

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: X Address change. C Name of organization: UNITED WAY OF RHODE ISLAND, INC. D Employer identification number: 05-0276059. E Telephone number: (401) 444-0600. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.UWRI.ORG

J Organization type (check only one) X 501(c)(03) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 26,542,303.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization United Way of Rhode Island, Inc.	Employer identification number 05-0276059
	Number, street, and room or suite no. If a P.O. box, see instructions. 229 Waterman Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Providence, RI 02906	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ RICHARD VOCCIO

Telephone No. ▶ (401) 444-0670 FAX No. ▶ (401) 444-0635

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 16, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
 ▶ tax year beginning JULY 1, 2007, and ending JUNE 30, 2008

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>8,445,526.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 8,445,526.	8,445,526.	STMT 6	
22b Other grants and allocations (attach schedule) (cash \$ <u>6,805,126.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 6,805,126.	6,805,126.	STMT 7	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 478,327.	142,942.	192,442.	142,943.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 2,269,677.	727,319.	545,274.	997,084.
27 Pension plan contributions not included on lines 25a, b, and c	27 843,963.	266,549.	253,688.	323,726.
28 Employee benefits not included on lines 25a - 27	28 399,402.	102,291.	134,219.	162,892.
29 Payroll taxes	29 202,030.	70,815.	50,946.	80,269.
30 Professional fundraising fees	30			
31 Accounting fees	31 56,750.		56,750.	
32 Legal fees	32 14,263.		13,913.	350.
33 Supplies	33 173,645.	11,269.	20,044.	142,332.
34 Telephone	34 49,136.	13,503.	13,339.	22,294.
35 Postage and shipping	35 42,354.	2,542.	10,703.	29,109.
36 Occupancy	36			
37 Equipment rental and maintenance	37 67,018.	10,782.	33,252.	22,984.
38 Printing and publications	38 17,386.	1,765.	12,936.	2,685.
39 Travel	39 14,622.	4,163.	611.	9,848.
40 Conferences, conventions, and meetings	40 86,648.	44,430.	39,947.	2,271.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 94,097.	29,799.	25,261.	39,037.
43 Other expenses not covered above (itemize):				
a STMT 8	43a 1,642,088.	313,607.	289,615.	1,038,866.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 21,702,058.	16,992,428.	1,692,940.	3,016,690.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? MOBILIZE THE POWER OF OUR COMMUNITY. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 9 ----- ----- ----- ----- ----- (Grants and allocations \$ 5,313,407.) If this amount includes foreign grants, check here <input type="checkbox"/>	5,313,407.
b DONOR-DESIGNATED FUNDS ARE FUNDS DESIGNATED BY DONORS TO SPECIFIC AGENCIES EITHER DIRECTLY OR THROUGH THE PHILANTHROPY FUND. THESE AMOUNTS ARE PAID TO SPECIFIC AGENCIES AS DIRECTED BY DONORS. AMOUNTS UNDESIGNATED BY DONORS, TO THE IMPACT FUND, CRITICAL ISSUE FUNDS AND SPECIAL INITIATIVES ARE ALLOCATED BY UNITED WAY SPECIFIC AGENCIES. (Grants and allocations \$ 8,945,526.) If this amount includes foreign grants, check here <input type="checkbox"/>	8,945,526.
c ISSUE FUND GRANTS & SPECIAL INITIATIVES ----- ----- ----- ----- ----- (Grants and allocations \$ 966,719.) If this amount includes foreign grants, check here <input type="checkbox"/>	966,719.
d OTHER PROGRAM SERVICES PROVIDED BY UNITED WAY OF RHODE ISLAND ----- ----- ----- ----- ----- (Grants and allocations \$ 25,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	1,766,776.
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	16,992,428.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,101,708.	45	1,502,752.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 981,699.		
	b Less: allowance for doubtful accounts	47b NONE	919,852.	47c 981,699.
	48a Pledges receivable	48a 6,250,798.		
	b Less: allowance for doubtful accounts	48b 494,834	6,541,505.	48c 5,755,964.
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		23,966.	53 36,523.
	54a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)	STMT 10.	8,372,457.	56 9,922,779.
	57a Land, buildings, and equipment: basis	57a 2,395,515.		
	b Less: accumulated depreciation (attach schedule)	57b 173,180	515,737.	57c 2,222,335.
58 Other assets, including program-related investments (describe ▶ STMT 11)		NONE	58 880,624.	
59 Total assets (must equal line 74). Add lines 45 through 58		17,475,225.	59 21,302,676.	
Liabilities	60 Accounts payable and accrued expenses	9,318,814.	60	8,602,894.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe ▶ STMT 12)		133,714.	65 885,129.
66 Total liabilities. Add lines 60 through 65		9,452,528.	66 9,488,023.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		6,993,502.	67 11,083,739.
	68 Temporarily restricted		917,135.	68 615,492.
	69 Permanently restricted		112,060.	69 115,422.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		8,022,697.	73 11,814,653.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		17,475,225.	74 21,302,676.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (20), 75b (X), 75c (X), 75d (X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b (N/A), 79, 80a, 80b, 81a (NONE), 81b (X).

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		N/A
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE		
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed	CT, RI	
	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	54
91a	The books are in care of	RICHARD VOCCIO	
	Located at	50 VALLEY STREET PROVIDENCE, RI	
	Telephone no.	401-444-0600	
	ZIP + 4	02909-2459	

		Yes	No
91b	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)?		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 20					74,279.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	459,742.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-252,919.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	3,824,662.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER INCOME			01	71,764.	
c TEXAS PROPERTY			01	25,000.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,128,249.	74,279.
105 Total (add line 104, columns (B), (D), and (E))					4,202,528.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 21

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 22			
b				
c				
Totals				848,018.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
	N/A	

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.

Please Sign Here

Signature of officer: [Redacted] Date: [Redacted]
 Type or print name and title: **RICHARD VOCCIO, EXECUTIVE VP AND CFO**

Paid Preparer's Use Only

Preparer's signature: [Redacted] Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **KPMG LLP, 99 HIGH STREET, BOSTON, MA 02110-2371**
 Preparer's SSN or PTIN (See Gen. Inst. X): **P00037953**
 EIN: **13-5565207**
 Phone no.: **617-988-1000**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 23				

Total number of other employees paid over \$50,000 . . . ▶ 20

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 24		

Total number of others receiving over \$50,000 for professional services ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>170,747.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 25	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	X	
b Did the organization make any taxable distributions under section 4966?		X
c Did the organization make a distribution to a donor, donor advisor, or related person?		X
d Enter the total number or donor advised funds owned at the end of the tax year ▶		<u>1,106.</u>
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		<u>2,641,982.</u>
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶		<u>NONE</u>
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		<u>NONE</u>

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Sched.

Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	170,747.
38	Total lobbying expenditures (add lines 36 and 37)	38	170,747.
39	Other exempt purpose expenditures	39	21,690,349.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	21,861,096.
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	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	41	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46	Lobbying ceiling amount (150% of line 45(e))					6,000,000.
47	Total lobbying expenditures	170,747.	159,143.	146,875.	117,543.	594,308.
48	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
49	Grassroots ceiling amount (150% of line 48(e))					1,500,000.
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, 51a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Schedule of Contributors

2007

Supplementary Information for
 line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(03) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B details are not open to public inspection

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====DETAIL OF FIXED ASSETS AND DEPRECIATION EXPENSE
FORM 990, PART II, LINE 42 AND PART IV, LINE 57
=====

THE FOLLOWING IS A SUMMARY OF LAND, BUILDING AND IMPROVEMENTS, AND EQUIPMENT AS OF JUNE 30:

	2007	2008
LAND	\$ 140,000	\$ 25,000
BUILDING & IMPROVEMENTS	2,432,660	2,139,456
EQUIPMENT	1,339,608	231,059
	-----	-----
	3,912,268	2,395,515
LESS ACCUMULATED DEPRECIATION	(3,396,531)	(173,180)
	-----	-----
	\$ 515,737	\$ 2,222,335
	=====	=====

DEPRECIATION EXPENSE FOR THE FISCAL YEARS ENDING 2007 AND 2008 WAS \$126,386 AND \$94,097 RESPECTIVELY.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

GAIN OR LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY
FORM 990, PART I, LINE 8D

=====

SALE OF 229 WATERMAN STREET PROPERTY:

GROSS PROCEEDS	=	\$4,375,000
LESS: COST OR OTHER BASIS AND SALES EXPENSES	=	\$ (550,338)

GAIN OR (LOSS) TO LINE 8D		<u>\$3,824,662</u>
---------------------------	--	--------------------

=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

ALLOCATION FOR SUPPORT SERVICE EXPENSES
 FORM 990, PART II, LINE 44
 =====

	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
	-----	-----	-----	-----
PART II, LINE 44 (PRE-ADJUSTMENT)	21,702,058	16,992,428	1,692,940	3,016,690
ALLOCATION FOR SUPPORT SERVICES*	-	158,692	(413,732)	255,040
	-----	-----	-----	-----
PART II, LINE 44 (POST-ADJUSTMENT)	21,702,058	17,151,120	1,279,208	3,271,730
	=====	=====	=====	=====

* DUE TO THE DISALLOWANCE OF NEGATIVE EXPENSES FOR E-FILING PURPOSES, THIS LINE ITEM IS NOT REPORTED ON PART II, STATEMENT OF FUNCTIONAL EXPENSES.

FORM 990, PART I - PAYMENTS TO AFFILIATES

=====

DESCRIPTION

AMOUNT

UNITED WAY OF AMERICA

159,038.

TOTAL

159,038.
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED LOSSES	23,937.
TOTAL	23,937.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID FROM DONOR ADVISED FUNDS		
FUNDS DESIGNATED BY DONOR		
C/O UNITED WAY OF RHODE ISLAND	FUNDS DESIGNATED TO SPECIFIC AGENCIES	8,445,526.
50 VALLEY STREET		
PROVIDENCE, RI 02909-2459		
TOTAL CONTRIBUTIONS PAID FROM DONOR ADVISED FUNDS		8,445,526.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

FUNDS ALLOCATED BY UNITED WAY
C/O UNITED WAY OF RHODE ISLAND
50 VALLEY STREET
PROVIDENCE, RI 02909-2459

NONE
SPECIFIC AGENCIES

AGENCY SUPPORT, CRITICAL ISSUES FUNDS

6,805,126.

TOTAL CONTRIBUTIONS PAID

6,805,126.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
SPECIAL EVENTS	91,675.	13,654.	45,367.	32,655.
ADVERTISING	97,074.			97,074.
RECRUITMENT	8,977.	4,000.	4,977.	
ORGANIZATIONAL DEVELOPMENT	29,700.	7,996.	8,853.	12,851.
OTHER EXPENSES	24,151.	1,114.	21,043.	1,994.
OTHER PROFESSIONAL SERVICES	318,992.	168,660.	97,591.	52,741.
BUILDING RELOCATION EXPENSES	376,377.	118,183.	111,784.	146,410.
BAD DEBT EXPENSE	695,142.			695,142.
TOTALS	1,642,088.	313,607.	289,615.	1,038,866.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

OUR COMMUNITY IMPACT FUND IS THE MOST EFFECTIVE WAY TO CREATE POSITIVE IMPACT ON THE MOST CRITICAL SOCIAL PROBLEMS IN RHODE ISLAND. YOUR DONATION HELPS SUPPORT CHILDREN'S SUCCESS IN SCHOOL AS THEIR PATHWAY OUT OF POVERTY; INCREASE JOB SKILLS SO ADULTS CAN BETTER SUPPORT THEMSELVES AND THEIR FAMILIES, AND REDUCE HOMELESSNESS BY BUILDING MORE AFFORDABLE HOMES AS WELL AS A SYSTEM TO CARE FOR CHRONICALLY HOMELESS PEOPLE. UNITED WAY INVESTS YOUR DONATION WISELY IN THIS WORK TO IDENTIFY SPECIFIC PROBLEMS AND DEVELOP SOLUTIONS THAT HAVE POSITIVE RESULTS ON THE LIVES OF PEOPLE IN NEED. UNITED WAY OF RHODE ISLAND WILL INVEST DOLLARS GIVEN TO ITS COMMUNITY IMPACT FUND TO: ADVOCATE FOR PUBLIC POLICY THAT WILL REDUCE NEED; EDUCATE THE PUBLIC ON IMPORTANT SOCIAL ISSUES; INCREASE THE CAPACITY OF OUR COMMUNITY TO RESPOND TO NEED; DEVELOP INNOVATIVE, COLLABORATIVE SOLUTIONS TO OUR STATE'S MOST PRESSING PROBLEMS THAT TARGET REAL RESULTS; AND FUND PROVEN PROGRAMS THAT GET THE DESIRED RESULTS. AS ALWAYS, ALL FUNDED ORGANIZATIONS MEET OUR RIGOROUS COMMUNITY ACCOUNTABILITY STANDARDS TO ENSURE THEY HAVE A MEASURABLE POSITIVE IMPACT ON PEOPLE'S LIVES.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CDS - CAMPAIGN	8,040,243.	8,068,454.
FUNDS HELD IN TRUST BY OTHERS	251,908.	436,792.
MUTUAL FUNDS	80,306.	67,533.
CDS - BUILDING FUND	NONE	1,350,000.
	-----	-----
TOTALS	8,372,457.	9,922,779.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
LEASED PROPERTY-CAPITAL LEASE	NONE	880,624.
TOTALS	NONE	880,624.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PENSION CONTRIBUTION PAYABLE OBLIGATION UNDER CAPITAL LEASE	133,714. NONE	NONE 885,129.
TOTALS	133,714.	885,129.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
BAD DEBT EXPENSE	-695,142.
DESIGNATIONS BY DONORS TO AGENCIES	-8,445,526.

TOTAL	-9,140,668.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION

AMOUNT

RENTAL EXPENSE

-314,976.

TOTAL

-314,976.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSE	314,976.
TOTAL	----- 314,976. =====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
BAD DEBT EXPENSE	695,142.
DESIGNATIONS BY DONORS TO AGENCIES	8,445,526.

TOTAL	9,140,668.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANTHONY MAIONE 50 VALLEY STREET PROVIDENCE, RI 02909-2459	PRESIDENT/CEO 37.50	202,777.	18,224.	NONE
ARMEATHER GIBBS 50 VALLEY STREET PROVIDENCE, RI 02909-2459	EXEC VP/COO 37.50	128,236.	10,317.	NONE
RICHARD VOCCIO 50 VALLEY STREET PROVIDENCE, RI 02909-2459	EXEC VP/CFO 37.50	103,541.	15,232.	NONE
TINA C BENIK ESQ 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
SHARON CHANCELLOR 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
J MICHAEL COSTELLO 50 VALLEY STREET PROVIDENCE, RI 02909-2459	VICE CHAIR 1.00	NONE	NONE	NONE
KAREN A DAVIE 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
BRADFORD S DIMEO 50 VALLEY STREET PROVIDENCE, RI 02909-2459	SECRETARY 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JONATHAN D FAIN 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
NELLIE GORBEA 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
JOSEPH J MARCAURELE 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
MARK J MEIKLEJOHN 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
GEORGE H NEE 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
DELIA RODRIGUEZ 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
BARBARA J SILVIS 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
SAMUEL K SULTS 50 VALLEY STREET	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS PROVIDENCE, RI 02909-2459	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES VINCENT 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
JOHN C WARREN 50 VALLEY STREET PROVIDENCE, RI 02909-2459	CHAIRMAN 1.00	NONE	NONE	NONE
JENNIFER L WOOD ESQ 50 VALLEY STREET PROVIDENCE, RI 02909-2459	TREASURER 1.00	NONE	NONE	NONE
SYBIL F BAILEY 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
FREDERICK K BUTLER 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
WILLIAM F HATFIELD 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
CAROL A BENNETT SPEIGHT 50 VALLEY STREET PROVIDENCE, RI 02909-2459	BOARD MEMBER 1.00	NONE	NONE	NONE
GRAND TOTALS		434,554.	43,773.	NONE

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
RI AFTERSCHOOL PLUS ALLIANCE PROGRAM INCOME					54,231.
RI AFTERSCHOOL PLUS ALLIANCE SPONSORSHIP FEE MONIES					20,048.
TOTALS					74,279.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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93	<p>UNITED WAY OF RHODE ISLAND ACTS AS THE FISCAL SPONSOR FOR RHODE ISLAND AFTERSCHOOL PLUS ALLIANCE, A STATEWIDE ADVOCACY AND MOBILIZING ORGANIZATION WHOSE MISSION IS TO AFFECT PUBLIC POLICY AND EXPAND AND SUPPORT HIGH QUALITY AFTERSCHOOL PROGRAMMING SO THAT RHODE ISLAND'S CHILDREN AND YOUTH ARE SAFE, SUPERVISED, AND PREPARED TO LEAD PRODUCTIVE LIVES. THIS CONTRIBUTES IMPORTANTLY TO UNITED WAY OF RHODE ISLAND'S PRIMARY EXEMPT PURPOSE. RHODE ISLAND AFTERSCHOOL PLUS ALLIANCE PAYS UNITED WAY OF RHODE ISLAND AN ADMINISTRATIVE FEE FOR ITS SERVICES AS THE FISCAL SPONSOR.</p>
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FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT

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CONTROLLED ENTITY'S NAME: COMMUNITY SERVICES OF SE NEW ENGLAND

CONTROLLED ENTITY'S ADDRESS: 50 VALLEY STREET

CITY, STATE & ZIP: PROVIDENCE, RI 02909-2459

EIN: 22-2949631

TRANSFER AMOUNT: 848,018.

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

CONTRIBUTION TO SUPPORT SERVICES FOR NOT-FOR-PROFIT AGENCIES IN RI.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
ANGELO MICCOLI 50 VALLEY STREET PROVIDENCE, RI 02909-2459	SVP/DIR INT OPS 37.50	84,383.	13,528.	NONE
ALLAN STEIN 50 VALLEY STREET PROVIDENCE, RI 02909-2459	EXEC VP/DIR PUB PLCY 37.50	92,968.	18,001.	NONE
LESLIE GARDNER 50 VALLEY STREET PROVIDENCE, RI 02909-2459	DIR PLANNED GIVING 37.50	77,808.	14,962.	NONE
KAMILA BARZYKOWSKI 50 VALLEY STREET PROVIDENCE, RI 02909-2459	SVP/DIR HPIC 37.50	78,189.	10,726.	NONE
KELLY WISHART 50 VALLEY STREET PROVIDENCE, RI 02909-2459	DIR SCYF 37.50	70,779.	14,675.	NONE
	TOTAL COMPENSATION	404,127.	71,892.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
PERERGINE GROUP LLC 293 BOURNE AVENUE RUMFORD, RI 02916	BLD DEV CONSULTANTS	75,203.
VISION 3 225 CHAPMAN STREET PROVIDENCE, RI 02905	ARCHITECTS	59,267.
BRAVE RIVER SOLUTIONS INC 875 CENTERVILLE ROAD, BLDG 3 WARWICK, RI 02886	IT CONSULTANTS	85,682.
TOTAL COMPENSATION		220,152.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990, PART V