

rendered to the organization? If "Yes," complete Schedule J for such person

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**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
UMASS MEDICAL SCHOOL 55 LAKE AVENUE NORTH, WORCESTER, MA 01655	CONSULTING	1,138,163.
RI QUALITY INSTITUTE, 50 HOLDEN STREET, SUITE 300, PROVIDENCE, RI 02908	CONSULTING	566,717.
BAIN CAPITAL MANAGEMENT 111 HUNTINGTON AVE., BOSTON, MA 02199	ASSET MANAGEMENT	535,000.
SILCHESTER INTERNATIONAL INVESTORS, HEATHCOAT HOUSE 20 SAVILE ROW, LONDON W1X	ASSET MANAGEMENT	433,320.
STATE STREET BANK AND TRUST BOX 5488, BOSTON, MA 02206	ASSET MANAGEMENT AND CUSTODY	324,164.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		31

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22-2604963

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**Part VIII Statement of Revenue**

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

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			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
f ts, Grants - Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				