

990

Return of Organization Exempt From Income Tax

2019

OMB No. 1545-0047
 Dept. of the Treasury
 Internal Revenue Service

Check one: Sole federal filer Federal filer with consolidated or combined federal returns
 Group under annual reporting numbers on this form as it may be made public.
 See instructions regarding public disclosure and filing requirements.

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1 For the 2019 calendar year, or for year beginning 1/1/2019, ending 12/31/2019

a Name of the organization UNITED WAY OF BICOE ISLAND, INC.		b Employer identification number 05-027099	
c Principal office address (street, city, state, and ZIP or foreign postal code) 19 VALLEY STREET PROVIDENCE, RI 02902-2610		d Telephone number 401-444-8800	
e Name and address of principal officer (check one) <input checked="" type="checkbox"/> President COURTNEY NICOLAUS <input type="checkbox"/> CEO DAVE AS C ANNY		f Total revenue 24,987,712	
g Website WWW.LIVINGSTONCOP.COM		h Form 990-BE filing status (check one) <input type="checkbox"/> No subsidiaries <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
i 2019 Form 990-BE filing date 12/31/2019		j 2018 Form 990-BE filing date 12/31/2018	

Part I Summary

1 Are you a 501(c)(29) organization? (check one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2 Check the box <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 If the organization described in question 1 is organized in a state that is not a member state			
3	Number of voting members of the governing body (Part III, line 1g)		23
4	Number of independent voting members of the governing body (Part III, line 1g)		23
5	Total number of full-time employees in calendar year 2019 (Part III, line 1g)		16
6	Total number of volunteers in calendar year 2019		874
7a	Total unrelated business income (Part IV, column (b), line 12)		0
7b	Total unrelated business taxable income (Part IV, column (b), line 13)		0
8	Contributions and grants (Part III, line 1c)	14,991,712	14,991,712
	Program services (Part III, line 1d)	87,372	86,372
	Investment income (Part III, column (b), lines 3 & 4 and 10)	230,997	889,038
	Other income (Part III, column (b), lines 5, 6, 7, 8, 9, 10, and 11)	0	0
	Total revenue (Part III, column (b), line 11)	15,309,981	16,866,930
	State and local expenditures (Part III, column (b), line 15)	3,987,032	3,124,712
	Benefits payable to or for members (Part III, column (b), line 6)	0	0
	Salaries, other compensation, expenses (benefits) (Part III, column (b), line 16)	3,015,491	3,747,471
	Professional fundraising fees (Part III, column (b), line 17)	0	0
	Other expenses (Part III, column (b), line 17) (line 17c)	1,922,804	1,922,804
Total expenses (Part III, column (b), line 17)	4,909,327	5,774,957	
Net income (Part III, column (b), line 18)	10,400,654	11,091,973	
Total assets (Part III, line 20)	1,183,437	1,100,847	
Total liabilities (Part III, line 21)	0	0	
Total net assets (Part III, line 22)	1,183,437	1,100,847	

Part II Signature Block

Under penalty of perjury, I declare that I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration is required whether the filer is an individual or an authorized officer or employee of the organization.

Preparer	Signature	Date
Courtney Nicolaus, President & CEO 19 Valley Street Providence, RI 02902	Courtney Nicolaus, President & CEO 12/31/2019	Courtney Nicolaus, President & CEO 12/31/2019
Preparer	Signature	Date
Dave As C Anny, CEO 19 Valley Street Providence, RI 02902	Dave As C Anny, CEO 12/31/2019	Dave As C Anny, CEO 12/31/2019