

COR
121

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Employee Community Services Association</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>Electric Boat, 165 Dillabur Avenue, Quonset Point</u> <u>D969</u> City or town, state or province, country, and ZIP or foreign postal code <u>North Kingstown, Rhode Island 02852</u> F Name and address of principal officer <u>BLAKE LAVERDIERE, PRESIDENT</u> <u>SAME ADDRESS AS 'C' ABOVE</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
D Employer identification number <u>05 0372627</u>	E Telephone number <u>401-268-2370</u>
G Gross receipts \$ <u>321,751.77</u>	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation <u>1977</u> M State of legal domicile <u>RI</u>

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>DISPERSE EMPLOYEE CONTRIBUTIONS TO NEEDY COMMUNITY BASED ORGANIZATIONS AND TO CURRENT EMPLOYEES WHO HAVE EXPERIENCED A QUALIFYING CATASTROPHIC EVENT.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <u>4</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>4</u>
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) <u>5</u> <u>0</u>
	6 Total number of volunteers (estimate if necessary) <u>6</u> <u>4</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> <u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> <u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h) <u>324,985.41</u> <u>321,568.14</u>
	9 Program service revenue (Part VIII, line 2g) <u>0</u> <u>0</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>187.99</u> <u>183.63</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>0</u> <u>0</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>325,173.40</u> <u>321,751.77</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>376,875.99</u> <u>316,638.60</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u> <u>0</u>
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>0</u> <u>0</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u> <u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u> <u>0</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>87.32</u> <u>20.00</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>376,963.31</u> <u>316,658.60</u>
	19 Revenue less expenses. Subtract line 18 from line 12 <u>(51,789.91)</u> <u>5,093.17</u>
	20 Total assets (Part X, line 16) <u>64,160.78</u> <u>69,253.95</u>
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26) <u>0</u> <u>0</u>
	22 Net assets or fund balances. Subtract line 21 from line 20 <u>64,160.78</u> <u>69,253.95</u>

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	<u>Blake Laverdierre</u> <u>11-2-2018</u> Signature of officer Date <u>Chairperson EC SA</u> Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ Firm's EIN ▶
	Firm's address ▶ Phone no. ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

SCANNED DEC 17 2018

2949331418716 8

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

- 1** Briefly describe the organization's mission:
 DISPERSE EMPLOYEE CONTRIBUTIONS TO NEEDY COMMUNITY BASED ORGANIZATIONS AND TO CURRENT EMPLOYEES WHO HAVE EXPERIENCED A QUALIFYING CATASTROPHIC EVENT.
- 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 \$ 125,000.00 including grants of \$ 125,000.00) (Revenue \$)

UNITED WAY OF RHODE ISLAND
 50 Valley St, Providence, RI 02909 - 2459
 Tax ID Number 05-0276059

4b (Code:) (Expenses \$ 10,000.00 including grants of \$ 10,000.00) (Revenue \$)

THE TOMORROW FUND
 593 Eddy Street Providence, RI 02903
 Tax ID Number 05-0450569

4c (Code:) (Expenses \$ 10,000.00 including grants of \$ 10,000.00) (Revenue \$)

Realtor Foundation Troop Support Task Force
 100 Bignall Street, Warwick, RI 02886
 Tax ID Number 20-4683776

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 20.00 including grants of \$ 171,638.60) (Revenue \$ 321,751.77)

4e Total program service expenses 316,658.60

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► n/a

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
ROLAND VIGNEAULT, TREASURER 165 DILLABUR AVENUE D969 NORTH KINGSTOWN, RI 02852 1-401-268-2624

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BLAKE LAVERDIERE, PRESIDENT	1.0			✓				0	0	0
(2) CHRISTOPHER LEVENSELLER, VICE-PRES.	0.5			✓				0	0	0
(3) TRISTEN RACINE, SECRETARY	0.5			✓				0	0	0
(4) ROLAND VIGNEAULT, TREASURER	0.5			✓				0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

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 **NONE**

- | | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | ✓ |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | ✓ |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | ✓ |

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 0					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 321,568.14					
	g	Noncash contributions included in lines 1a-1f \$	0					
	h	Total. Add lines 1a-1f ▶		321,568.14				
Program Service Revenue	2a Business Code							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		183.63		183.63		
	4	Income from investment of tax-exempt bond proceeds ▶		0				
	5	Royalties ▶		0				
		(i) Real	(ii) Personal					
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	c	Rental income or (loss)	0					
	d	Net rental income or (loss) ▶		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			0	0				
	b	Less: cost or other basis and sales expenses	0	0				
	c	Gain or (loss)	0	0				
	d	Net gain or (loss) ▶		0				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a		0				
	b	Less: direct expenses b	0					
	c	Net income or (loss) from fundraising events . . ▶		0				
	9a	Gross income from gaming activities. See Part IV, line 19 a						
	b	Less: direct expenses b	0					
	c	Net income or (loss) from gaming activities . . ▶		0				
10a	Gross sales of inventory, less returns and allowances a		0					
b	Less: cost of goods sold b	0						
c	Net income or (loss) from sales of inventory . . ▶		0					
	Miscellaneous Revenue Business Code							
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶			0				
12	Total revenue. See instructions. ▶			321,751.77		183.63		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	306,114.89	306,114.89		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,523.71	10,523.71		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	20.00		20.00	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	316,658.60	316,638.60	20.00	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	64,160.78	2	69,253.95
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	64,160.78	16	69,253.95	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	39,160.78	27	44,253.95
	28 Temporarily restricted net assets	25,000.00	28	25,000.00
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	64,160.78	33	69,253.95	
34 Total liabilities and net assets/fund balances	64,160.78	34	69,253.95	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	321,751.77
2	Total expenses (must equal Part IX, column (A), line 25)	2	316,658.60
3	Revenue less expenses. Subtract line 2 from line 1	3	5,093.17
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,160.78
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,253.95

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

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		
3a		
3b		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employee Community Services Association

Employer identification number

05 0372627

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) United Way of Rhode Island 50 Valley St. Providence RI 02909	05-0276059	501(c)(3)	125,000.00				Community Assistance
(2) Realtor Troop Supp. Task Force 100 Bignall Street, Warwick, RI 02886	20-4683776	501(c)(3)	10,000.00				Community Assistance
(3) The Tomorrow Fund 593 Eddy Street Providence, RI 02903	05-0450569	501(c)(3)	10,000.00				Community Assistance
(4) Rhode Island Food Bank 200 Niantic Ave Providence, RI 02907	05-039560	501(c)(3)	7500.00				Community Assistance
(5) National Grid P.O. Box 11742 Newark, NJ 07101			6,892.99				Continued on Part IV Note 1
(6) Juvenile Diabetes Research Fd 26 Broadway, 14th fl, NY, NY 10004	23-1907729	501(c)(3)	6,025.00				Community Assistance
(7) American Cancer Society 931 Jefferson Blvd Warwick RI 02886	13-1788491	501(c)(3)	5,074.87				Community Assistance
(8) Meals On Wheels 70 Bath Street, Providence, RI 02908	23-7447812	501(c)(3)	5,000.00				Community Assistance
(9) Red Sox Fdn Run To Home Bas 4 Yawkey Way, Boston, MA 02215	33-1007984	501(c)(3)	5,000.00				Community Assistance
(10) RI Good Neighbor Energy Fund 50 Valley St. Providence RI 02909	05-0276059	501(c)(3)	5,000.00				Comm Asst (Part IV Note 2)
(11) Ronald McDonald House 45 Gay Street Providence, RI 02905	36-2934689	501(c)(3)	5,000.00				Community Assistance
(12) Special Olympics of RI 370 G. Wshngtn Hwy, Smithfield, RI	05-0377867	501(c)(3)	5,000.00				Community Assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							9
3 Enter total number of other organizations listed in the line 1 table							10

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

Cat No 5005SP

Schedule I (Form 990) (2017)

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

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

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

Note 1, Part II (5) National Grid: Assist Electric Boat employees (and ECSA members) experiencing catastrophic events (fire, flood, etc) with outstanding utility bills.

Note 2, Part II (10) Good Neighbor Energy Fund: Provide community heating assistance. Sponsored by National Grid with funds sent then distributed by the United Way of Rhode Island.

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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

EMPLOYEE COMMUNITY SERVICES ASSOCIATION

Employer identification number

05 0372627

Line 13: \$ 316,638.60 *Itemized in detail below (Grants & similar amounts paid)*

IX 11 g' \$ 20.00 1. \$20.00 Annual Filing Fee State of Rhode Island, Ck # 1155, Dated 06/20/17

Comments - Part VI, Section B 11b Section C19. Prior to submittal to the IRS, Form 990, Schedule O, and Schedule I, are reviewed by both the President and Treasurer of the ECSA. During the annual campaign to solicit contributions from employees of Electric Boat, employees are reminded that they may inquire into all aspects of how funds are distributed upon request. The public at large is not notified.

2017 DISBURSEMENTS

2017	Transaction or Check #	Item	Disbursement	United Way	Team Member Catastrophic	Other Agencies	Misc. Charges & Fees
24-Jan	1099	Special Olympics of Rhode Island	\$ 5,000 00			\$ 5,000 00	
24-Jan	1100	Operation Stand Down Rhode Island	\$ 1,500 00			\$ 1,500 00	
24-Jan	1101	Providence Childrens' Musuem	\$ 3,000 00			\$ 3,000 00	
24-Jan	1102	American Lung Association	\$ 1,000 00			\$ 1,000.00	
17-Feb	1103	Rhode Island Good Neighbor Fund	\$ 5,000 00			\$ 5,000.00	
17-Feb	1104	Amos House	\$ 2,500 00			\$ 2,500 00	
17-Feb	1105	Make-A-Wish	\$ 2,500 00			\$ 2,500.00	
17-Feb	1106	Brain Injury Association of RI	\$ 1,000 00			\$ 1,000.00	
17-Feb	1107	Arthritis Exchange	\$ 3,000.00			\$ 3,000 00	
17-Feb	1108	Fairway Foundation	\$ 1,000 00			\$ 1,000 00	
17-Feb	1108	American Heart Association	\$ 1,052.00			\$ 1,052 00	
17-Feb	1110	Stop & Shop	\$ 300.00		\$ 300 00		
22-Feb	1111	Lucy Lupo	\$ 900.00		\$ 900 00		
22-Feb	1112	Friends Way	\$ 1,500 00			\$ 1,500 00	
6-Mar	1113	National Grid	\$ 517 69		\$ 517 69		
6-Mar	1114	National Grid	\$ 171 40		\$ 171 40		
6-Mar	1115	P&M Properties LLC	\$ 1,950 00		\$ 1,950.00		
6-Mar	1116	Junior Achievement of Rhode Island	\$ 1,000.00			\$ 1,000 00	
6-Mar	1117	EG Rotary Charitable Fund / ALS	\$ 1,000 00			\$ 1,000.00	
17-Mar	1118	United Way of Rhode Island	\$ 31,250 00	\$ 31,250 00			
17-Mar	1119	St Mary's Home for Children	\$ 3,000 00			\$ 3,000 00	
17-Mar	1120	McAuley Ministries	\$ 2,500 00			\$ 2,500 00	
17-Mar	1121	Ronald McDonald House	\$ 5,000.00			\$ 5,000 00	
31-Mar	1122	City of Providence	\$ 784 28		\$ 784 28		
31-Mar	1123	Wells Fargo Dealer Services	\$ 1,480 44		\$ 1,480 44		
31-Mar	1124	National Grid	\$ 510.85		\$ 510 85		
10-Apr	1125	Johnnycake Center	\$ 3,000 00			\$ 3,000 00	
10-Apr	1126	Salgi Esophageal Cancer Research Fdn	\$ 2,000 00			\$ 2,000 00	
10-Apr	1127	Epilepsy Foundation of New England	\$ 1,500 00			\$ 1,500 00	
10-Apr	1128	The Providence Center	\$ 3,000 00			\$ 3,000.00	
10-Apr	1129	Youth In Action	\$ 1,000.00			\$ 1,000.00	
10-Apr	1130	Project Sweet Pea	\$ 2,540.00			\$ 2,540.00	
10-Apr	1131	House of Hope	\$ 1,000.00			\$ 1,000.00	
10-Apr	1132	Hope Hospice & Palliative Care RI	\$ 250 00			\$ 250.00	
10-Apr	1133	St. Jude Children's Research Hospital	\$ 250 00			\$ 250 00	
24-Apr	1134	Rolling Thunder Inc MA Chapter 2	\$ 100 00			\$ 100 00	
24-Apr	1135	NCBC Naval Sea Cadets	\$ 500 00			\$ 500 00	
24-Apr	1136	Children's Shelter of Blackstone Valley	\$ 500.00			\$ 500 00	
24-Apr	1137	ABCORI	\$ 835 00			\$ 835 00	
22-May	1138	United Way of Rhode Island	\$ 31,250 00	\$ 31,250 00			
22-May	1139	Colon Cancer Alliance	\$ 1,000 00			\$ 1,000 00	
22-May	1140	Alzheimers Association	\$ 1,000 00			\$ 1,000 00	
22-May	1141	March of Dimes	\$ 1,022 75			\$ 1,022.75	
22-May	1142	American Diabetes Association	\$ 150 00			\$ 150 00	
22-May	1143	St. Jude Children's Hospital	\$ 500 00			\$ 500 00	
19-Jun	1144	Wreaths Across America	\$ 1,500.00			\$ 1,500 00	
19-Jun	1145	RICAN (RI Center Assisting Those In Need)	\$ 3,000.00			\$ 3,000.00	

Name of the organization

Employer identification number

EMPLOYEE COMMUNITY SERVICES ASSOCIATION**05 0372627****2017 DISBURSEMENTS**

2017	Transaction or Check #	Item	Disbursement	United Way	Team Member Catastrophic	Other Agencies	Misc. Charges & Fees
19-Jun	1146	Bradley Hospital	\$ 3,000 00			\$ 3,000 00	
19-Jun	1147	Three Angels	\$ 3,000 00			\$ 3,000 00	
19-Jun	1148	Boots on the Ground	\$ 2,500 00			\$ 2,500 00	
19-Jun	1149	Huntington's Disease Society of America	\$ 25 00			\$ 25 00	
19-Jun	1150	Tour de Care	\$ 885 00			\$ 885 00	
19-Jun	1151	South County Habitat for Humanity	\$ 2,000.00			\$ 2,000 00	
19-Jun	1152	Build the Banner of Love	\$ 1,000 00			\$ 1,000 00	
19-Jun	1153	National Grid	\$ 372 03		\$ 372 03		
19-Jun	1154	National Grid	\$ 821.02		\$ 821 02		
20-Jun	1155	Department of State (Rhode Island)	\$ 20 00				\$ 20 00
23-Jun	1156	Red Sox Fdn Run To Home Base	\$ 5,000.00			\$ 5,000 00	
23-Jun	1157	Daniel & Elaine Dugan	\$ 1,150 00		\$ 1,150 00		
30-Jun	1158	Colon Cancer Alliance	\$ 1,035 00			\$ 1,035 00	
3-Jul	1159	Boston's Children Hospital	\$ 216 00			\$ 216.00	
4-Aug	1160	Davisville Library	\$ 1,000 00			\$ 1,000 00	
4-Aug	1161	Childrens Wishes	\$ 750 00			\$ 750 00	
4-Aug	1162	Meals On Wheels	\$ 5,000 00			\$ 5,000.00	
4-Aug	1163	Fogarty Center	\$ 1,000 00			\$ 1,000 00	
4-Aug	1164	Honor Flight RI	\$ 3,000 00			\$ 3,000 00	
4-Aug	1165	Salgi Esophageal Cancer Research Fdn	\$ 650 00			\$ 650 00	
4-Aug	1166	National MS Society	\$ 340 00			\$ 340 00	
4-Aug	1167	Run to Home Base	\$ 1,106.00			\$ 1,106 00	
4-Aug	1168	YMCA of Greater Providence	\$ 1,000.00			\$ 1,000 00	
25-Aug	1169	SMGA (Salute Military Golf Association)	\$ 1,200 00			\$ 1,200 00	
25-Aug	1170	Autism Project	\$ 500 00			\$ 500 00	
25-Aug	1171	Hasbro Children Hospital	\$ 3,000 00			\$ 3,000 00	
25-Aug	1172	ALS	\$ 250 00			\$ 250 00	
25-Aug	1173	United Way of Rhode Island	\$ 31,250.00	\$ 31,250 00			
31-Aug	1174	Stop & Shop	\$ 200 00		\$ 200 00		
12-Sep	1175	American Red Cross (Hurricane Harvey)	\$ 845 50			\$ 845.50	
12-Sep	1176	Houston Humane Society	\$ 500 00			\$ 500.00	
21-Sep	1177	Stop & Shop	\$ 500 00			\$ 500 00	
21-Sep	1178	National Grid	\$ 4,500 00			\$ 4,500.00	
21-Sep	1179	Wells Fargo	\$ 3,685 05			\$ 3,685 05	
21-Sep	1180	Stop & Shop	\$ 200 00		\$ 200 00		
21-Sep	1181	Parkinson's Disease Association	\$ 4,435 00			\$ 4,435 00	
21-Sep	1182	CVMA Chapter 9-2	\$ 3,615.00			\$ 3,615 00	
21-Sep	1183	Hole In The Wall Gang	\$ 1,000 00			\$ 1,000 00	
21-Sep	1184	Salvation Army	\$ 3,000 00			\$ 3,000.00	
21-Sep	1185	Women's Resource Center	\$ 2,000 00			\$ 2,000 00	
3-Oct	1186	Houston Humane Society	\$ 127 72			\$ 127 72	
3-Oct	1187	American Red Cross (Hurricane Harvey)	\$ 200 00			\$ 200 00	
20-Oct	1188	American Red Cross RI Op Holiday Cheer	\$ 3,000 00			\$ 3,000 00	
20-Oct	1189	Juvenile Diabetes Research Foundation	\$ 6,025 00			\$ 6,025 00	
20-Oct	1190	NK Food Pantry	\$ 1,600 00			\$ 1,600 00	
20-Oct	1191	Crossroads	\$ 3,000 00			\$ 3,000 00	
20-Oct	1192	Disabled American Veterans	\$ 2,000 00			\$ 2,000 00	
9-Nov	1193	Stop & Shop	\$ 500 00			\$ 500 00	
9-Nov	1194	Cash (for gas cards)	\$ 250 00			\$ 250.00	
9-Nov	1195	RI Housing	\$ 1,166 00		\$ 1,166 00		
16-Nov	1196	Realtor Fdn RI Troop Support	\$ 10,000.00			\$ 10,000 00	
16-Nov	1197	Samaritans of Rhode	\$ 100 00			\$ 100.00	
16-Nov	1198	Rhode Island Community Food Bank	\$ 7,500 00			\$ 7,500 00	
16-Nov	1199	United Way of Rhode Island	\$ 31,250 00	\$ 31,250 00			
16-Nov	1200	Viking Rides of Rhode Island	\$ 1,000 00			\$ 1,000 00	
27-Nov	1201	American Cancer Society Making Strides	\$ 4,974 87			\$ 4,974 87	
5-Dec	1202	Cash (Gifts for 2017 Santa Fund for Children)	\$ 3,000.00			\$ 3,000 00	

Employer identification number

05 0372627

[illegible]

TOTALS	\$316,658.60	\$125,000.00	\$10,523.71	\$181,114.89	\$20.00
---------------	---------------------	---------------------	--------------------	---------------------	----------------

ALL RECORDS ARE AVAILABLE FOR REVIEW UPON REQUEST