

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2019**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</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	<b>C</b> Name of organization UNITED WAY OF RHODE ISLAND, INC. Doing business as <b>UNITED WAY OF RI</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>50 VALLEY STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>PROVIDENCE, RI 02909-2459</b> <b>F</b> Name and address of principal officer: <b>CORTNEY NICOLATO</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number 05-0276059 <b>E</b> Telephone number (401) 444-0600 <b>G</b> Gross receipts \$ <b>24,589,716.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.LIVEUNITEDRI.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1926</b> <b>M</b> State of legal domicile: <b>RI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CHANGING LIVES AND STRENGTHENING OUR COMMUNITY, TOGETHER. WE BELIEVE THAT RHODE ISLANDERS WANT TO DO</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>22</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>21</b></span> <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>86</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>4034</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">16,799,931.</td> <td align="right">18,903,886.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">87,173.</td> <td align="right">96,032.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">321,597.</td> <td align="right">449,431.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">6,500.</td> <td align="right">2,557.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">17,215,201.</td> <td align="right">19,451,906.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	16,799,931.	18,903,886.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	87,173.	96,032.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	321,597.	449,431.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	6,500.	2,557.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	17,215,201.	19,451,906.							
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**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.

<b>Sign Here</b>	Signature of officer <b>CORTNEY NICOLATO, PRESIDENT &amp; CEO</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID GOBEILLE, CPA</b>	Preparer's signature <b>DAVID GOBEILLE, CPA</b>	Date <b>12/09/20</b>	Check if self-employed <input checked="" type="checkbox"/> PTIN <b>P00044033</b>
	Firm's name ▶ <b>SANSIVERI, KIMBALL &amp; CO., LLP</b> Firm's address ▶ <b>50 HOLDEN STREET</b> <b>PROVIDENCE, RI 02908</b>	Firm's EIN ▶ <b>05-0255779</b> Phone no. <b>401-331-0500</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE HELP PEOPLE. BECAUSE EVERYONE NEEDS HELP SOMETIMES, WE HELP PEOPLE. UNITED WAY HELPS CHILDREN FALL IN LOVE WITH LEARNING, AND WE HELP FAMILIES WITH THE ESSENTIALS. WE SUPPORT PROGRAMS THAT OFFER TRAINING AND EDUCATION THAT LEAD TO BETTER JOBS AND CAREERS. AND, WE PROVIDE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 \$ 4,871,906. including grants of \$ 4,871,906.) (Revenue \$ ) \$1,261,198 IN DONOR INVESTMENTS FOR THE 2019-2020 ANNUAL UNITED WAY CAMPAIGN WHERE THE DONORS RECOMMEND THAT THEIR GIFTS BE DISBURSED THROUGH UNITED WAY OF RI TO SPECIFIC 501 (C) (3) AGENCIES.

\$3,610,708 IN DONOR INVESTMENTS FOR APPROXIMATELY 600 LEADERSHIP DONORS (GIFTS OF \$1,000 OR MORE) WHO CHOOSE TO DIRECT THEIR GIFTS TO THEIR UNITED WAY OF RHODE ISLAND MYFUND ACCOUNT (DONOR ADVISED ACCOUNT). THESE LEADERSHIP DONORS THEN MADE RECOMMENDATIONS TO UNITED WAY OF RI DURING THE FISCAL YEAR REQUESTING GIFTS TO BE DIRECTED TO 501 (C) (3) AGENCIES.

4b (Code: ) (Expenses \$ 4,233,066. including grants of \$ 4,233,066.) (Revenue \$ ) \$2,068,950 IN DONOR CONTRIBUTIONS TO THE COMMUNITY IMPACT FUND AND AN ADDITIONAL \$758,689 OF OPPORTUNITY GRANTS AND FEE FOR SERVICE GRANTS OF \$404,659 WERE GRANTED TO ADDRESS RHODE ISLAND'S MORE PRESSING NEEDS RELATED TO THE COVID-19 RELIEF FUND IN FY2020.

\$471,938 IN DONOR, CORPORATE AND GOVERNMENT CONTRIBUTIONS TO THE COMMUNITY IMPACT FUND WERE GRANTED TO AGENCIES TO SUPPORT THE HASBRO AND WOMEN UNITED SUMMER LEARNING INITIATIVE.

\$179,548 IN DONOR CONTRIBUTIONS TO THE RI GOOD NEIGHBOR ENERGY FUND WERE GRANTED TO 7 AGENCIES IN THE YEAR ENDED 6/30/2020 TO PROVIDE ENERGY ASSISTANCE TO THOSE IN NEED.

4c (Code: ) (Expenses \$ 2,673,697. including grants of \$ ) (Revenue \$ ) \$1,945,615 TO OPERATE THE UNITED WAY 211 EMAIL, CALL AND WALK-IN CENTER IN RHODE ISLAND WHICH IS THE INFORMATION AND REFERRAL CENTER THAT CONNECTS PEOPLE WITH CRITICAL HUMAN SERVICES. IT'S AVAILABLE 24-HOURS A DAY, 365 DAYS A YEAR, ONLINE AND OFFLINE. \$469,122 TO OPERATE "POINT" EMAIL, CALL AND WALK-IN CENTER WHICH IS A RESOURCE NETWORK FOR LONG-TERM CARE OPTIONS AND SUPPORT FOR SENIORS, ADULTS WITH DISABILITIES AND THEIR CAREGIVERS. UNITED WAY OF RHODE ISLAND OPERATES "POINT" ON BEHALF OF THE RHODE ISLAND DEPARTMENT OF HEALTHY AGING. "POINT" ALSO HELPS PEOPLE ENROLL IN MEDICARE AND MEDICAID. \$258,960 TO SUPPORT THE RHODE ISLAND AFTER SCHOOL NETWORK (RIAN) AND HASBRO AND WOMEN UNITED SUMMER LEARNING PROGRAM WHICH ENGAGE STUDENTS IN HIGH QUALITY AFTER SCHOOL AND SUMMER LEARNING INITIATIVES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,397,188. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 13,175,857.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 86		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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 CORTNEY NICOLATO - 4014440600 50 VALLEY STREET, PROVIDENCE, RI 02909-2459

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check 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. See instructions for the order in which to list the persons above.

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 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) MS. CORTNEY NICOLATO PRESIDENT & CEO	37.50	X		X				271,233.	0.	21,125.
(2) MS. MICHELE LEDERBERG BOARD CHAIR	1.00	X		X				0.	0.	0.
(3) MS. ROBERTA BUTLER VICE CHAIR	1.00	X		X				0.	0.	0.
(4) MR. ALDEN ANDERSON VICE CHAIR	1.00	X		X				0.	0.	0.
(5) MS. JAYNE DONEGAN BOARD MEMBER	1.00	X						0.	0.	0.
(6) MS. MARCELA BETANCUR BOARD MEMBER	1.00	X						0.	0.	0.
(7) MS. LYSA TEAL TREASURER	1.00	X		X				0.	0.	0.
(8) MR. BRIAN CARROLL BOARD MEMBER	1.00	X						0.	0.	0.
(9) MS. PAOLA FERNANDEZ VICE CHAIR	1.00	X		X				0.	0.	0.
(10) MR. JUNIOR JABBIE BOARD MEMBER	1.00	X						0.	0.	0.
(11) MR. DOLPH JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(12) MS. WENDY KAGAN BOARD MEMBER	1.00	X						0.	0.	0.
(13) MR. ROBERT KENT BOARD MEMBER	1.00	X						0.	0.	0.
(14) MR. ANTHONY MANGIARELLI BOARD MEMBER	1.00	X						0.	0.	0.
(15) MR. JOSEPH PIERIK BOARD MEMBER	1.00	X						0.	0.	0.
(16) MS. TERRI MONJAR SECRETARY	1.00	X		X				0.	0.	0.
(17) MR. GREGG PERRY BOARD MEMBER	1.00	X						0.	0.	0.

**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 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			
(18) MS. BETSEY PURINTON BOARD MEMBER	1.00	X					0.	0.	0.	
(19) MR. CHRISTOPHER SABITONI BOARD MEMBER	1.00	X					0.	0.	0.	
(20) MR. FRANK SANCHEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(21) MR. WILLIAM TSONOS BOARD MEMBER	1.00	X					0.	0.	0.	
(22) MR. TERENCE SOBOLEWSKI BOARD MEMBER	1.00	X					0.	0.	0.	
(23) MS. MARY ANN CANAVAN EVP & CHIEF FINANCIAL OFFICER	37.50			X			61,663.	0.	9,694.	
(24) MS. ANGELA BANNERMAN ANKOMA EVP & COMMUNITY IMPACT DIRECTOR	37.50				X		122,701.	0.	22,914.	
(25) MS. LYNN CORWIN SVP & DIRECTOR OF STRATEGIC PLANNING	37.50				X		101,704.	0.	22,500.	
(26) MS. SANDRA CONNORS EVP & DIRECTOR OF MARKETING	37.50				X		105,306.	0.	20,453.	
<b>1b Subtotal</b>							662,607.	0.	96,686.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							662,607.	0.	96,686.	

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

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

**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
NONE		

**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 **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,075,567.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	17,828,319.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 1,137,989.				
	<b>h Total.</b> Add lines 1a-1f .....		18,903,886.				
<b>Program Service Revenue</b>	<b>2 a</b> RI AFTERSCHOOL ALLIANCE	<b>Business Code</b>					
		611710	60,748.	60,748.			
	<b>b</b> PROGRAM ADMINISTRATION FEES	900099	35,284.	35,284.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		96,032.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		198,102.			198,102.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	5,389,139.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,137,810.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	251,329.				
<b>d</b> Net gain or (loss) .....		251,329.			251,329.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>					
		624100	2,557.	2,557.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		2,557.					
<b>12 Total revenue.</b> See instructions .....		19,451,906.	98,589.	0.	449,431.		

**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	9,104,972.	9,104,972.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	269,021.	154,714.	35,032.	79,275.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,390,506.	1,996,419.	1,081,043.	1,313,044.
7 Other salaries and wages	99,579.	32,385.	35,388.	31,806.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	673,131.	287,463.	179,949.	205,719.
9 Other employee benefits				
10 Payroll taxes	315,440.	140,431.	77,265.	97,744.
11 Fees for services (nonemployees):				
a Management				
b Legal	14,507.		12,898.	1,609.
c Accounting	61,900.	15,000.	46,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	48,577.		48,577.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	137,491.	26,852.	101.	110,538.
13 Office expenses	179,567.	18,973.	13,304.	147,290.
14 Information technology	240,955.	77,369.	101,631.	61,955.
15 Royalties				
16 Occupancy	196,603.	108,977.	32,014.	55,612.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	86,239.	31,190.	47,910.	7,139.
20 Interest	97,649.	53,524.	16,090.	28,035.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	252,903.	136,137.	42,346.	74,420.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONSULTANTS</b>	439,544.	166,744.	215,173.	57,627.
b <b>SPECIAL EVENTS</b>	190,710.	91,796.	69,635.	29,279.
c <b>UNITED WAY WORLDWIDE DU</b>	162,322.	92,903.	22,873.	46,546.
d <b>EQUIPMENT REPAIRS</b>	88,943.	15,138.	57,745.	16,060.
e All other expenses	147,188.	624,870.	363,212.	-840,894.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	17,197,747.	13,175,857.	2,499,086.	1,522,804.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	594,833.	<b>1</b>	3,509,490.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	3,400,432.	<b>3</b>	2,784,971.
	<b>4</b> Accounts receivable, net .....	1,200,820.	<b>4</b>	1,920,713.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	87,260.	<b>9</b>	147,481.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,574,289.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,820,566.		
	<b>11</b> Investments - publicly traded securities .....	2,987,745.	<b>10c</b>	2,753,723.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,410,805.	<b>11</b>	7,081,432.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	435,608.	<b>12</b>	410,357.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,168,461.	<b>14</b>	6,029,944.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	23,285,964.	<b>15</b>	24,638,111.	
<b>17</b> Accounts payable and accrued expenses .....	651,797.	<b>16</b>	1,462,154.	
<b>18</b> Grants payable .....	6,780,114.	<b>17</b>	4,125,093.	
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,953,582.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	1,914,885.	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>	848,735.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	9,385,493.	<b>25</b>	8,350,867.	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>		
<b>28</b> Net assets without donor restrictions .....	7,225,499.	<b>27</b>	9,645,725.	
<b>29</b> Net assets with donor restrictions .....	6,674,972.	<b>28</b>	6,641,519.	
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>		<b>29</b>		
<b>31</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....	13,900,471.	<b>32</b>	16,287,244.	
<b>34</b> Total net assets or fund balances .....	23,285,964.	<b>33</b>	24,638,111.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	19,451,906.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,197,747.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,254,159.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,900,471.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	132,615.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	16,287,245.

**Part XII Financial Statements and Reporting**

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

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18369007.	17819844.	17933087.	16863414.	18949357.	89934709.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	18369007.	17819844.	17933087.	16863414.	18949357.	89934709.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						22791372.
<b>6 Public support.</b> Subtract line 5 from line 4.						67143337.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	18369007.	17819844.	17933087.	16863414.	18949357.	89934709.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12,943.	118,442.	176,190.	213,182.	149,525.	670,282.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	30,802.	11,154.	17,781.	6,500.	2,557.	68,794.
<b>11 Total support.</b> Add lines 7 through 10						90673785.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,841,351.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	74.05 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	93.46 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2015 AMOUNT: \$ 30,802.

2016 AMOUNT: \$ 11,154.

2017 AMOUNT: \$ 17,781.

2018 AMOUNT: \$ 6,500.

2019 AMOUNT: \$ 2,557.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the 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)( 3 ) (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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>UNITED WAY OF RHODE ISLAND, INC.</b>	Employer identification number  <b>05-0276059</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 3,745,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,395,922.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 397,350.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 379,215.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF RHODE ISLAND, INC.</b>	Employer identification number  <b>05-0276059</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	8,420.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	8,420.													
<b>d</b>	Other exempt purpose expenditures .....	17,150,937.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	17,159,357.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	150,638.	58,246.	8,005.	8,420.	225,309.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	142,739.	8,246.	8,005.	8,420.	167,410.

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	597	
2 Aggregate value of contributions to (during year) .....	4,539,134.	
3 Aggregate value of grants from (during year) .....	4,682,674.	
4 Aggregate value at end of year .....	2,267,734.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,604,069.	446,982.	466,272.	433,630.	950,820.
b Contributions		6,029,333.			
c Net investment earnings, gains, and losses	114,737.	254,435.	34,635.	51,521.	-27,908.
d Grants or scholarships					
e Other expenditures for facilities and programs	278,505.	126,681.	33,925.	38,879.	489,282.
f Administrative expenses					
g End of year balance	6,440,301.	6,604,069.	466,982.	446,272.	433,630.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  4.84 %
  - b Permanent endowment  95.16 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		488,000.		488,000.
b Buildings		2,993,286.	1,005,557.	1,987,729.
c Leasehold improvements				
d Equipment		1,011,256.	772,250.	239,006.
e Other		81,747.	42,759.	38,988.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,753,723.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	6,029,944.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,029,944.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	14,674,224.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	132,614.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,187.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	142,801.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	14,531,423.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	48,577.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,871,906.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,920,483.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	19,451,906.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	12,287,451.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,187.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,187.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	12,277,264.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	48,577.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,871,906.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,920,483.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	17,197,747.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

**PART X, LINE 2 FIN 48 FOOTNOTE CONTAINED IN AUDITED FINANCIALS: UNITED WAY OF RI EVALUATES ALL SIGNIFICANT TAX POSITIONS. AS OF JUNE 30, 2020, UNITED WAY OF RI DOES NOT BELIEVE THAT THEY HAVE TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS.**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**DONATED SERVICES** 10,187.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

AMOUNTS DESIGNATED BY DONORS 4,871,906.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONATED SERVICES 10,187.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS 4,871,906.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
134 COLLABORATIVE 134 MATHEWSON STREET PROVIDENCE, RI 02903	05-0512660	501C3	11,545.	0.			DONOR DESIGNATION /PROGRAM GRANT
ACE MENTOR PROGRAM OF AMERICA INC 1501 CHERRY ST PHILADELPHIA, PA 19102	51-0465877	501C3	10,000.	0.			DONOR DESIGNATION
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET STE 100 PROVIDENCE, RI 02903	22-2543833	501C3	75,000.	0.			DONOR DESIGNATION
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET STE 100 PROVIDENCE, RI 02903	22-2543833	501C3	14,514.	0.			DONOR DESIGNATION
AIDS PROJECT RHODE ISLAND A DIVISION OF FAMILY SERVICE OF RI - PO BOX 6688 - PROVIDENCE, RI 02940	05-0258858	501C3	5,378.	0.			DONOR DESIGNATION /PROGRAM GRANT
ALSAC / ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	7,905.	0.			DONOR DESIGNATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
AMER CANCER SOCIETY - N.E. DIV 931 JEFFERSON BLVD. STE 3004 WARWICK, RI 02886-2233	13-1788491	501C3	14,399.	0.			DONOR DESIGNATION
AMERICAN CANCER SOCIETY, REGIONAL PROCESSING CENTER - 3 SPEEN STREET - FRAMINGHAM, MA 01701	13-1788491	501C3	5,131.	0.			DONOR DESIGNATION
AMERICAN CIVIL LIBERTIES UNION INC 125 BROAD ST NEW YORK, NY 10033	13-3871360	501C3	5,250.	0.			DONOR DESIGNATION
AMERICAN HEART ASSOCIATION SOUTHERN NEW ENGLAND - 1 STATE STREET STE 200 - PROVIDENCE, RI 02908-5005	13-5613797	501C3	16,317.	0.			DONOR DESIGNATION
AMERICAN RED CROSS RI CHAPTER 101 NIANTIC AVENUE SUITE A PROVIDENCE, RI 02907	53-0196605	501C3	15,899.	0.			DONOR DESIGNATION
AMERICAN RED CROSS, RI CHAPTER 105 GANO STREET PROVIDENCE, RI 02906	53-0196605	501C3	5,140.	0.			DONOR DESIGNATION
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501C3	132,750.	0.			DONOR DESIGNATION /PROGRAM GRANT
ANIMAL RESCUE RHODE ISLAND PO BOX 458 WAKEFIELD, RI 02880-0458	05-0282432	501C3	7,119.	0.			DONOR DESIGNATION
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE STE 2 BOSTON, MA 02129-3740	04-6001677	501C3	5,379.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ARC OF BLACKSTONE VALLEY=THE 500 PROSPECT STREET SUITE 203 PAWTUCKET, RI 02860	05-0300152	501C3	11,226.	0.			DONOR DESIGNATION /PROGRAM GRANT
ARC OF BRISTOL COUNTY 25 THURBER BLVD. SMITHFIELD, RI 02917	04-2281165	501C3	20,450.	0.			DONOR DESIGNATION /PROGRAM GRANT
ARTHRITIS FOUNDATION SNE CHPTR RHODE ISLAND BRANCH - 2374 POST ROAD STE 211 - WARWICK, RI 02886	58-1341679	501C3	7,042.	0.			DONOR DESIGNATION
ARTS FOUNDATION OF CAPE COD 396 MAIN STREET SUITE 10 HYANNIS, MA 02601	04-2961772	501C3	6,230.	0.			DONOR DESIGNATION
AS220 95 MATHEWSON STREET #204 PROVIDENCE, RI 02903	22-2754566	501C3	9,255.	0.			DONOR DESIGNATION /PROGRAM GRANT
ASPCA/THE AMERICAN SOCIETY FOR PREVENTN OF CRUELTY TO ANIMALS - 424 EAST 92ND STREET 1ST FLOOR - NEW YORK, NY 10018	13-1623829	501C3	5,631.	0.			DONOR DESIGNATION
AUTISM PROJECT OF RI 1516 ATWOOD AVENUE JOHNSTON, RI 02919	05-0512037	501C3	5,832.	0.			DONOR DESIGNATION
BABSON COLLEGE 231 FOREST STREET BABSON PARK, MA 02457	04-2103544	501C3	63,175.	0.			DONOR DESIGNATION
BABSON COLLEGE FOUNDATION 231 FOREST STREET BABSON PARK, MA 02457	04-2103544	501C3	10,000.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BETHANY HOME OF RI 111 SOUTH ANGELL STREET PROVIDENCE, RI 02906	05-0258941	501C3	40,000.	0.			DONOR DESIGNATION
BETTER LIVES RHODE ISLAND PO BOX 5639 PROVIDENCE, RI 02903	22-2672825	501C3	76,987.	0.			DONOR DESIGNATION
BIKE NEWPORT 62 BROADWAY NEWPORT, RI 02840	06-0646973	501C3	10,225.	0.			DONOR DESIGNATION
BLACKSTONE VALLEY COMMUNITY ACTION - 32 GOFF AVENUE - PAWTUCKET, RI 02860	05-0312991	501C3	75,029.	0.			DONOR DESIGNATION /PROGRAM GRANT
BLACKSTONE VALLEY EMERGENCY FOOD CENTER - 75 BENEFIT STREET - PAWTUCKET, RI 02861	05-0460226	501C3	20,000.	0.			DONOR DESIGNATION
BLITHEWOLD, INC. 101 FERRY ROAD BRISTOL, RI 02809	05-0503407	501C3	13,675.	0.			DONOR DESIGNATION
BOOKS ARE WINGS 1005 MAIN STREET SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501C3	34,372.	0.			DONOR DESIGNATION
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501C3	5,310.	0.			DONOR DESIGNATION
BOSTON COLLEGE LAW SCHOOL FUND, OFFICE OF ALUMNI RELATIONS & DEVELOPMENT - 885 CENTRE STREET - NEWTON, MA 02459-1100	04-2103545	501C3	5,150.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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BOSTON COLLEGE TRUSTEES, CADIGAN ALUMNI CENTER - 140 COMMONWEALTH AVENUE - CHESTNUT HILL, MA 02467	04-2103545	501C3	9,838.	0.			DONOR DESIGNATION
BOY SCOUTS OF AMERICA NARRAGANSETT COUNCIL - PO BOX 14777 - EAST PROVIDENCE, RI 02914	05-0308384	501C3	21,188.	0.			DONOR DESIGNATION
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN ST PROVIDENCE, RI 02903	05-0258929	501C3	33,550.	0.			DONOR DESIGNATION
BOYS TOWN NEW ENGLAND 58 FLANAGAN ROAD PORTSMOUTH, RI 02871	20-0655240	501C3	129,153.	0.			DONOR DESIGNATION /PROGRAM GRANT
BOYS/GIRLS CLUB WARWICK P.O. BOX 8938 WARWICK, RI 02888	05-6019193	501C3	9,550.	0.			DONOR DESIGNATION
BOYS/GIRLS CLUB NORTHERN RI 1 JAMES J. MCKEE HIGHWAY CUMBERLAND, RI 02864	05-0280121	501C3	6,131.	0.			DONOR DESIGNATION /PROGRAM GRANT
BOYS/GIRLS CLUB PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860-4003	05-0258924	501C3	9,065.	0.			DONOR DESIGNATION
BOYS/GIRLS CLUBS NEWPORT COUNTY 95 CHURCH STREET NEWPORT, RI 02840-3143	05-0281572	501C3	12,649.	0.			DONOR DESIGNATION
BOYS/GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	05-0258929	501C3	8,029.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BREAKTHROUGH PROVIDENCE, C/O THE WHEELER SCHOOL - 216 HOPE STREET - PROVIDENCE, RI 02906	05-0259101	501C3	5,338.	0.			DONOR DESIGNATION
BROWN ALPERT MEDICAL SCHOOL GIFT CASHIER - BOX 1877 - PROVIDENCE, RI 02912	05-0258809	501C3	10,450.	0.			DONOR DESIGNATION
BROWN UNIVERSITY PO BOX J PROVIDENCE, RI 02912	05-0258809	501C3	28,331.	0.			DONOR DESIGNATION
BROWN UNIVERSITY ANNUAL FUND GIFT RECORDING/BROWN UNIV - PO BOX 1976 - PROVIDENCE, RI 02912	05-0258809	501C3	7,825.	0.			DONOR DESIGNATION
BROWN UNIVERSITY CASHIER'S OFFICE PO BOX 1911 PROVIDENCE, RI 02912	05-0258809	501C3	20,100.	0.			DONOR DESIGNATION
BROWN UNIVERSITY SPORTS FDTN PO BOX 1925 PROVIDENCE, RI 02912	05-0390989	501C3	8,000.	0.			DONOR DESIGNATION
BROWN/RISD HILLEL FOUNDATION 80 BROWN STREET PROVIDENCE, RI 02906	05-6019146	501C3	5,100.	0.			DONOR DESIGNATION
BRYANT UNIVERSITY, DEVELOPMENT OFFICE - 1150 DOUGLAS PIKE - SMITHFIELD, RI 02917-9963	05-0258810	501C3	38,500.	0.			DONOR DESIGNATION
BRYANT UNIVERSITY, DEVELOPMENT OFFICE - 1150 DOUGLAS PIKE - SMITHFIELD, RI 02917	05-0258810	501C3	9,815.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BUILDING FUTURES 1 ACORN STREET PROVIDENCE, RI 02903	81-3939129	501C3	30,000.	0.			DONOR DESIGNATION /PROGRAM GRANT
BUTTON HOLE 1 BUTTON HOLE DRIVE SUITE 1 PROVIDENCE, RI 02909-5750	05-0497481	501C3	13,821.	0.			DONOR DESIGNATION
BUZZARDS BAY COALITION, INC. 114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501C3	5,400.	0.			DONOR DESIGNATION
CALL OFF YOUR OLD TIRED ETHICS-RI (COYOTE-RI) - 10 DAVOL SQUARE SUITE 100 - PROVIDENCE, RI 02903	47-3739141	501C3	20,000.	0.			DONOR DESIGNATION
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 95402-0446	94-2494324	501C3	9,423.	0.			DONOR DESIGNATION
CANTERBURY SCHOOL FDTN 101 ASPETUCK AVENUE NEW MILFORD, CT 06776	31-1125105	501C3	20,500.	0.			DONOR DESIGNATION
CAPITAL CITY COMMUNITY CENTERS 25 DANFORTH STREET PROVIDENCE, RI 02908	05-0259090	501C3	25,194.	0.			DONOR DESIGNATION
CAPITAL GOOD FUND=THE 22 A STREET PROVIDENCE, RI 02907	80-0348382	501C3	50,000.	0.			DONOR DESIGNATION /PROGRAM GRANT
CATHOLIC CHARITY FUND APPEAL, STEWARDSHIP & DEVELOP. OFFICE - ONE CATHEDRAL SQUARE - PROVIDENCE, RI 02903-3695	05-6014313	501C3	87,514.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CATHOLIC SOCIAL SERVICES OF RI 1 CATHEDRAL SQ PROVIDENCE, RI 02903	05-0258854	501C3	30,500.	0.			DONOR DESIGNATION
CCRI FOUNDATION 1762 LOUISQUISSET PIKE LINCOLN, RI 02865	05-0394214	501C3	6,117.	0.			DONOR DESIGNATION
CENTER FOR RECONCILIATION 275 NORTH MAIN STREET PROVIDENCE, RI 02903	30-0876926	501C3	12,500.	0.			DONOR DESIGNATION
CENTER FOR RESILIENCE 249 MANTON AVENUE PROVIDENCE, RI 02909	45-4438981	501C3	10,218.	0.			DONOR DESIGNATION /PROGRAM GRANT
CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET CENTRAL FALLS, RI 02863	05-0459947	501C3	66,359.	0.			DONOR DESIGNATION /PROGRAM GRANT
CHILD & FAMILY SERVICE NEWPORT 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501C3	8,700.	0.			DONOR DESIGNATION /PROGRAM GRANT
CHILDREN'S FRIEND & SVSC (RI) 153 SUMMER ST PROVIDENCE, RI 02903-4011	05-0258819	501C3	27,436.	0.			DONOR DESIGNATION /PROGRAM GRANT
CHRISTOPHER & DANA REEVE FOUNDATION (NJ) - 636 MORRIS TURNPIKE SUITE 3A - SHORT HILLS, NJ 07078	22-2939536	501C3	15,000.	0.			DONOR DESIGNATION
CITIZENS CHARITABLE FOUNDATION 10 TRIPPS LANE RTL 125 RIVERSIDE, RI 02915	20-2302039	501C3	30,800.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CITTA PO BOX 471 NEW YORK, NY 10013	22-3609679	501C3	5,000.	0.			DONOR DESIGNATION
CITY YEAR PROVIDENCE 275 WESTMINSTER STREET SUITE 500 PROVIDENCE, RI 02903	22-2882549	501C3	7,090.	0.			DONOR DESIGNATION
CLINICA ESPERANZA HOPE CLINIC 188 VALLEY STREET SUITE 424 PROVIDENCE, RI 02909	26-1714340	501C3	36,234.	0.			DONOR DESIGNATION /PROGRAM GRANT
COLLECTIVE PEACE DALE/PEACE DALE REVITALIZATION - 1220 KINGSTOWN ROAD - SOUTH KINGSTOWN, RI 02879	84-4048141	501C3	25,000.	0.			DONOR DESIGNATION /PROGRAM GRANT
COLLEGE CRUSADE OF RI=THE 134 THURBERS AVENUE STE 111 PROVIDENCE, RI 02905	22-3031765	501C3	58,131.	0.			DONOR DESIGNATION /PROGRAM GRANT
COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501C3	10,350.	0.			DONOR DESIGNATION /PROGRAM GRANT
COLLEGE VISIONS 131 WASHINGTON STREET SUITE 205 PROVIDENCE, RI 02903	27-2344723	501C3	38,141.	0.			DONOR DESIGNATION /PROGRAM GRANT
COMMEMORATIVE AIR FORCE P.O. BOX 764769 DALLAS, TX 75237	74-1484491	501C3	25,036.	0.			DONOR DESIGNATION
COMMUNITY 2000 EDUCATION FDTN PO BOX 1161 CHARLESTOWN, RI 02813-0903	05-0511235	501C3	10,100.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501C3	61,217.	0.			DONOR DESIGNATION /PROGRAM GRANT
COMMUNITY CARE ALLIANCE 800 CLINTON STREET WOONSOCKET, RI 02895-0856	05-0312278	501C3	103,688.	0.			DONOR DESIGNATION /PROGRAM GRANT
COMMUNITY COLLEGE OF RI 400 EAST AVENUE WARWICK, RI 02886	05-0353872	501C3	15,000.	0.			DONOR DESIGNATION
COMMUNITY HEALTH CHARITIES 1199 NORTH FAIRFAX STE 600 ALEXANDRIA, VA 22314	13-6167225	501C3	9,160.	0.			DONOR DESIGNATION
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	22-2485332	501C3	56,376.	0.			DONOR DESIGNATION
COMPREHENSIVE COMMUNITY ACTION 311 DORIC AVE CRANSTON, RI 02910	05-6018801	501C3	80,886.	0.			DONOR DESIGNATION /PROGRAM GRANT
CONNECTING FOR CHILDREN & FAMILIES 46 HOPE STREET WOONSOCKET, RI 02895	05-0475365	501C3	171,277.	0.			DONOR DESIGNATION /PROGRAM GRANT
CONTECH MEDICAL INC 99 HARTFORD AVENUE PROVIDENCE, RI 02909	05-0433038	501C3	12,285.	0.			DONOR DESIGNATION
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501C3	125,621.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CYBERCRIME SUPPORT NETWORK 2232 S. MAIN STREET #422 ANN ARBOR, MI 48103-6938	82-1013947	501C3	15,454.	0.			DONOR DESIGNATION
CYSTIC FIBROSIS FOUNDATION MASSACHUSETTS & RI - 220 NORTH MAIN STREET STE 104 - NATICK, MA 01760	13-1930701	501C3	8,632.	0.			DONOR DESIGNATION
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02205-9889	04-2263040	501C3	13,200.	0.			DONOR DESIGNATION
DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BOSTON, MA 02115	04-2263040	501C3	17,293.	0.			DONOR DESIGNATION
DANA FARBER CANCER INSTITUTE LYMPHOMA CENTER - 220 SUNRISE AVENUE SUITE 204 - PALM BEACH, FL 33480	04-2263040	501C3	25,000.	0.			DONOR DESIGNATION
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755-3555	02-0222111	501C3	9,434.	0.			DONOR DESIGNATION
DENTAL LIFELINE NETWORK 1800 15TH STREET STE 100 DENVER, CO 80202	84-6129064	501C3	10,000.	0.			DONOR DESIGNATION
DIOCESE OF PROVIDENCE OFFICE OF STEWARDSHIP & DEVELOPMENT - ONE CATHEDRAL SQUARE - PROVIDENCE, RI 02903	53-0196617	501C3	23,845.	0.			DONOR DESIGNATION
DISCOVERY COUNSELING CENTER 115-A TOWN AND COUNTRY DRIVE DANVILLE, CA 94526	94-1705971	501C3	10,000.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET 16TH FL NEW YORK, NY 10006	13-3433452	501C3	6,528.	0.			DONOR DESIGNATION
DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY - 61 MAIN STREET - WAKEFIELD, RI 02879	05-0377538	501C3	35,400.	0.			DONOR DESIGNATION /PROGRAM GRANT
DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY - 61 MAIN STREET - WAKEFIELD, RI 02879	05-0377538	501C3	7,012.	0.			DONOR DESIGNATION /PROGRAM GRANT
DORCAS INTERNATIONAL INSTITUTE OF RI - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501C3	21,196.	0.			DONOR DESIGNATION /PROGRAM GRANT
DOWNCITY DESIGN 425 WEST FOUNTAIN STREET UNIT 110 PROVIDENCE, RI 02903	27-1125644	501C3	6,130.	0.			DONOR DESIGNATION /PROGRAM GRANT
EARTH SHARE OF NEW ENGLAND 7735 OLD GEORGETOWN RD #900 BETHESDA, MD 20814	52-1601960	501C3	6,221.	0.			DONOR DESIGNATION
EAST BAY COMMUNITY ACTION 19 BROADWAY NEWPORT, RI 02840	05-0310024	501C3	20,400.	0.			DONOR DESIGNATION
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501C3	16,095.	0.			DONOR DESIGNATION
EASTER SEALS RI 320 PHILLIPS STREET NORTH KINGSTOWN, RI 02852	26-0833287	501C3	20,525.	0.			DONOR DESIGNATION

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ECONOMIC PROGRESS INSTITUTE 600 MT. PLEASANT AVENUE #9 PROVIDENCE, RI 02908-9980	32-0295517	501C3	78,787.	0.			DONOR DESIGNATION
EDESIA INC. 550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852	26-0359866	501C3	23,767.	0.			DONOR DESIGNATION /PROGRAM GRANT
ELIZABETH BUFFUM CHACE HOUSE PO BOX 9476 WARWICK, RI 02889	05-0384053	501C3	8,624.	0.			DONOR DESIGNATION
ENTERPRISE COMMUNITY PARTNERS ONE WHITEHALL STREET NEW YORK, NY 10004	52-1231931	501C3	8,000.	0.			DONOR DESIGNATION
FEDERAL HILL HOUSE ASSN 9 COURTLAND STREET PROVIDENCE, RI 02909-1597	05-0258871	501C3	100,455.	0.			DONOR DESIGNATION /PROGRAM GRANT
FEEDING AMERICA 35 EAST WACKER DRIVE STE 2000 CHICAGO, IL 60601	36-3673599	501C3	21,736.	0.			DONOR DESIGNATION
FISHER HOUSE OF BOSTON ONE FOX HILL DRIVE WALPOLE, MA 02801	26-0190895	501C3	12,800.	0.			DONOR DESIGNATION
FOGARTY CENTER—THE 310 MAPLE AVENUE SUITE 102 BARRINGTON, RI 02806	04-2936360	501C3	8,473.	0.			DONOR DESIGNATION
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501C3	47,915.	0.			DONOR DESIGNATION /PROGRAM GRANT

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FRIENDS OF BARNSTABLE HARBOR PO BOX 248 BARNSTABLE, MA 02630	26-4133541	501C3	5,000.	0.			DONOR DESIGNATION
FUERZA LABORAL 131 CLAY STREET SUITE 101 CENTRAL FALLS, RI 02863	20-5428607	501C3	70,000.	0.			DONOR DESIGNATION /PROGRAM GRANT
GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907	22-3001721	501C3	52,097.	0.			DONOR DESIGNATION /PROGRAM GRANT
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVE - WARWICK, RI 02886	05-0300724	501C3	10,353.	0.			DONOR DESIGNATION
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384-9616	52-1273585	501C3	8,323.	0.			DONOR DESIGNATION
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 ROOSEVELT AVE STE 201 - PAWTUCKET, RI 02860	13-4283582	501C3	13,349.	0.			DONOR DESIGNATION
GRANITE UNITED WAY 22 CONCORD STREET FL 2 MANCHESTER, NH 03101	02-6006033	501C3	5,065.	0.			DONOR DESIGNATION
GRATEFUL FOR GODS PROVIDENCE 1 CATHEDRAL SQ PROVIDENCE, RI 02903	82-2033025	501C3	17,846.	0.			DONOR DESIGNATION
GROW SMART RHODE ISLAND 144 WESTMINSTER STREET SUITE 303 PROVIDENCE, RI 02903	05-0499148	501C3	5,849.	0.			DONOR DESIGNATION

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GUATEMISION 31 CONGRESS STREET PAWTUCKET, RI 02860	84-2156663	501C3	20,000.	0.			DONOR DESIGNATION
HABITAT FOR HUMANITY WEST BAY & NORTHERN RI - PO BOX 6743 - WARWICK, RI 02887-6743	05-0458404	501C3	8,425.	0.			DONOR DESIGNATION
HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 02940	22-2700013	501C3	9,915.	0.			DONOR DESIGNATION
HAMILTON HOUSE 276 ANGELL STREET PROVIDENCE, RI 02906	23-7188201	501C3	58,500.	0.			DONOR DESIGNATION
HASBRO CHILDREN'S HOSPITAL DEVELOPMENT OFFICE - PO BOX H - PROVIDENCE, RI 02903	05-0493219	501C3	13,410.	0.			DONOR DESIGNATION
HASBRO CHILDREN'S HOSPITAL LIFESPAN DEVELOPMENT OFFICE - PO BOX H - PROVIDENCE, RI 02901	05-0493219	501C3	37,622.	0.			DONOR DESIGNATION
HIGH MOUNTAIN INSTITUTE PO BOX 970 LEADVILLE, CO 80461	84-1306470	501C3	5,150.	0.			DONOR DESIGNATION
HISTORIC FRANKLIN METCALF FARM PRESERVATION - PO BOX 7943 - CUMBERLAND, RI 02864	30-0600450	501C3	20,220.	0.			DONOR DESIGNATION
HOPE HOSPICE & PALLIATIVE CARE RHODE ISLAND - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501C3	28,137.	0.			DONOR DESIGNATION

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HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501C3	5,150.	0.			DONOR DESIGNATION
HOUSING NETWORK OF RI 1070 MAIN STREET SUITE 202 PAWTUCKET, RI 02860	05-0465216	501C3	30,125.	0.			DONOR DESIGNATION /PROGRAM GRANT
HUB THEATRE COMPANY OF BOSTON, INC. - 150 SAINT PAUL STREET #103 - BROOKLINE, MA 02446	46-1283093	501C3	25,000.	0.			DONOR DESIGNATION
INDEPENDENT CHARITIES OF AMER 1100 LARKSPUR LANDING CIRCLE SUITE LARKSPUR, CA 94939	94-3067804	501C3	21,548.	0.			DONOR DESIGNATION
INSTITUTE FOR ETHNOMEDICINE, INC. 3214 NORTH UNIVERSITY AVENUE #316 PROVO, UT 84604	20-1829529	501C3	5,000.	0.			DONOR DESIGNATION
INSTITUTE FOR LABOR STUDIES & RESEARCH - 1540 PONTIAC AVENUE - CRANSTON, RI 02920	05-0387211	501C3	5,453.	0.			DONOR DESIGNATION
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168-1289	13-5660870	501C3	11,097.	0.			DONOR DESIGNATION
JAMESTOWN PHILOMENIAN LIBRARY 26 NORTH ROAD JAMESTOWN, RI 02835	81-4769485	501C3	5,000.	0.			DONOR DESIGNATION
JEFFREY OSBORNE FOUNDATION 19241 BALLINGER STREET NORTHRIDGE, CA 91324	46-0925456	501C3	8,100.	0.			DONOR DESIGNATION

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JEWISH ALLIANCE OF GREATER RI 401 ELMGROVE AVENUE PROVIDENCE, RI 02906	27-4127671	501C3	95,178.	0.			DONOR DESIGNATION
JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904	82-2962600	501C3	11,276.	0.			DONOR DESIGNATION
JIMMY FUND/DANA-FARBER CANCER INSTITUTE - 10 BROOKLINE PLACE WEST 6TH FL - BROOKLINE, MA 02445	04-2263040	501C3	12,762.	0.			DONOR DESIGNATION
JOHNSON & WALES UNIVERSITY, OFFICE OF DEVELOPMENT - 8 ABBOTT PARK PLACE - PROVIDENCE, RI 02903	05-0306206	501C3	5,531.	0.			DONOR DESIGNATION /PROGRAM GRANT
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501C3	24,754.	0.			DONOR DESIGNATION /PROGRAM GRANT
JONNYCAKE CENTER OF WESTERLY 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501C3	61,216.	0.			DONOR DESIGNATION /PROGRAM GRANT
JUNIOR ACHIEVEMENT USA 1 EDUCATION WAY COLORADO SPRINGS, CO 80906	84-1267604	501C3	7,949.	0.			DONOR DESIGNATION
JUPITER INLET FOUNDATION INC 5500 MILITARY TRL JUPITER, FL 33458	82-2482200	501C3	5,000.	0.			DONOR DESIGNATION
KEY PROGRAM 623 ATWELLS AVENUE PROVIDENCE, RI 02909	04-2539878	501C3	10,000.	0.			DONOR DESIGNATION

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KINGS CATHEDRAL 1860 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0496649	501C3	6,000.	0.			DONOR DESIGNATION
LASALLE ACADEMY DEVELOPMENT OFFICE/ALUMNI - 612 ACADEMY AVENUE - PROVIDENCE, RI 02908	05-0449426	501C3	14,668.	0.			DONOR DESIGNATION
LATINO PUBLIC RADIO 1246 CRANSTON STREET CRANSTON, RI 02920	20-5823948	501C3	20,000.	0.			DONOR DESIGNATION
LEADERSHIP RHODE ISLAND 1570 WESTMINSTER ST. FL. 1 PROVIDENCE, RI 02909-1805	22-2570460	501C3	20,847.	0.			DONOR DESIGNATION
LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501C3	93,055.	0.			DONOR DESIGNATION
LOCAL INITIATIVES SUPPORT CORPORATION RI - 146 CLIFFORD STREET - PROVIDENCE, RI 02903	13-3030229	501C3	37,859.	0.			DONOR DESIGNATION
LOVING HEARTS OUTREACH 1902 WEST MAIN STREET WASHINGTON, MO 63090	43-1820641	501C3	5,000.	0.			DONOR DESIGNATION
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501C3	59,235.	0.			DONOR DESIGNATION /PROGRAM GRANT
MAKE A WISH FOUNDATION MA & RI 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	22-2867371	501C3	20,810.	0.			DONOR DESIGNATION

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MALTESER INTERNATIONAL 1011 FIRST AVENUE SUITE 1322 NEW YORK, NY 10022	26-3701623	501C3	5,000.	0.			DONOR DESIGNATION
MANTON AVENUE PROJECT PO BOX 982 PROVIDENCE, RI 02901	06-1725016	501C3	20,410.	0.			DONOR DESIGNATION /PROGRAM GRANT
MARGARET STERLING COOK FDTN PO BOX 14 HOPE, RI 02831-0014	20-2604143	501C3	13,000.	0.			DONOR DESIGNATION
MARMION ACADEMY 1000 BUTTERFIELD ROAD AURORA, IL 60502-9743	36-2258521	501C3	5,000.	0.			DONOR DESIGNATION
MARTIN LUTHER KING CENTER 20 DR. MARCUS WHEATLAND BLVD NEWPORT, RI 02840-2097	05-0271882	501C3	95,720.	0.			DONOR DESIGNATION
MCAULEY HOUSE 622 ELMWOOD AVE PROVIDENCE, RI 02907	05-0440470	501C3	8,911.	0.			DONOR DESIGNATION /PROGRAM GRANT
MCLEAN HOSPITAL 115 MILL STREET MAIL STOP 126 BELMONT, MA 02478	04-2697981	501C3	6,444.	0.			DONOR DESIGNATION
MEALS ON WHEELS OF RI 70 BATH ST PROVIDENCE, RI 02908	05-0340723	501C3	78,660.	0.			DONOR DESIGNATION
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501C3	87,086.	0.			DONOR DESIGNATION /PROGRAM GRANT

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MENTOR RHODE ISLAND 2065 WARWICK AVENUE UNIT 1 WARWICK, RI 02889	05-0443260	501C3	6,550.	0.			DONOR DESIGNATION
MIRIAM HOSPITAL FOUNDATION P.O. BOX H PROVIDENCE, RI 02901	05-0493219	501C3	23,834.	0.			DONOR DESIGNATION
MOSES BROWN SCHOOL 250 LLOYD AVE PROVIDENCE, RI 02906	05-0258906	501C3	34,254.	0.			DONOR DESIGNATION
MOUNT HOPE NEIGHBORHOOD ASSOCIATION - 199 CAMP STREET - PROVIDENCE, RI 02906	22-2599257	501C3	25,000.	0.			DONOR DESIGNATION
MT HOPE COMMUNITY BAPTIST CHURCH 734 HOPE STREET PROVIDENCE, RI 02906	05-0414434	501C3	5,000.	0.			DONOR DESIGNATION
NAACP LEGAL DEFENSE & EDUCATION FUND - 40 RECTOR STREET 5TH FLOOR - NEW YORK, NY 10006-1738	13-1655255	501C3	6,250.	0.			DONOR DESIGNATION
NANTUCKET COTTAGE HOSPITAL 57 PROSPECT ST NANTUCKET, MA 02554	04-2103823	501C3	10,000.	0.			DONOR DESIGNATION
NARRAGANSETT BAY COMMISSION ONE SERVICE ROAD PROVIDENCE, RI 02905	06-1471715	501C3	8,384.	0.			DONOR DESIGNATION
NARROWS CENTER FOR THE ARTS 16 ANAWAN STREET FALL RIVER, MA 02721	31-1654074	501C3	5,400.	0.			DONOR DESIGNATION

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NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NEW ENGLAND CHAPTER - 101A FIRST AVENUE SUITE 6 - WALTHAM, MA 02451-1105	04-2178884	501C3	5,851.	0.			DONOR DESIGNATION
NATURE CONSERVANCY (RI)=THE 159 WATERMAN STREET PROVIDENCE, RI 02906	53-0242652	501C3	38,370.	0.			DONOR DESIGNATION
NEW BEGINNINGS, INC. 323 RATHBUN STREET WOONSOCKET, RI 02895	82-3031983	501C3	30,000.	0.			DONOR DESIGNATION
NEW BRIDGES FOR HAITIAN SUCCESS 242 PRAIRIE AVENUE 3 PROVIDENCE, RI 02905	46-2853080	501C3	25,000.	0.			DONOR DESIGNATION
NEW URBAN ARTS 705 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0498654	501C3	7,584.	0.			DONOR DESIGNATION
NEWPORT ART MUSEUM 76 BELLEVUE AVENUE NEWPORT, RI 02840	05-0258803	501C3	13,227.	0.			DONOR DESIGNATION
NEWPORT COMMUNITY SCHOOL 55 BROADWAY NEWPORT, RI 02840	20-2302875	501C3	35,000.	0.			DONOR DESIGNATION
NEWPORT HOSPITAL P.O. BOX H PROVIDENCE, RI 02901	05-0493219	501C3	6,025.	0.			DONOR DESIGNATION
NEWPORT HOSPITAL FOUNDATION P.O. BOX H PROVIDENCE, RI 02901	05-0493219	501C3	25,951.	0.			DONOR DESIGNATION

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NEWPORT PARTNERSHIPS FOR FAMILIES 31 JOHN CLARKE ROAD NEWPORT, RI 02842	30-0946766	501C3	64,722.	0.			DONOR DESIGNATION /PROGRAM GRANT
NH LEARNING SOLUTIONS 1415 FARMINTON ROAD LIVONIA, MI 48154	47-4290504	501C3	7,000.	0.			DONOR DESIGNATION
NORTH KINGSTOWN EXETER ANIMAL PROTECTION LEAGUE INC - P.O. BOX 83 - NORTH KINGSTOWN, RI 02852	05-0317567	501C3	7,123.	0.			DONOR DESIGNATION
NORTH KINGSTOWN FOOD PANTRY 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501C3	40,876.	0.			DONOR DESIGNATION
NORTHERN RHODE ISLAND FOOD PANTRY PO BOX 7833 CUMBERLAND, RI 02864	45-5042619	501C3	30,504.	0.			DONOR DESIGNATION
NORTON MUSEUM OF ART 1451 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401	59-0624432	501C3	5,000.	0.			DONOR DESIGNATION
OCEAN COMMUNITY UNITED THEATRE INC PO BOX 384 WESTERLY, RI 02891	46-3579526	501C3	10,000.	0.			DONOR DESIGNATION
OLNEYVILLE NEIGHBORHOOD ASSN PO BOX 8 PROVIDENCE, RI 02909	83-0434706	501C3	58,333.	0.			DONOR DESIGNATION /PROGRAM GRANT
ONE NEIGHBORHOOD BUILDERS 66 CHAFFEE ST. PROVIDENCE, RI 02909	22-3010422	501C3	23,550.	0.			DONOR DESIGNATION /PROGRAM GRANT

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OUR LADY OF MERCY CHURCH 65 THIRD STREET EAST GREENWICH, RI 02818	05-0258922	501C3	13,425.	0.			DONOR DESIGNATION
OUTREACH PROGRAM 93 WHIFFLETREE LANE MARSHFIELD, MA 02050	20-0636360	501C3	34,340.	0.			DONOR DESIGNATION
PALM BEACH POLICE FOUNDATION PO BOX 242 PALM BEACH, FL 33480	83-0462654	501C3	5,050.	0.			DONOR DESIGNATION
PAN MASS CHALLENGE TO BENEFIT DANA FARBER/JIMMY FUND - 77 FOURTH AVENUE - NEEDHAM, MA 02494	04-2746912	501C3	15,250.	0.			DONOR DESIGNATION
PENNFIELD SCHOOL 110 SANDY POINT AVENUE PORTSMOUTH, RI 02871	23-7131751	501C3	5,000.	0.			DONOR DESIGNATION
PHILIP HULITAR IN-PATIENT CTR C/O HOPE HOSPICE & PALLIATIVE CARE OF RHODE I - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02906	51-0192422	501C3	10,025.	0.			DONOR DESIGNATION
PHYLLIS SIPERSTEINTAMARISK ASSISTED LIVING - 3 SHALOM DRIVE - WARWICK, RI 02886	03-0475508	501C3	40,000.	0.			DONOR DESIGNATION
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565	501C3	19,608.	0.			DONOR DESIGNATION
POTTER LEAGUE FOR ANIMALS 87 OLIPHANT LANE MIDDLETOWN, RI 02842	05-0301553	501C3	29,539.	0.			DONOR DESIGNATION

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PRESERVATION SOCIETY NEWPORT DEVELOPMENT OFFICE - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501C3	17,300.	0.			DONOR DESIGNATION
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501C3	9,100.	0.			DONOR DESIGNATION
PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863-2835	05-0380608	501C3	12,012.	0.			DONOR DESIGNATION /PROGRAM GRANT
PROJECT WEBER 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501C3	35,760.	0.			DONOR DESIGNATION /PROGRAM GRANT
PROVIDENCE AFTER SCHOOL ALLIANCE 81 CARPENTER STREET PROVIDENCE, RI 02903	26-0319193	501C3	12,350.	0.			DONOR DESIGNATION
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501C3	16,567.	0.			DONOR DESIGNATION
PROVIDENCE ART CLUB 11 THOMAS STREET PROVIDENCE, RI 02903	05-0302383	501C3	7,500.	0.			DONOR DESIGNATION
PROVIDENCE CENTER 300 RICHMOND STREET PROVIDENCE, RI 02903	05-0316969	501C3	27,374.	0.			DONOR DESIGNATION
PROVIDENCE CHILDRENS FILM FESTIVAL, INC. - PO BOX 6724 - PROVIDENCE, RI 02940	27-0917644	501C3	5,600.	0.			DONOR DESIGNATION

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PROVIDENCE CHILDRENS MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501C3	5,779.	0.			DONOR DESIGNATION
PROVIDENCE COLLEGE ATHLETICS PROVIDENCE COLLEGE ALUMNI HALL PROVIDENCE, RI 02918	05-0258932	501C3	9,600.	0.			DONOR DESIGNATION
PROVIDENCE COLLEGE DEVELOPMENT OFFICE - 1 CUNNINGHAM SQUARE - PROVIDENCE, RI 02918	05-0258932	501C3	28,395.	0.			DONOR DESIGNATION
PROVIDENCE COLLEGE OFFICE INSTITUTIONAL ADVANCE - HARKINS HALL 108 - PROVIDENCE, RI 02918-0001	05-0258932	501C3	52,850.	0.			DONOR DESIGNATION
PROVIDENCE COMMUNITY LIBRARY PO BOX 9267 PROVIDENCE, RI 02940	36-4640304	501C3	18,825.	0.			DONOR DESIGNATION /PROGRAM GRANT
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	05-0377244	501C3	7,276.	0.			DONOR DESIGNATION
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903	05-0283958	501C3	17,050.	0.			DONOR DESIGNATION
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501C3	14,600.	0.			DONOR DESIGNATION /PROGRAM GRANT
PROVIDENCE RESCUE MISSION PO BOX 72753 PROVIDENCE, RI 02907-9909	05-0503326	501C3	7,799.	0.			DONOR DESIGNATION

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
REACH OUT & READ, INC. 89 SOUTH STREET SUITE 201 BOSTON, MA 02111-2678	04-3481253	501C3	15,000.	0.			DONOR DESIGNATION /PROGRAM GRANT
READING HOLIDAY PROJECT, INC. 214 EAST 117TH ST APT 4D NEW YORK, NY 10035	46-4377279	501C3	26,500.	0.			DONOR DESIGNATION
REFOCUS INC 45 GREELEY ST PROVIDENCE, RI 02904	05-0394380	501C3	45,000.	0.			DONOR DESIGNATION
REFUGEE DEVELOPMENT CENTER INC 340 LOCKWOOD ST PROVIDENCE, RI 02907	47-3515841	501C3	21,300.	0.			DONOR DESIGNATION
RHODE ISLAND COALITION AGAINST VIOLENCE (RICADV) - 422 POST ROAD #102 - WARWICK, RI 02888	05-0384580	501C3	20,550.	0.			DONOR DESIGNATION /PROGRAM GRANT
RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	22-2604963	501C3	201,300.	0.			DONOR DESIGNATION /PROGRAM GRANT
RHODE ISLAND FREE CLINIC INC 655 BROAD STREET PROVIDENCE, RI 02907	05-0501276	501C3	111,920.	0.			DONOR DESIGNATION /PROGRAM GRANT
RHODE ISLAND HISPANIC CHAMBER OF COMMERCE - 1955 WESTMINSTER STREET 2ND FLR STE B - PROVIDENCE, RI 02909	81-2701009	501C3	8,333.	0.			DONOR DESIGNATION
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0493219	501C3	8,400.	0.			DONOR DESIGNATION

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RHODE ISLAND PHILHARMONIC & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914-1712	05-0267451	501C3	19,160.	0.			DONOR DESIGNATION
RHODE ISLAND PRIDE, INC. 1055 WESTMINSTER STREET PROVIDENCE, RI 02901	22-3180790	501C3	24,834.	0.			DONOR DESIGNATION
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501C3	34,230.	0.			DONOR DESIGNATION
RHODE ISLAND SCHOOL FOR PROGRESSIVE EDUCATION - 166 VALLEY STREET BUILDING 6M SUITE 103 - PROVIDENCE, RI 02909	82-0605219	501C3	12,500.	0.			DONOR DESIGNATION /PROGRAM GRANT
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-6016675	501C3	6,040.	0.			DONOR DESIGNATION
RI COALITION FOR THE HOMELESS 1070 MAIN STREET SUITE 202 PAWTUCKET, RI 02860	22-2894547	501C3	33,561.	0.			DONOR DESIGNATION /PROGRAM GRANT
RI COLLEGE FOUNDATION 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908-1991	05-6049721	501C3	15,000.	0.			DONOR DESIGNATION
RI COMMUNITY FOOD BANK 200 NIAN TIC AVENUE PROVIDENCE, RI 02907	05-0395601	501C3	201,795.	0.			DONOR DESIGNATION
RI COMMUNITY FOOD BANK 200 NIAN TIC AVE PROVIDENCE, RI 02907	05-0395601	501C3	59,909.	0.			DONOR DESIGNATION

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RI FOUNDATION, STARKWEATHER & SHEPLEY FUND - ONE UNION STATION - PROVIDENCE, RI 02903	22-2604963	501C3	6,833.	0.			DONOR DESIGNATION /PROGRAM GRANT
RI HOSPITAL FOUNDATION P.O. BOX H PROVIDENCE, RI 02901	05-0493219	501C3	6,850.	0.			DONOR DESIGNATION
RI INSTITUTE FOR LABOR STUDIES & RESEARCH - 1540 PONTIAC AVENUE SUITE A - CRANSTON, RI 02920	05-0387211	501C3	5,050.	0.			DONOR DESIGNATION /PROGRAM GRANT
RI KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501C3	75,957.	0.			DONOR DESIGNATION
RI LEGAL SERVICES INC 56 PINE ST SUITE 400 PROVIDENCE, RI 02903-2819	05-0318596	501C3	8,439.	0.			DONOR DESIGNATION
RI RIGHT TO LIFE EDUCATION FND 266 SMITH STREET PROVIDENCE, RI 02908	55-0905006	501C3	10,000.	0.			DONOR DESIGNATION
RI ZOOLOGICAL SOCIETY, ROGER WILLIAMS PARK ZOO - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02907-3659	05-6016675	501C3	6,116.	0.			DONOR DESIGNATION
RICARES 134 MATHEWSON STREET 3RD FLOOR PROVIDENCE, RI 02903	90-0613502	501C3	75,500.	0.			DONOR DESIGNATION
RISD MUSEUM=THE 224 BENEFIT STREET PROVIDENCE, RI 02903-2723	05-0383432	501C3	10,000.	0.			DONOR DESIGNATION

Schedule I (Form 990)

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RISE-RHODE ISLANDERS SPONSORING EDUCATION - 11 S. ANGELL STREET - PROVIDENCE, RI 02906-5206	06-1470525	501C3	15,078.	0.			DONOR DESIGNATION
RIVERZEDGE ARTS PROJECT 196 SECOND AVENUE WOONSOCKET, RI 02895	13-4206227	501C3	15,465.	0.			DONOR DESIGNATION
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809	05-0277222	501C3	75,000.	0.			DONOR DESIGNATION
RONALD MCDONALD HOUSE - PROV 45 GAY STREET PROVIDENCE, RI 02905	05-0434218	501C3	52,100.	0.			DONOR DESIGNATION
SAIL NEWPORT 72 FORT ADAMS DRIVE NEWPORT, RI 02840	22-2560625	501C3	5,725.	0.			DONOR DESIGNATION
SAINT ELIZABETH HOME EAST GREENWICH - 1 SAINT ELIZABETHS WAY - EAST GREENWICH, RI 02818	05-0457342	501C3	50,500.	0.			DONOR DESIGNATION
SAINT MARY STAR OF THE SEA ROMAN CATHOLIC CHURCH - 864 POINT JUDITH ROAD - NARRAGANSETT, RI 02882	05-0298326	501C3	5,000.	0.			DONOR DESIGNATION
SALVATION ARMY - PROVIDENCE RHODE ISLAND STATE OFFICE - 34 COMMERCIAL STREET - PROVIDENCE, RI 02905	13-5562351	501C3	11,720.	0.			DONOR DESIGNATION
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501C3	83,716.	0.			DONOR DESIGNATION /PROGRAM GRANT

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SARGENT REHABILITATION CENTER 800 QUAKER LANE WARWICK, RI 02818	05-0258936	501C3	6,347.	0.			DONOR DESIGNATION
SAVE THE BAY 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501C3	30,242.	0.			DONOR DESIGNATION
SECRET ANGELS SOCIETY P. O. BOX 12 HOPE, RI 02831	90-0731736	501C3	5,000.	0.			DONOR DESIGNATION
SEGUE INSTITUTE FOR LEARNING 361 COWDEN STREET CENTRAL FALLS, RI 02863	26-4751210	501C3	10,000.	0.			DONOR DESIGNATION
SHEILA C SKIP NOWELL LEADERSHIP ACADEMY - 133 DELAINE STREET - PROVIDENCE, RI 02909	46-2385806	501C3	18,200.	0.			DONOR DESIGNATION
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE STE 100 PROVIDENCE, RI 02903	26-0163730	501C3	232,832.	0.			DONOR DESIGNATION /PROGRAM GRANT
SOJOURNER HOUSE INC 386 SMITH ST PROVIDENCE, RI 02908	05-0370419	501C3	12,837.	0.			DONOR DESIGNATION
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501C3	20,349.	0.			DONOR DESIGNATION
SOUTH COUNTY HEALTH OFFICE OF DEVELOPMENT - 100 KENYON AVENUE - WAKEFIELD, RI 02879	05-0259093	501C3	11,800.	0.			DONOR DESIGNATION

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SOUTH COUNTY HOSPITAL 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0259093	501C3	11,600.	0.			DONOR DESIGNATION
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVE WAKEFIELD, RI 02879	05-0445136	501C3	12,000.	0.			DONOR DESIGNATION
SOUTHPOINTE CHRISTIAN CHURCH 2000 PETTACONSETT AVE WARWICK, RI 02888	45-3065348	501C3	8,100.	0.			DONOR DESIGNATION
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907-1031	05-0394224	501C3	58,122.	0.			DONOR DESIGNATION /PROGRAM GRANT
SPCA - RHODE ISLAND 186 AMARAL STREET RIVERSIDE, RI 02915	05-0262716	501C3	10,664.	0.			DONOR DESIGNATION
SPECIAL OLYMPICS-RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501C3	21,191.	0.			DONOR DESIGNATION
SPECTRUM THEATRE ENSEMBLE 299 BROADWAY PROVIDENCE, RI 02903	83-2563658	501C3	6,000.	0.			DONOR DESIGNATION
SQUASH BUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	04-3330698	501C3	28,500.	0.			DONOR DESIGNATION
ST ADALBERTS 866 ATWELLS AVENUE PROVIDENCE, RI 02909	05-0258963	501C3	10,119.	0.			DONOR DESIGNATION

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501C3	5,990.	0.			DONOR DESIGNATION
ST JUDE CHILDRENS RESEARCH HOSPITAL INC - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	20,366.	0.			DONOR DESIGNATION
ST MARY ACADEMY BAY VIEW ANNUAL GIVING OFFICE - 3070 PAWTUCKET AVE SUITE 2 - RIVERSIDE, RI 02915	05-0263792	501C3	24,255.	0.			DONOR DESIGNATION
ST MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501C3	13,744.	0.			DONOR DESIGNATION
ST PATRICK'S ACADEMY 244 SMITH ST PROVIDENCE, RI 02908	05-6000057	501C3	9,282.	0.			DONOR DESIGNATION
ST. EDWARDS FOOD & WELLNESS CENTER 1001 BRANCH AVENUE PROVIDENCE, RI 02904	20-2178919	501C3	5,408.	0.			DONOR DESIGNATION
ST. MARTIN'S EPISCOPAL CHURCH 50 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0260679	501C3	37,700.	0.			DONOR DESIGNATION
ST. MARY'S CHURCH 12 WILLIAMS STREET NEWPORT, RI 02840	05-0516181	501C3	9,100.	0.			DONOR DESIGNATION
SUCCESS TRAINING CENTER 500 DYER AVE CRANSTON, RI 02920	05-0514883	501C3	15,000.	0.			DONOR DESIGNATION

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TAP-IN PO BOX 252 BARRINGTON, RI 02806	22-2481382	501C3	5,250.	0.			DONOR DESIGNATION
TEACH FOR AMERICA RHODE ISLAND 166 VALLEY STEET BLDG. 6M STE #105 PROVIDENCE, RI 02909	13-3541913	501C3	5,550.	0.			DONOR DESIGNATION
TEEN CHALLENGE RHODE ISLAND 572 ELMWOOD AVENUE PROVIDENCE, RI 02907	04-2401399	501C3	10,100.	0.			DONOR DESIGNATION
TEMPLE BETH-EL 70 ORCHARD AVE PROVIDENCE, RI 02906	05-0264805	501C3	10,957.	0.			DONOR DESIGNATION
THE COVE CENTER INC 610 MANTON AVENUE PROVIDENCE, RI 02909	05-0419116	501C3	10,852.	0.			DONOR DESIGNATION
THE KING'S CATHEDRAL 1860 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0496649	501C3	5,000.	0.			DONOR DESIGNATION
THE TOMORROW FUND RHODE ISLAND HOSPITAL CAMPUS PROVIDENCE, RI 02903	05-0450569	501C3	6,900.	0.			DONOR DESIGNATION
THOMPSON ECUMENICAL EMPOWERMENT GROUP, INC. - PO BOX 664 - NORTH GROSVENORDALE, CT 06255	06-1240584	501C3	6,000.	0.			DONOR DESIGNATION
THOMPSON ISLAND OUTWARD BOUND PO BOX 127 BOSTON, MA 02127-0002	04-3027900	501C3	12,500.	0.			DONOR DESIGNATION

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THRIVE BEHAVIORAL CENTER 2756 POST ROAD SUITE 100 WARWICK, RI 02886	51-0189278	501C3	14,623.	0.			DONOR DESIGNATION
TIDES FAMILY SERVICES 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229	501C3	31,697.	0.			DONOR DESIGNATION /PROGRAM GRANT
TOMORROW FUND RI HOSPITAL CAMPUS 593 EDDY STREET PROVIDENCE, RI 02903-4947	05-0450569	501C3	15,251.	0.			DONOR DESIGNATION
TOWN OF PALM BEACH UNITED WAY, INC. - 44 COCOANUT ROW SUITE M201 - PALM BEACH, FL 33480	59-6037885	501C3	10,000.	0.			DONOR DESIGNATION
TRI COUNTY COMM ACTION 1126 HARTFORD AVENUE JOHNSTON, RI 02919	05-0351121	501C3	27,306.	0.			DONOR DESIGNATION /PROGRAM GRANT
TRI-COUNTY COMMUNITY ACTION AGENCY 11 EMANUEL STREET NORTH PROVIDENCE, RI 02911	05-0309695	501C3	15,000.	0.			DONOR DESIGNATION /PROGRAM GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501C3	29,143.	0.			DONOR DESIGNATION
UCAP 75 CARPENTER STREET PROVIDENCE, RI 02903	05-0448102	501C3	5,100.	0.			DONOR DESIGNATION
UFCW LOCAL 328 CHARITABLE FDTN 278 SILVER SPRING STREET PROVIDENCE, RI 02904	20-0678926	501C3	5,435.	0.			DONOR DESIGNATION

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UNITED WAY OF CENTRAL & NE CT P.O. BOX 150434 HARTFORD, CT 06106	06-0646653	501C3	9,059.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007-5813	74-1167964	501C3	9,391.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103	23-1556045	501C3	7,508.	0.			DONOR DESIGNATION
UNITED WAY OF MASS BAY & MERRIMACK VALLEY - 51 SLEEPER STREET - BOSTON, MA 02210-1208	04-2382233	501C3	25,852.	0.			DONOR DESIGNATION
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE 30TH FLOOR CHICAGO, IL 60604	30-0200478	501C3	6,240.	0.			DONOR DESIGNATION
UNITED WAY=MONADNOCK 23 CENTER STREET KEENE, NH 03431	02-0236885	501C3	7,088.	0.			DONOR DESIGNATION
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-0714775	501C3	10,000.	0.			DONOR DESIGNATION
UNIVERSITY OF COLORADO FDTN PO BOX 17126 DENVER, CO 80203	84-6049811	501C3	6,000.	0.			DONOR DESIGNATION
UNIVERSITY OF WISCONSIN LA CROSSE FOUNDATION INC - 615 EAST AVE N - LA CROSSE, WI 54601	39-1145116	501C3	8,000.	0.			DONOR DESIGNATION

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URBAN LEAGUE OF RI, DEVELOPMENT FUND - 246 PRAIRIE AVENUE - PROVIDENCE, RI 02905	05-0258939	501C3	5,600.	0.			DONOR DESIGNATION
URI FOUNDATION, GIFT PROCESSING 79 UPPER COLLEGE RD KINGSTON, RI 02881-0488	05-6014351	501C3	48,626.	0.			DONOR DESIGNATION
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK ROAD STE 375 PHOENIX, AZ 85018	86-0104419	501C3	6,377.	0.			DONOR DESIGNATION
VILLAGE COMMON OF RI 276 ANGELL STREET PROVIDENCE, RI 02906	47-3675451	501C3	7,118.	0.			DONOR DESIGNATION
WARM (WESTERLY AREA REST MEAL) 56 SPRUCE STREET WESTERLY, RI 02891	22-2887878	501C3	5,129.	0.			DONOR DESIGNATION
WATERFIRE - PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612	501C3	18,600.	0.			DONOR DESIGNATION
WE SHARE HOPE 624 MAIN STREET WARREN, RI 02885	27-1933460	501C3	52,027.	0.			DONOR DESIGNATION
WEST END COMMUNITY CENTER 109 BUCKLIN STREET PROVIDENCE, RI 02907	51-0201816	501C3	8,000.	0.			DONOR DESIGNATION
WESTBAY COMMUNITY ACTION INC 205 BUTTONWOODS AVE WARWICK, RI 02886	05-0311985	501C3	21,331.	0.			DONOR DESIGNATION

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WESTERLY AREA REST MEALS WARM 56 SPRUCE STREET WESTERLY, RI 02891	22-2887878	501C3	5,000.	0.			DONOR DESIGNATION
WESTERLY HOSPITAL FOUNDATION DEVELOPMENT OFFICE - 25 WELLS STREET - WESTERLY, RI 02891	05-0508064	501C3	10,100.	0.			DONOR DESIGNATION
WGBH ONE GUEST STREET BOSTON, MA 02135	04-3312069	501C3	10,850.	0.			DONOR DESIGNATION
WGBH ONE GUEST STREET BOSTON, MA 02135	04-3312069	501C3	5,395.	0.			DONOR DESIGNATION
WHAT IF FOUNDATION 1569 SOLANO AVENUE #192 BERKELEY, CA 94707	91-2121669	501C3	5,000.	0.			DONOR DESIGNATION
WHEELER SCHOOL=THE, DEVELOPMENT OFFICE - 216 HOPE STREET - PROVIDENCE, RI 02906	05-0259101	501C3	8,333.	0.			DONOR DESIGNATION
WHITTINSVILLE CHRISTIAN SCHOOL 279 LINWOOD AVENUE WHITTINSVILLE, MA 01588-2397	04-6004402	501C3	7,000.	0.			DONOR DESIGNATION
WILBURY THEATRE GROUP 40 SONOMA COURT PROVIDENCE, RI 02909	46-0614227	501C3	17,550.	0.			DONOR DESIGNATION
WILLIAM A. FARRELL & ASSOCIATES LLC - P.O. BOX 25432 - PROVIDENCE, RI 02905	27-4512178	501C3	12,000.	0.			DONOR DESIGNATION

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WOLF SCHOOL=THE 215 FERRIS AVENUE EAST PROVIDENCE, RI 02916	05-0506471	501C3	6,200.	0.			DONOR DESIGNATION
WOMAN DEVELOPMENT INSTITUTE 599 BROAD STREET PROVIDENCE, RI 02907	45-3829924	501C3	10,100.	0.			DONOR DESIGNATION
WOMEN & INFANTS HOSPITAL, DEVELOPMENT FOUNDATION - 101 DUDLEY STREET - PROVIDENCE, RI 02905	22-2885815	501C3	5,100.	0.			DONOR DESIGNATION
WOMEN'S REFUGEE CARE 570 BROAD STREET STE 103 PROVIDENCE, RI 02907	47-4084932	501C3	30,270.	0.			DONOR DESIGNATION
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501C3	26,425.	0.			DONOR DESIGNATION /PROGRAM GRANT
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501C3	6,054.	0.			DONOR DESIGNATION /PROGRAM GRANT
YEAR UP RHODE ISLAND PO BOX 412812 BOSTON, MA 02241-2812	04-3534407	501C3	66,894.	0.			DONOR DESIGNATION
YMCA BAYSIDE (BARRINGTON) 21 PEACE STREET PROVIDENCE, RI 02907	05-0258878	501C3	5,095.	0.			DONOR DESIGNATION
YMCA CRANSTON 21 PEACE STREET PROVIDENCE, RI 02907	05-0258878	501C3	86,702.	0.			DONOR DESIGNATION /PROGRAM GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
YMCA OF GREATER PROVIDENCE 21 PEACE STREET 6TH FLOOR PROVIDENCE, RI 02907	05-0258878	501C3	10,500.	0.			DONOR DESIGNATION
YMCA OF NEWPORT COUNTY 792 VALLEY ROAD NEWPORT, RI 02842	05-0258916	501C3	7,018.	0.			DONOR DESIGNATION
YMCA-OCEAN COMMUNITY 95 HIGH STREET WESTERLY, RI 02891	05-0268126	501C3	17,723.	0.			DONOR DESIGNATION
YOUNG VOICES PO BOX 5853 PROVIDENCE, RI 02903	42-2103674	501C3	16,196.	0.			DONOR DESIGNATION
YOUTH IN ACTION INC 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230	501C3	18,101.	0.			DONOR DESIGNATION /PROGRAM GRANT
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFEE STREET PROVIDENCE, RI 02909	81-3957029	501C3	5,600.	0.			DONOR DESIGNATION /PROGRAM GRANT
YWCA RHODE ISLAND 514 BLACKSTONE ST WOONSOCKET, RI 02895	05-0310596	501C3	34,686.	0.			DONOR DESIGNATION /PROGRAM GRANT

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

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

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

PART I, LINE 2:

FOR FISCAL YEAR ENDED JUNE 30, 2020, UNITED WAY OF RI DISTRIBUTED PROGRAM GRANTS AND DONOR DESIGNATIONS TOTALING APPROXIMATELY \$9,105,000 TO 501(C)3 AGENCIES (AGENCIES) IN THE UNITED STATES. INCLUDED IN THIS TOTAL ARE PAYMENTS TO ALL AGENCIES, INCLUDING THOSE THAT RECEIVED \$5,000 OR MORE IN PAYMENTS. IN SEVERAL INSTANCES, AGENCIES RECEIVED BOTH DONOR DESIGNATIONS AND PROGRAM GRANT FUNDING.

FOR PROGRAM GRANT FUNDING, UNITED WAY OF RI APPLIES A TRANSPARENT OPEN INVITATION AND BID PROCESS PRIOR TO AWARDING FUNDING TO AGENCIES. THERE IS

**Part IV** Supplemental Information

AN OPEN APPLICATION PROCESS THAT INCLUDES THE EXPLANATION OF THE PROPOSED USE AND EXPECTED RESULTS FROM THE USE OF THE FUNDS. THE APPLICATIONS ARE REVIEWED BY A COMMITTEE COMPRISED OF COMMUNITY LEADERS AND UNITED WAY OF RI STAFF. DURING THIS PROCESS, THE COMMITTEE REVIEWS THE PROPOSALS AND DETERMINES THOSE THAT WILL PROVIDE THE BEST RETURN ON INVESTMENT FOR THE COMMUNITY. AGENCIES THAT APPLY ARE NOT ONLY REVIEWED FOR THEIR PROPOSAL, BUT ALSO A FINANCIAL REVIEW OF THE AGENCY IS COMPLETED BY THE COMMITTEE TO GAIN A LEVEL OF ASSURANCE THAT THE AWARDED AGENCIES WILL FOLLOW SOUND FISCAL POLICIES. RECOMMENDATIONS BY THE COMMITTEE ARE PRESENTED TO THE UNITED WAY OF RI BOARD OF DIRECTORS WHO THEN VOTE AND HAVE FINAL AUTHORIZATION ON AWARDED PROGRAM GRANTS.

AGENCIES THAT ARE AWARDED PROGRAM GRANTS ARE REQUIRED TO SIGN A WRITTEN CONTRACT WITH UNITED WAY OF RI WHICH STIPULATES THE TERMS AND CONDITIONS OF THE PROGRAM GRANT. GRANTEEES ARE REQUIRED TO PROVIDE UNITED WAY OF RI WITH SEMI-ANNUAL REPORTS THAT SHOW HOW THE FUNDING WAS UTILIZED AND REPORT ON THE OUTCOMES ACHIEVED. THESE AGENCIES ARE ALSO REQUIRED TO PROVIDE A FINAL REPORT TO UNITED WAY OF RI. THE FINAL REPORT VERIFIES THAT ALL FUNDS HAVE BEEN USED FOR THE INTENDED PURPOSES AND AN ASSESSMENT IS COMPLETED OF THE ACTUAL RESULTS ACHIEVED COMPARED TO THE PROPOSED RESULTS IN THE INITIAL APPLICATION AND SIGNED PROGRAM GRANT CONTRACT.

FOR BOTH PROGRAM GRANTS AND DONOR DESIGNATIONS, BEFORE UNITED WAY OF RI DISBURSES ANY FUNDS TO AGENCIES, THE AGENCIES ARE FIRST SCREENED BY UNITED WAY OF RI TO VERIFY 1) THE AGENCY IS AN IRS CODE SEC. 501(C)3 NON PROFIT AND 2) THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. CORTNEY NICOLATO PRESIDENT & CEO	(i)	271,233.	0.	0.	2,054.	19,071.	292,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 3:

FOR THE PROCESS FOR DETERMINING THE ANNUAL COMPENSATION AND BENEFITS FOR  
THE PRESIDENT AND CEO AT UNITED WAY IS DESCRIBED IN DETAIL IN PART VI  
(GOVERNANCE), QUESTION #15A.

SCHEDULE J, PART II - COMPENSATION FOR PRESIDENT AND CEO

THE COMPENSATION INFORMATION REPORTED IN PART II WAS BASED ON CALENDAR  
YEAR 2019 PER IRS FORM INSTRUCTIONS SO THAT IT ALL ALIGNS WITH W-2 AND  
FORM 941 DATA SEPARATELY REPORTED TO THE IRS.

SCHEDULE J, PART II COLUMN D

NON-TAXABLE BENEFITS REPORTED INCLUDE MEDICAL INSURANCE, DENTAL  
INSURANCE, LIFE AND LONG TERM DISABILITY INSURANCE AND COMPANY MATCH ON  
THE 403(B) RETIREMENT PLAN CONTRIBUTIONS. THESE NON-TAXABLE BENEFITS  
ARE THE SAME THAT ARE OFFERED TO ALL UNITED WAY OF RI EMPLOYEES.

SCHEDULE J, PART II COLUMN E

TOTAL COMPENSATION THIS YEAR WAS BASED ON CALENDAR YEAR 2019 DATA.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	59	1,137,989.	MARKET VALUE
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BETTER FOR THEMSELVES, AND THAT BY WORKING TOGETHER WE CAN MAKE A  
DIFFERENCE IN OUR COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EVERYONE WITH ONE NUMBER TO CALL, 211. WHETHER THE NEED IS CHILDCARE,  
HEALTH INSURANCE, OR TAX PREPARATION, HELP STARTS WITH A HUMAN  
CONNECTION AT UNITED WAY 211 IN RHODE ISLAND.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SERVICE GRANTS OF \$404,659 WERE GRANTED TO ADDRESS RHODE ISLAND'S MORE  
PRESSING NEEDS RELATED TO THE COVID-19 RELIEF FUND IN FY2020.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

\$227,000 IN GRANTS WAS AWARDED TO SUPPORT THE VOLUNTARY INCOME TAX  
ASSISTANCE PROGRAM.

DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED ON OUR WEBSITE AT  
[WWW.UWRI.ORG](http://WWW.UWRI.ORG)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

\$1,133,273 TO SUPPORT THE COMMUNITY INVESTMENT GRANTS, PUBLIC POLICY  
ADVOCACY AND LABOR RELATIONS PROGRAMS. STAFF COSTS ARE PRIMARILY FOR  
ADMINISTERING AND MONITORING THE COMMUNITY INVESTMENT OUTCOMES FOR THE  
GRANTS AWARDED FROM THE COMMUNITY IMPACT FUND.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

\$263,915 TO SUPPORT THE ADVOCACY AND VOLUNTEER WORK OF UNITED WAY OF RI. OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT WWW.UWRI.ORG/VOLUNTEER.

EXPENSES \$ 1,397,188. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE IS THE BOARD COMMITTEE RESPONSIBLE FOR THE ANNUAL DETAIL REVIEW OF THE AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR UNITED WAY OF RI. THE AUDIT COMMITTEE IS RESPONSIBLE TO ENSURE THAT MANAGEMENT HAS COMPLETED ITS FORM 990 TO FULLY COMPLY WITH IRS REGULATIONS AND THAT THE PRESENTATION OF THE AUDITED REPORTS FAIRLY PRESENT IN ALL MATERIAL RESPECTS THE FINANCIAL CONDITION AND OPERATIONAL RESULTS OF UNITED WAY OF RI. EXECUTIVE MANAGEMENT IS RESPONSIBLE FOR THE ACTUAL RESULTS. THE AUDIT COMMITTEE MET WITH MANAGEMENT AND ITS CPA FIRM, SANSIVERI, KIMBALL & CO., LLP (SKC) TO REVIEW THE AUDIT REPORT AND AUDITED FINANCIAL STATEMENTS AND RECEIVE A DETAILED PRESENTATION BY MANAGEMENT. THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE WITH MANAGEMENT AND SKC. THE AUDIT COMMITTEE MEMBERS ASKED QUESTIONS PERTAINING TO THE COMPLETED FORM 990. THE AUDIT COMMITTEE THEN VOTED AND RECOMMENDED THAT THE FINAL FORM 990 BE ADOPTED. IN ADDITION TO PROVIDING EACH MEMBER OF THE BOARD OF DIRECTORS WITH A COPY OF THE FINAL FORM 990, PRIOR TO ITS IRS FILING, A FORMAL SUMMARY WAS GIVEN TO THE BOARD OF DIRECTORS BY MANAGEMENT WITH SPECIAL ATTENTION TO PART VI (GOVERNANCE, MANAGEMENT AND DISCLOSURE). ONCE THE FORM 990 IS FILED WITH THE IRS, MANAGEMENT WILL POST AN ELECTRONIC COPY OF ITS AUDITED FINANCIAL STATEMENTS, FORM 990 AND CEO/CFO FINANCIAL STATEMENT CERTIFICATION DOCUMENT ON ITS WEBSITE (WWW.UWRI.ORG) FOR PUBLIC INSPECTION.

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED ANNUALLY TO COMPLETE A WRITTEN CONFLICT OF INTEREST FORM DISCLOSING ALL POTENTIAL CONFLICTS OR DUALITIES OF INTEREST. THE EMPLOYEE OR BOARD MEMBER IS REQUIRED TO SIGN AND RETURN THE FORM TO THE STAFF ETHICS OFFICER. ONCE ALL SAID FORMS ARE COLLECTED BY THE STAFF ETHICS OFFICER, THEY ARE THEN REVIEWED BY THE ETHICS COMMITTEE (THREE BOARD MEMBER VOLUNTEERS) TO INSURE COMPLIANCE WITH THE POLICY. ANY EXCEPTIONS TO UNITED WAY OF RI POLICY ARE ADDRESSED BY THE ETHICS COMMITTEE WITH THE EMPLOYEE OR BOARD MEMBER INVOLVED, THESE EXCEPTIONS ARE DOCUMENTED IN WRITTEN MEMORANDUM. AFTER THIS ANNUAL PROCESS IS COMPLETED, THE ETHICS COMMITTEES CHAIR THEN REPORTS OUT IN SUMMARY TO THE BOARD OF DIRECTORS AT A REGULARLY SCHEDULED BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION B, LINE 15A

BOARD OF DIRECTORS OVERSIGHT. CEO PERFORMANCE AND COMPENSATION IS OVERSEEN BY THE COMPENSATION AND BENEFITS COMMITTEE OF THE BOARD. SPECIFIC RECOMMENDATIONS RELATED TO COMPENSATION ARE MADE BY THE COMPENSATION AND BENEFITS COMMITTEE WHICH IS COMPOSED OF BOARD MEMBERS, STAFF AND VOLUNTEERS. RECOMMENDATIONS ARE PUT FORWARD TO THE ENTIRE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL IN EXECUTIVE SESSION OF THE BOARD OF DIRECTORS WITHOUT STAFF PRESENT.

COMPARATIVE SALARY DATA: THE COMPENSATION AND BENEFITS COMMITTEE IS PROVIDED WITH CEO SALARY INFORMATION OF MORE THAN TEN COMPARABLE ORGANIZATIONS, CAPTURING NATIONAL, REGIONAL AND LOCAL COMPENSATION DATA FOR SIMILARLY--SIZED ORGANIZATIONS. PERFORMANCE-BASED SYSTEM: CEO PERFORMANCE IS ANNUALLY ASSESSED BY THE COMPENSATION AND BENEFITS COMMITTEE AND

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

PRESENTED TO THE FULL BOARD OF DIRECTORS IN EXECUTIVE SESSION (AS NOTED ABOVE, COMPENSATION DECISIONS ARE OVERSEEN BY THE SAME GROUP). ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ABLE TO PROVIDE WRITTEN INPUT ON THE CEO'S PERFORMANCE. THE CEO HAS DOCUMENTED GOALS AND OBJECTIVES ON WHICH PERFORMANCE IS BASED, PLUS DOCUMENTED DETAIL THAT GUIDES THE AWARD OF A BONUS, IF ANY. THE DISCUSSION AND BONUS AWARD ARE DOCUMENTED TO SUPPORT IMPLEMENTATION.

FORM 990, PART VI, SECTION B, LINE 15B

THE SALARY DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WAS REVIEWED BY INDEPENDENT PERSONS (COMPENSATION COMMITTEE). COMPENSATION SALARY DATA: THE COMPENSATION COMMITTEE REVIEWS COMPENSATION DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION. COMPENSATION DATA IS OBTAINED FROM COMPARABLE SIZED ORGANIZATIONS CONSISTENT WITH THE CEO DATA MENTIONED ABOVE.

FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY OF RI MAKES AVAILABLE ON ITS OWN WEBSITE THE ANNUAL AUDITED FINANCIAL STATEMENTS. AS OF THIS FILING, UNITED WAY OF RI HAS AN ELECTRONIC VERSION OF ITS FINANCIAL STATEMENTS FOR ITS THREE MOST CURRENT FISCAL YEARS FOR PUBLIC INSPECTION AND PRINT. UNITED WAY OF RI AT THIS TIME DOES NOT FORMALLY MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENT OR CONFLICT OF INTEREST POLICY.

FORM 990, PART XII, LINE 2C

THE PROCESS BY WHICH THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE ANNUAL AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND



**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
50 VALLEY LAND CONDOMINIUM - 47-0984891 50 VALLEY ST PROVIDENCE, RI 02909-2459	LAND-ONLY CONDOMINIUM ASSOCIATION	RI	UNITED WAY OF RHODE ISLAND, INC	C CORP					X

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME OF RELATED ORGANIZATION:**

50 VALLEY LAND CONDOMINIUM

DIRECT CONTROLLING ENTITY: UNITED WAY OF RHODE ISLAND, INC

**SCHEDULE R, PART IV - DESCRIPTION OF RELATED ORGANIZATION**

50 VALLEY LAND CONDOMINIUM ("THE ASSOCIATION") IS AN UNINCORPORATED CONDOMINIUM MANAGEMENT ASSOCIATION PURSUANT TO RHODE ISLAND LAW. THE ASSOCIATION FILED IRS FORM 8832 ELECTING TO BE TAXED AS A CORPORATION FOR INCOME TAX PURPOSES.

THE ASSOCIATION MANAGES TWO LAND-ONLY CONDOMINIUM UNITS CONSISTING OF PARKING FACILITIES. THE UNITED WAY OF RI IS A MEMBER OF THE ASSOCIATION AND A UNIT OWNER OF ONE OF THE LAND-ONLY CONDOMINIUM UNITS.

**SCHEDULE R, PART V, LINE 2**

TRANSACTIONS FOR THE YEAR ENDED JUNE 30, 2020 WERE BELOW THE REPORTABLE THRESHOLD FOR SCHEDULE R, PART V, LINE 2

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF RHODE ISLAND, INC.</b>	Taxpayer identification number (TIN) <b>05-0276059</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>50 VALLEY STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PROVIDENCE, RI 02909-2459</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CORTNEY NICOLATO**

- The books are in the care of ▶ **50 VALLEY STREET - PROVIDENCE, RI 02909-2459**  
Telephone No. ▶ **4014440600** Fax No. ▶ \_\_\_\_\_
- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, 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 **JUL 1, 2019**, and ending **JUN 30, 2020**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.