHOLD FOR SCHEDULE R, PART V, LINE 2.