

Public Inspection Copy

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

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF RHODE ISLAND, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 VALLEY STREET City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02909	D Employer identification number 05-0276059 E Telephone number 401-444-0600
I 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		G Gross receipts \$ 45,924,616.
J Website: ▶ WWW.LIVEUNITEDRI.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1926 M State of legal domicile: RI
F Name and address of principal officer: CORTNEY NICOLATO SAME AS C ABOVE		
H(c) Group exemption number ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: UNITING OUR COMMUNITY AND RESOURCES TO BUILD RACIAL EQUITY AND OPPORTUNITIES FOR ALL RHODE	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 23
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 82
6	Total number of volunteers (estimate if necessary)	6 3603
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	18,903,886. 42,247,321.
9	Program service revenue (Part VIII, line 2g)	96,032. 0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	449,431. 2,281,550.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,557. 659,803.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,451,906. 45,188,674.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,104,972. 24,878,385.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,747,677. 6,921,531.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,242,482.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,345,098. 4,097,245.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,197,747. 35,897,161.
19	Revenue less expenses. Subtract line 18 from line 12	2,254,159. 9,291,513.
20	Total assets (Part X, line 16)	24,638,111. 35,273,997.
21	Total liabilities (Part X, line 26)	8,350,867. 6,162,412.
22	Net assets or fund balances. Subtract line 21 from line 20	16,287,244. 29,111,585.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CORTNEY NICOLATO, PRESIDENT & CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name SANDY ROSS	Preparer's signature SANDY ROSS	Date	Check if self-employed <input type="checkbox"/>	PTIN P01399337
	Firm's name ▶ KAHN, LITWIN, RENZA & CO., LTD.	Firm's EIN ▶ 05-0409384			
	Firm's address ▶ 951 NORTH MAIN STREET PROVIDENCE, RI 02904	Phone no. 401-274-2001			

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: OUR MISSION IS UNITING OUR COMMUNITY AND RESOURCES TO BUILD RACIAL EQUITY AND OPPORTUNITIES FOR ALL RHODE ISLANDERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 20,627,793. including grants of \$ 19,181,968.) (Revenue \$) COMMUNITY IMPACT FUND PROVIDED COVID RELATED STATE GRANT FUNDS TO ADDRESS RHODE ISLAND'S HOUSING AND JOB RETRAINING PROGRAMS. DONOR, CORPORATE AND PRIVATE FOUNDATION CONTRIBUTIONS TO THE COMMUNITY IMPACT FUND WERE GRANTED TO AGENCIES TO SUPPORT THE WOMEN UNITED SUMMER LEARNING INITIATIVE. COMMUNITY IMPACT AND PUBLIC POLICY GRANTS WERE AWARDED TO NONPROFIT AGENCIES IN RHODE ISLAND. RI GOOD NEIGHBOR ENERGY FUNDS WERE GRANTED TO 7 AGENCIES TO PROVIDE ENERGY ASSISTANCE TO 1,877 INDIVIDUALS IN NEED. GRANTS WERE AWARDED TO SUPPORT THE VOLUNTARY INCOME TAX ASSISTANCE PROGRAM. DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED ON OUR WEBSITE AT WWW.UNITEDWAYRI.ORG

4b (Code:) (Expenses \$ 5,696,417. including grants of \$ 5,696,417.) (Revenue \$) MY FUND DONOR INVESTMENTS FOR APPROXIMATELY 600 LEADERSHIP DONORS WHO CHOOSE TO DIRECT THEIR GIFTS TO THEIR UNITED WAY OF RHODE ISLAND MYFUND ACCOUNT (DONOR ADVISED FUND). 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.

4c (Code:) (Expenses \$ 3,985,406. including grants of \$) (Revenue \$) 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 IS AVAILABLE 24-HOURS A DAY, 365 DAYS A YEAR, ONLINE AND OFFLINE. THE SENIOR AND DISABILITY SERVICES IS A RESOURCE NETWORK FOR LONG-TERM CARE OPTIONS AND SUPPORT FOR SENIORS, ADULTS WITH DISABILITIES AND THEIR CAREGIVERS. THE SENIOR AND DISABILITIES SERVICES HAS GRANTS ON BEHALF OF THE RHODE ISLAND OFFICE OF HEALTHY AGING (OHA), INCLUDING; POINT ENSURING PEOPLE HAVE ACCESS TO TIMELY, RELEVANT INFORMATION AND ASSISTANCE THAT HELPS THEM LIVE WELL; BENEFITS ENROLLMENT CENTER HELPING PEOPLE ENROLL IN MEDICARE AND MEDICAID; ALZHEIMER'S DISEASE PROGRAM INITIATIVE TO COORDINATE AND DEVELOP OUTREACH FOR CAREGIVERS AND THOSE LIVING WITH ALZHEIMER'S;

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,882,991. including grants of \$) (Revenue \$)

4e Total program service expenses 33,192,607.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 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>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 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>	18	X
19 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 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 other IRS filings.

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)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

Section A. Governing Body and Management

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

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

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

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.
 Own website Another's website 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 - 401-444-0600**
50 VALLEY STREET, PROVIDENCE, RI 02909

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				251,081.	0.	24,275.
(2) MS. MARY ANN CANAVAN CHIEF FINANCIAL OFFICER	37.50			X				120,466.	0.	20,460.
(3) MS. LOUISE BROOKE HAVENS CHIEF RESOURCE & ENGAGEMENT OFFICER	37.50			X				114,268.	0.	11,560.
(4) MS. LYNN CORWIN EXCUTIVE ADVISOR, STRATEGIC INITIATI	37.50			X				102,268.	0.	21,638.
(5) MS. ANGELA BANNERMAN ANKOMA FORMER EVP & COMMUNITY IMPACT DIRECT	37.50					X		116,469.	0.	1,487.
(6) MR. ALDEN ANDERSON VICE CHAIR	1.00	X		X				0.	0.	0.
(7) MS. KIM BARKER LEE FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(8) MS. MARCELA BETANCUR BOARD MEMBER	1.00	X						0.	0.	0.
(9) MR. BRIAN CARROLL BOARD MEMBER	1.00	X						0.	0.	0.
(10) MS. BARBARA CHERNOW BOARD MEMBER	1.00	X						0.	0.	0.
(11) MS. JAYNE DONEGAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) MS. PAOLA FERNANDEZ VICE CHAIR	1.00	X		X				0.	0.	0.
(13) MR. JAMES GALLOWAY BOARD MEMBER	1.00	X						0.	0.	0.
(14) MR. JUNIOR JABBIE BOARD MEMBER	1.00	X						0.	0.	0.
(15) MR. DOLPH JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(16) MS. WENDY KAGAN BOARD MEMBER	1.00	X						0.	0.	0.
(17) MR. ROBERT KENT 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. MICHELE LEDERBERG BOARD CHAIR	1.00	X		X				0.	0.	0.
(19) MS. TERRI MONJAR SECRETARY	1.00	X		X				0.	0.	0.
(20) MS. BARBARA MULLEN BOARD MEMBER	1.00	X						0.	0.	0.
(21) MR. GREGG PERRY VICE CHAIR	1.00	X		X				0.	0.	0.
(22) MR. JOSEPH PIERIK BOARD MEMBER	1.00	X						0.	0.	0.
(23) MS. BETSEY PURINTON BOARD MEMBER	1.00	X						0.	0.	0.
(24) DR. R. ANTHONY ROLLE BOARD MEMBER	1.00	X						0.	0.	0.
(25) MR. CHRISTOPHER SABITONI BOARD MEMBER	1.00	X						0.	0.	0.
(26) MR. FRANK SANCHEZ BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								704,552.	0.	79,420.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								704,552.	0.	79,420.

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 **5**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
RI LEGAL SERVICES INC 56 PINE ST, SUITE 400, PROVIDENCE, RI 02903	LEGAL SERVICES - HOUSING GRANT	275,000.
BRAVE RIVER SOLUTIONS INC, 875 CENTERVILLE ROAD BLDG 3, WARWICK, RI 02886	IT SERVICES	196,254.
RHODE ISLAND CENTER FOR JUSTICE, 1 EMPIRE PLAZA SUITE 410, PROVIDENCE, RI 02903	LEGAL SERVICES - HOUSING GRANT	125,000.
ADVOCACY SOLUTIONS, FOUR RICHMOND SQUARE SUITE 300, PROVIDENCE, RI 02906	ADVOCACY CONSULTING	122,488.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Terence Sobolewski, Lysa Teal, and Robert Bush.

Total to Part VII, Section A, line 1c

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	15,275,090.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,972,231.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 896,106.				
	h Total. Add lines 1a-1f			42,247,321.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,976,423.			1,976,423.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,041,069.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	735,942.				
	c Gain or (loss)	7c	305,127.				
d Net gain or (loss)			305,127.		305,127.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	813219	579,530.	579,530.		
	b FISCAL SPONSORSHIP FEES		813219	80,273.	80,273.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			659,803.			
12 Total revenue. See instructions			45,188,674.	659,803.	0.	2,281,550.	

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 X

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	24,878,385.	24,878,385.		
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	821,212.	599,485.	172,454.	49,273.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,256,076.	4,059,400.	532,504.	664,172.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,086.	35,377.	25,098.	13,611.
9 Other employee benefits	491,998.	376,663.	45,133.	70,202.
10 Payroll taxes	278,159.	205,383.	37,575.	35,201.
11 Fees for services (nonemployees):				
a Management				
b Legal	27,053.		27,053.	
c Accounting	71,800.	20,000.	51,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,652.		49,652.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,425,013.	1,281,157.	77,774.	66,082.
12 Advertising and promotion	330,002.	306,817.	2,252.	20,933.
13 Office expenses	286,631.	228,167.	28,537.	29,927.
14 Information technology	163,370.	69,537.	76,645.	17,188.
15 Royalties				
16 Occupancy	352,445.	255,552.	61,112.	35,781.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	221,141.	114,742.	15,127.	91,272.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	223,014.	163,581.	41,576.	17,857.
23 Insurance	75,620.	41,164.	12,789.	21,667.
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 UNITED WAY WORLDWIDE DU	666,440.	445,592.	121,791.	99,057.
b MISCELLANEOUS	205,064.	111,605.	83,200.	10,259.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	35,897,161.	33,192,607.	1,462,072.	1,242,482.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,509,490.	1	10,368,172.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,784,971.	3	3,494,917.
	4 Accounts receivable, net	1,920,713.	4	1,911,409.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	147,481.	9	102,239.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,760,836.		
	b Less: accumulated depreciation	10b 2,043,581.	2,753,723.	10c 2,717,255.
	11 Investments - publicly traded securities	7,081,432.	11	8,483,695.
	12 Investments - other securities. See Part IV, line 11	410,357.	12	978,149.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,029,944.	15	7,218,161.
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,638,111.	16	35,273,997.	
Liabilities	17 Accounts payable and accrued expenses	1,462,154.	17	2,414,520.
	18 Grants payable	4,125,093.	18	1,312,721.
	19 Deferred revenue		19	561,217.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,914,885.	23	1,873,954.
	24 Unsecured notes and loans payable to unrelated third parties	848,735.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8,350,867.	26	6,162,412.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,645,725.	27	20,883,929.
	28 Net assets with donor restrictions	6,641,519.	28	8,227,656.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,287,244.	32	29,111,585.
33 Total liabilities and net assets/fund balances	24,638,111.	33	35,273,997.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,188,674.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,897,161.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,291,513.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,287,244.
5	Net unrealized gains (losses) on investments	5	1,265,094.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,267,734.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,111,585.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,819,844.	17,933,087.	16,863,414.	18,903,886.	42,247,231.	113,767,462.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	17,819,844.	17,933,087.	16,863,414.	18,903,886.	42,247,231.	113,767,462.
5 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)						7,098,820.
6 Public support. Subtract line 5 from line 4.						106,668,642.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	17,819,844.	17,933,087.	16,863,414.	18,903,886.	42,247,231.	113,767,462.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	118,442.	176,190.	213,182.	198,102.	1,976,423.	2,682,339.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,154.	17,781.	6,500.	2,557.	659,803.	697,795.
11 Total support. Add lines 7 through 10						117,147,596.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	91.05 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.05 %

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2020. 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2019. 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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).		
3 By reason of the relationship described in line 2, above, 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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.		Yes	No
b Did the activities described in line 2a, above, 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.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No" provide details in Part VI .			
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.			
2a			
2b			
3a			
3b			

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. 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).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
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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	FM GLOBAL 270 CENTRAL AVENUE JOHNSTON, RI 02919	\$ 2,120,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RHODE ISLAND COMMUNITY FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	\$ 3,804,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$ 10,000,000.	Person <input checked="" 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.)
	_____ _____ _____	\$ _____	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 UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
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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 UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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

2020

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 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 UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
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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) 2020

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	99,539.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	99,539.													
d	Other exempt purpose expenditures	33,184,187.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	33,283,726.													
f	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="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; 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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	58,246.	8,005.	8,420.	99,539.	174,210.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	8,246.	8,005.	8,420.	99,539.	124,210.

Schedule C (Form 990 or 990-EZ) 2020

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
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

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.

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 for instructions and the latest information.**

OMB No. 1545-0047

2020

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	511	
2 Aggregate value of contributions to (during year)	4,532,770.	
3 Aggregate value of grants from (during year)	4,354,741.	
4 Aggregate value at end of year	2,445,763.	
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

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	6,440,301.	6,604,069.	446,982.	466,272.	433,630.
b Contributions			6,029,333.		
c Net investment earnings, gains, and losses	260,663.	114,737.	254,435.	34,635.	51,521.
d Grants or scholarships		34,824.			
e Other expenditures for facilities and programs	42,609.	278,505.	126,681.	33,925.	38,879.
f Administrative expenses	5,680,206.				
g End of year balance	978,149.	6,440,301.	6,604,069.	466,982.	446,272.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.0000 %
 - b Permanent endowment %
 - 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		3,012,371.	1,095,504.	1,916,867.
c Leasehold improvements				
d Equipment		1,178,718.	893,676.	285,042.
e Other		81,747.	54,401.	27,346.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,717,255.

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)		
Total. (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)		
Total. (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	7,218,161.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,218,161.

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)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements	1	40,707,699.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,265,094.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,265,094.
3	Subtract line 2e from line 1	3	39,442,605.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,652.
b	Other (Describe in Part XIII.)	4b	5,696,417.
c	Add lines 4a and 4b	4c	5,746,069.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	45,188,674.

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.

1	Total expenses and losses per audited financial statements	1	30,151,092.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	30,151,092.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,652.
b	Other (Describe in Part XIII.)	4b	5,696,417.
c	Add lines 4a and 4b	4c	5,746,069.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	35,897,161.

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 V, LINE 4:

IN ACCORDANCE WITH THE RHODE ISLAND UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (RIUPMIFA), THE ORGANIZATION CONSIDERS THE LONG AND SHORT-TERM NEEDS OF THE ORGANIZATION IN CARRYING OUT ITS MISSION, THE ORGANIZATION'S PRESENT AND ANTICIPATED FINANCIAL REQUIREMENTS, EXPECTED TOTAL RETURNS ON THE ORGANIZATION'S INVESTMENTS, AND GENERAL ECONOMIC CONDITIONS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT

Part XIII Supplemental Information (continued)

THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT STATUS AT BOTH THE STATE AND FEDERAL LEVELS.

THE ORGANIZATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR THE ACTIVITIES OF TAX EXEMPT ENTITIES. THESE TAX RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR A PERIOD OF THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS 5,696,417.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS 5,696,417.

**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 for the latest information.

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A LEADERSHIP JOURNEY P. O. BOX 29163 PROVIDENCE RHODE ISLAND 02909 - PROVIDENCE, RI 02909	82-4304890	501C3	93,925.	0.			DESIGNATED DONATION/GRANT
A WISH COME TRUE INC. 1010 WARWICK AVENUE WARWICK, RI 02888	05-0398808	501C3	5,669.	0.			DESIGNATED DONATION
ACHIEVEMENT FIRST 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	65-1203744	501C3	25,000.	0.			DESIGNATED DONATION
ACLU FOUNDATION OF RI 128 DORRANCE STREET - SUITE 400 PROVIDENCE, RI 02903	23-7039364	501C3	7,334.	0.			DESIGNATED DONATION
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET SUITE 100 PROVIDENCE, RI 02903	22-2543833	501C3	17,666.	0.			DESIGNATED DONATION
AIDS CARE OCEAN STATE 557 BROAD STREET PROVIDENCE, RI 02907	22-2929749	501C3	13,421.	0.			DESIGNATED DONATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 383.

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) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALMOST HOME RESCUE P. O. BOX 6111 PROVIDENCE, RI 02940	01-0893186	501C3	6,914.	0.			DESIGNATED DONATION
AMENITY AID 55 JEFFERSON BOULEVARD LL4 WARWICK, RI 02886	46-2347536	501C3	9,668.	0.			DESIGNATED DONATION
AMERICAN CANCER SOCIETY RHODE ISLAND - 931 JEFFERSON BOULEVARD, SUITE 3004 - WARWICK, RI 02886	13-1788491	501C3	37,271.	0.			DESIGNATED DONATION
AMERICAN HEART ASSOCIATION SOUTHERN N E - 1 STATE STREET, SUITE 200 - PROVIDENCE, RI 02908	13-5613797	501C3	26,870.	0.			DESIGNATED DONATION
AMERICAN IRELAND FUND 10 POST OFFICE SQUARE, SUITE 1205 BOSTON, MA 02109	25-1306992	501C3	5,000.	0.			DESIGNATED DONATION
AMERICAN RED CROSS - NAT'L P. O. BOX 73857 CHICAGO, IL 60673	53-0196605	501C3	5,220.	0.			DESIGNATED DONATION
AMERICAN RED CROSS OF RHODE ISLAND 100 NIAN TIC AVENUE, SUITE A PROVIDENCE, RI 02907	53-0196605	501C3	30,081.	0.			DESIGNATED DONATION
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501C3	288,062.	0.			DESIGNATED DONATION/GRANT
ANIMAL RESCUE RHODE ISLAND P. O. BOX 458 WAKEFIELD, RI 02880	05-0282432	501C3	5,599.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE - SUITE 2 BOSTON, MA 02129	04-6001677	501C3	6,362.	0.			DESIGNATED DONATION
ARC OF BLACKSTONE VALLEY=THE 500 PROSPECT STREET PAWTUCKET, RI 02860	05-0300152	501C3	7,234.	0.			DESIGNATED DONATION
ARCHDIOCESE OF HARTFORD 134 FARMINGTON AVENUE HARTFORD, CT 06105	06-0646669	501C3	7,193.	0.			DESIGNATED DONATION
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501C3	91,027.	0.			DESIGNATED DONATION/GRANT
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917	05-0265675	501C3	5,280.	0.			DESIGNATED DONATION
BABSON COLLEGE FOUNDATION 231 FOREST STREET BABSON PARK, MA 02457	04-2103544	501C3	5,000.	0.			DESIGNATED DONATION
BALDWIN WALLACE UNIVERSITY 275 EASTLAND ROAD BEREA, OH 44017	34-0714629	501C3	1,096.	0.			DESIGNATED DONATION
BANNEKER FOUNDATION 582 GREAT RD UNIT 101 NORTH SMITHFIELD, RI 02896	83-4198530	501C3	5,000.	0.			DESIGNATED DONATION
BEAUTIFUL DAY 10 DAVOL SQUARE, UNIT 100 PROVIDENCE, RI 02903	45-4946110	501C3	51,950.	0.			DESIGNATED DONATION/GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501C3	78,915.	0.			DESIGNATED DONATION/GRANT
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501C3	6,951.	0.			DESIGNATED DONATION
BOSTON COLLEGE LAW SCHOOL FUND 885 CENTRE STREET NEWTON, MA 02459	04-2103545	501C3	6,150.	0.			DESIGNATED DONATION
BOY SCOUTS OF AMERICA P. O. BOX 14777 EAST PROVIDENCE, RI 02914	05-0308384	501C3	32,682.	0.			DESIGNATED DONATION
BOYS & GIRLS CLUB OF NORTHERN RI 1 JAMES MCKEE WAY CUMBERLAND, RI 02864	05-0280121	501C3	66,749.	0.			DESIGNATED DONATION/GRANT
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	05-0258929	501C3	12,193.	0.			DESIGNATED DONATION/GRANT
BOYS & GIRLS CLUBS OF WARWICK P. O. BOX 8938 WARWICK, RI 02888	05-6019193	501C3	10,178.	0.			DESIGNATED DONATION/GRANT
BOYS/GIRLS CLUBS NEWPORT COUNTY 95 CHURCH STREET NEWPORT, RI 02840	05-0281572	501C3	18,622.	0.			DESIGNATED DONATION/GRANT
BRADLEY HOSPITAL FOUNDATION 167 POINT STREET PROVIDENCE, RI 02903	05-0493219	501C3	9,514.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BRANDEIS UNIVERSITY MAILSTOP 144 WALTHAM, MA 02454	04-2103552	501C3	10,750.	0.			DESIGNATED DONATION
BROWN UNIVERSITY BOX 1911 PROVIDENCE, RI 02912	05-0258809	501C3	181,593.	0.			DESIGNATED DONATION/GRANT
BROWN UNIVERSITY SPORTS FOUNDATION P. O. BOX 1925 PROVIDENCE, RI 02912	05-0390989	501C3	9,500.	0.			DESIGNATED DONATION
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	05-0258810	501C3	24,450.	0.			DESIGNATED DONATION
BUTTON HOLE 1 BUTTON HOLE DRIVE - SUITE 1 PROVIDENCE, RI 02909	05-0497481	501C3	37,935.	0.			DESIGNATED DONATION/GRANT
BUZZARDS BAY COALITION INC. 114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501C3	6,900.	0.			DESIGNATED DONATION
CANINE COMPANIONS FOR INDEPENDENCE HEADQUARTES AND NORTHWEST - TRAINING CENTER 2965 DUTTON AVENUE - SANTA ROSA, CA 95407	94-2494324	501C3	8,023.	0.			DESIGNATED DONATION
CANTERBURY SCHOOL INC. 101 ASPETUCK AVENUE NEW MILFORD, CT 06776	06-0646566	501C3	20,000.	0.			DESIGNATED DONATION
CATHOLIC CHARITY FUND, INC. ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	05-6014313	501C3	98,422.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET PO BOX 17 BALTIMORE, MD 21297	13-5563422	501C3	12,778.	0.			DESIGNATED DONATION
CCRI FOUNDATION 1762 LOUISQUISSET PIKE LINCOLN, RI 02865	05-0394214	501C3	11,534.	0.			DESIGNATED DONATION
CENTER FOR RESILIENCE 249 MANTON AVENUE PROVIDENCE, RI 02909	45-4438981	501C3	5,100.	0.			DESIGNATED DONATION/GRANT
CENTER FOR SOUTHEAST ASIANS (CSEA) 270 ELMWOOD AVENUE PROVIDENCE, RI 02907	22-2914654	501C3	94,905.	0.			DESIGNATED DONATION/GRANT
CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET CENTRAL FALLS, RI 02863	05-0459947	501C3	133,111.	0.			DESIGNATED DONATION/GRANT
CHILD & FAMILY SERVICE NEWPORT 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501C3	18,769.	0.			DESIGNATED DONATION/GRANT
CHILDHOOD LEAD ACTION PROJECT, INC. - 1192 WESTMINISTER STREET - PROVIDENCE, RI 02909	22-3179528	501C3	75,078.	0.			DESIGNATED DONATION/GRANT
CHILDREN'S FRIEND & SVSC (RI) 153 SUMMER ST PROVIDENCE, RI 02903	05-0258819	501C3	20,551.	0.			DESIGNATED DONATION
CITIZENS CHARITABLE FOUNDATION 10 TRIPPS LANE, RTL 125 RIVERSIDE, RI 02915	20-2302039	501C3	47,509.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CITY OF CENTRAL FALLS 580 BROAD STREET CENTRAL FALLS, RI 02863	05-6000063	501C3	20,000.	0.			DESIGNATED DONATION
CITY YEAR PROVIDENCE 275 WESTMINSTER STREET, SUITE 500 PROVIDENCE, RI 02903	22-2882549	501C3	5,087.	0.			DESIGNATED DONATION
CLINICA ESPERANZA/HOPE CLINIC 60 VALLEY STREET SUITE 104 PROVIDENCE, RI 02909	26-1714340	501C3	20,101.	0.			DESIGNATED DONATION/GRANT
CODAC, INC. 1052 PARK AVENUE CRANSTON, RI 02910	05-0414696	501C3	5,024.	0.			DESIGNATED DONATION
COLLEGE CRUSADE OF RHODE ISLAND 134 THURBERS AVENUE, SUITE, 111 PROVIDENCE, RI 02905	22-3031765	501C3	10,223.	0.			DESIGNATED DONATION
COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501C3	5,075.	0.			DESIGNATED DONATION
COLLEGE UNBOUND 325 PUBLIC STREET PROVIDENCE, RI 02905	46-2470807	501C3	141,950.	0.			DESIGNATED DONATION/GRANT
COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501C3	8,754.	0.			DESIGNATED DONATION
COMMUNITY 2000 EDUCATION FOUNDATION - P. O. BOX 1161 - CHARLESTOWN, RI 02813	05-0511235	501C3	13,000.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501C3	197,125.	0.			DESIGNATED DONATION/GRANT
COMMUNITY CARE ALLIANCE 800 CLINTON STREET WOONSOCKET WOONSOCKET, RI 02895	05-0312278	501C3	125,494.	0.			DESIGNATED DONATION/GRANT
COMMUNITY COLLEGE OF RHODE ISLAND FOUNDATION - 400 EAST AVENUE - WARWICK, RI 02886	05-0353872	501C3	18,029.	0.			DESIGNATED DONATION
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	22-2485332	501C3	63,221.	0.			DESIGNATED DONATION/GRANT
COMPREHENSIVE COMMUNITY ACTION PROGRAM INC - 311 DORIC AVENUE - CRANSTON, RI 02910	05-6018801	501C3	21,974.	0.			DESIGNATED DONATION/GRANT
CONNECTING FOR CHILDREN & FAMILIES, INC. - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501C3	170,364.	0.			DESIGNATED DONATION/GRANT
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 10128	13-1628166	501C3	6,500.	0.			DESIGNATED DONATION
CRANBERRY HOSPICE 36 CORDAGE PARK CIRCLE STE 326 PLYMOUTH, MA 02360	222667354	501C3	5,474.	0.			DESIGNATED DONATION
CROHNS & COLITIS FNDTN - N.E.CHAPTER - 72 RIVER PARK STREET, SUITE 202 - NEEDHAM, MA 02494	13-6193105	501C3	5,925.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501C3	29,346.	0.			DESIGNATED DONATION
CUMBERLAND EDUCATION FOUNDATION P. O. BOX 7845 CUMBERLAND, RI 02864	81-2003923	501C3	24,116.	0.			DESIGNATED DONATION
CYSTIC FIBROSIS FOUNDATION MA & RI CHAPTER - 220 NORTH MAIN STREET, STE 104 - NATICK, MA 01760	13-1930701	501C3	15,261.	0.			DESIGNATED DONATION
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02205	04-2263040	501C3	45,718.	0.			DESIGNATED DONATION
DARE - DIRECT ACTION FOR RIGHTS AND EQUALITY - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501C3	90,382.	0.			DESIGNATED DONATION
DARTMOUTH COLLEGE TRUSTEES 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501C3	12,784.	0.			DESIGNATED DONATION
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501C3	11,653.	0.			DESIGNATED DONATION
DENTAL LIFELINE NETWORK 1800 15TH STREET, STE 100 DENVER, CO 80202	84-6129064	501C3	11,000.	0.			DESIGNATED DONATION
DERRIBANDO MURALLAS MINISTRIES 155 MOSHASSUCK ST PAWTUCKET, RI 02860	04-3318286	501C3	5,000.	0.			DESIGNATED DONATION

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DEXTER SOUTHFIELD SCHOOL 20 NEWTON STREET BROOKLINE, MA 02445	04-2104152	501C3	5,000.	0.			DESIGNATED DONATION
DIOCESE OF PROVIDENCE OFFICE OF STEWARDSHIP & DEVELOPMENT ONE CATHEDRAL SQUARE - PROVIDENCE, RI 029	53-0196617	501C3	9,559.	0.			DESIGNATED DONATION
DIRECT RELIEF INTERNATIONAL 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501C3	1,161.	0.			DESIGNATED DONATION
DISCOVERY COUNSELING CENTER 115-A TOWN AND COUNTRY DRIVE DANVILLE, CA 94526	94-1705971	501C3	5,000.	0.			DESIGNATED DONATION
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501C3	22,311.	0.			DESIGNATED DONATION
DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY - 61 MAIN STREET - WAKEFIELD, RI 02879	05-0377538	501C3	14,745.	0.			DESIGNATED DONATION
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND INC - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501C3	46,428.	0.			DESIGNATED DONATION
DOWNCITY DESIGN 425 WEST FOUNTAIN STREET UNIT 110 PROVIDENCE, RI 02903	27-1125644	501C3	60,450.	0.			DESIGNATED DONATION/GRANT
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY STREET NEWPORT, RI 02840	05-0310024	501C3	26,969.	0.			DESIGNATED DONATION/GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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EAST BAY FOOD PANTRY INC. 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501C3	8,623.	0.			DESIGNATED DONATION
ECONOMIC PROGRESS INSTITUTE 600 MT. PLEASANT AVENUE, #9 PROVIDENCE, RI 02908	32-0295517	501C3	79,067.	0.			DESIGNATED DONATION/GRANT
EDESIA INC. 550 ROMANO VINEYAROAD WAY NORTH KINGSTOWN, RI 02852	26-0359866	501C3	12,143.	0.			DESIGNATED DONATION
ELIZABETH BUFFUM CHACE CENTER INC P. O. BOX 9476 WARWICK, RI 02889	05-0384053	501C3	11,926.	0.			DESIGNATED DONATION
EMPOWERMENT FACTORY 999 MAIN STREET UNIT 707 PAWTUCKET, RI 02860	81-0682337	501C3	5,000.	0.			DESIGNATED DONATION/GRANT
ESPERANCA JA' HOPE NOW 39 WOOD HOLLOW LANE RUMFORD, RI 02916	81-4183233	501C3	17,377.	0.			DESIGNATED DONATION/GRANT
ESPERANZA-HOPE 54 NETHERLANDS AVENUE CRANSTON, RI 02905	30-0891931	501C3	17,050.	0.			DESIGNATED DONATION/GRANT
FABNEWPORT INC. 1 YORK STREET NEWPORT, RI 02840	46-3237048	501C3	77,050.	0.			DESIGNATED DONATION/GRANT
FARM FRESH RHODE ISLAND 10 SIMS AVENUE - UNIT 103 PROVIDENCE, RI 02909	20-4625643	501C3	30,571.	0.			DESIGNATED DONATION/GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909	05-0258871	501C3	310,866.	0.			DESIGNATED DONATION/GRANT
FEEDING AMERICA 161 N. CLARK STREET - SUITE 700 CHICAGO ILLINOIS 60601 - CHICAGO, IL 60601	36-3673599	501C3	46,234.	0.			DESIGNATED DONATION
FELICIAN SISTERS 1315 ENFIELD STREET ENFIELD, CT 06082	06-1329622	501C3	15,000.	0.			DESIGNATED DONATION
FESTIVAL BALLET PROVIDENCE 825 HOPE STREET PROVIDENCE, RI 02906	05-0377245	501C3	75,200.	0.			DESIGNATED DONATION/GRANT
FIRSTWORKS 275 WESTMINISTER STREET # 501 PROVIDENCE, RI 02903	22-2597014	501C3	14,800.	0.			DESIGNATED DONATION/GRANT
FOGARTY CENTER 310 MAPLE AVENUE BARRINGTON, RI 02806	04-2936360	501C3	13,374.	0.			DESIGNATED DONATION/GRANT
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501C3	105,685.	0.			DESIGNATED DONATION
FRIENDS OF TOWNIE ATHLETICS ATTN: PAUL AMARAL 2000 PAWTUCKET A RUMFORD, RI 02916	26-4173798	501C3	15,000.	0.			DESIGNATED DONATION
FRIENDS WAY 765 WEST SHORE ROAD WARWICK, RI 02889	05-0504841	501C3	81,513.	0.			DESIGNATED DONATION/GRANT

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FUERZA LABORAL 131 CLAY STREET SUITE 101 CENTRAL FALLS, RI 02863	20-5428607	501C3	12,000.	0.			DESIGNATED DONATION
FUND FOR UCAP 75 CARPENTER STREET PROVIDENCE, RI 02903	26-0656828	501C3	52,050.	0.			DESIGNATED DONATION/GRANT
FUND FOR URI URI FOUNDATION GIFT PROCESSING KINGSTON, RI 02881	05-6014351	501C3	5,025.	0.			DESIGNATED DONATION
GENERATION CITIZEN 110 WALL STREET, 5TH FLOOR NEW YORK, NY 10005	27-2039522	501C3	75,000.	0.			DESIGNATED DONATION/GRANT
GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907	22-3001721	501C3	72,553.	0.			DESIGNATED DONATION/GRANT
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724	501C3	23,367.	0.			DESIGNATED DONATION
GIRLS ROCK! RI P. O. BOX 3475 PROVIDENCE, RI 02909	27-4243892	501C3	15,851.	0.			DESIGNATED DONATION/GRANT
GLOBAL SCIENCE ENVIROTECH INC. 955 C DYER AVE., #80 CRANSTON, RI 02920	46-3784641	501C3	75,000.	0.			DESIGNATED DONATION/GRANT
GRANT COURT DEVELOPMENT, INC. 150 CHESTNUT STREET PROVIDENCE, RI 02903	05-0495560	501C3	8,595.	0.			DESIGNATED DONATION/GRANT

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GRATEFUL FOR GODS PROVIDENCE 1 CATHEDRAL SQ PROVIDENCE, RI 02903	82-2033025	501C3	12,250.	0.			DESIGNATED DONATION
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501C3	21,021.	0.			DESIGNATED DONATION
GROW SMART RHODE ISLAND 144 WESTMINSTER STREET, SUITE 303 PROVIDENCE, RI 02903	05-0499148	501C3	81,400.	0.			DESIGNATED DONATION/GRANT
HABITAT FOR HUMANITY - SOUTH COUNTY - 1555 SHANNOCK ROAD - CHARLESTOWN, RI 02813	05-0450845	501C3	27,186.	0.			DESIGNATED DONATION
HABITAT FOR HUMANITY OF RHODE ISLAND-GREATER PROVIDENCE INC - 460 HARRIS AVENUE - SUITE 203 - PROVIDENCE, RI 02909	05-0432730	501C3	10,073.	0.			DESIGNATED DONATION
HABITAT FOR HUMANITY WEST BAY & NORTHERN RI P O BOX 6743 WARWICK, RI 02887	05-0458404	501C3	10,050.	0.			DESIGNATED DONATION
HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 02940	22-2700013	501C3	5,000.	0.			DESIGNATED DONATION
HAMILTON HOUSE 276 ANGELL STREET PROVIDENCE, RI 02906	23-7188201	501C3	26,150.	0.			DESIGNATED DONATION
HASBRO CHILDREN'S HOSPITAL P. O. BOX H PROVIDENCE, RI 02901	05-0493219	501C3	132,120.	0.			DESIGNATED DONATION

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HERRESHOFF MARINE MUSEUM PO BOX 450 BRISTOL, RI 02809	23-7102744	501C3	10,250.	0.			DESIGNATED DONATION
HIGHER GROUND INTERNATIONAL 250 PRAIRIE AVENUE PROVIDENCE, RI 02905	11-3842652	501C3	107,367.	0.			DESIGNATED DONATION
HIGHLANDER CHARTER SCHOOL 360 MARKET STREET WARREN, RI 02885	05-0517389	501C3	30,768.	0.			DESIGNATED DONATION
HIGHLANDER CHARTER SCHOOL 42 LEXINGTON AVENUE PROVIDENCE, RI 02907	05-0517389	501C3	6,144.	0.			DESIGNATED DONATION
HOPE HOSPICE & PALLIATIVE CARE RI 1085 NORTH MAIN STREET PROVIDENCE, RI 02904	51-0192422	501C3	34,372.	0.			DESIGNATED DONATION
HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039	06-0647018	501C3	10,000.	0.			DESIGNATED DONATION
HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151	501C3	94,183.	0.			DESIGNATED DONATION/GRANT
HOUSING NETWORK OF RI 1070 MAIN STREET, SUITE 304 PAWTUCKET, RI 02860	05-0465216	501C3	75,125.	0.			DESIGNATED DONATION/GRANT
HOUSINGWORKS RI ONE EMPIRE PLAZA, 5TH FLOOR PROVIDENCE, RI 02903	05-0277222	501C3	75,150.	0.			DESIGNATED DONATION/GRANT

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HUB THEATRE COMPANY OF BOSTON, INC. - 150 ST PAUL STREET APT 103 - BROOKLINE, MA 02446	46-1283093	501C3	14,000.	0.			DESIGNATED DONATION
IMPACT RI 2 CHARLES STREET PROVIDENCE, RI 02904	84-2529427	501C3	25,000.	0.			DESIGNATED DONATION/GRANT
INSPIRING MINDS 190 BROAD STREET, 2W PROVIDENCE, RI 02903	05-0310175	501C3	44,985.	0.			DESIGNATED DONATION/GRANT
INTERNATIONAL CHARTER SCHOOL 334 PLEASANT ST PAWTUCKET, RI 02860	05-0519201	501C3	10,100.	0.			DESIGNATED DONATION
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168	13-5660870	501C3	6,792.	0.			DESIGNATED DONATION
JDRF NEW ENGLAND CHAPTER 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004	23-1907729	501C3	5,659.	0.			DESIGNATED DONATION
JEFFREY OSBORNE FOUNDATION 19241 BALLINGER STREET NORTHRIDGE, CA 91324	46-0925456	501C3	12,000.	0.			DESIGNATED DONATION
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501C3	11,779.	0.			DESIGNATED DONATION/GRANT
JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904	82-2962600	501C3	22,776.	0.			DESIGNATED DONATION

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JEWISH FEDERATION 1 HARBARD CIRCLE STE #100 WEST PALM BEACH, FL 33409	59-0948696	501C3	5,000.	0.			DESIGNATED DONATION
JIMMY FUND/DANA FARBER CANCER INSTITUTE - 10 BROOKLINE PLACE W, 6TH FL - BROOKLINE, MA 02445	04-2263040	501C3	11,220.	0.			DESIGNATED DONATION
JOHNSON & WALES UNIVERSITY OFFICE OF DEVELOPMENT 8 ABBOTT PARK PROVIDENCE, RI 02903	05-0306206	501C3	29,010.	0.			DESIGNATED DONATION
JONNYCAKE CENTER OF WESTERLY 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501C3	8,638.	0.			DESIGNATED DONATION
JONNYCAKE THIRFT AND DONATION CENTER - 1231 KINGSTOWN ROAD - SOUTH KINGSTOWN, RI 02879	05-0374356	501C3	18,017.	0.			DESIGNATED DONATION
JUNIOR ACHIEVEMENT USA 1 EDUCATION WAY COLORADO SPRINGS, CO 80906	84-1267604	501C3	10,546.	0.			DESIGNATED DONATION
JUNIOR ACHIEVEMENT, RHODE ISLAND 57 GREENE STREET WARWICK, RI 02886	05-0263443	501C3	6,477.	0.			DESIGNATED DONATION
KINGS CATHEDRAL 1860 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0496649	501C3	7,300.	0.			DESIGNATED DONATION
LASALLE ACADEMY DEVELOPMENT OFFICE/ALUMNI 612 ACADEMY AVENUE - PROVIDENCE, RI 02908	05-0449426	501C3	9,498.	0.			DESIGNATED DONATION

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LATINO POLICY INSTITUTE AT RWU ONE EMPIRE PLAZA PROVIDENCE, RI 02903	05-0277222	501C3	55,825.	0.			DESIGNATED DONATION/GRANT
LEAGUE OF WOMEN VOTERS OF RI 172 TAUTON AVENUE EAST PROVIDENCE, RI 02914	05-0208415	501C3	11,560.	0.			DESIGNATED DONATION
LEARNING COMMUNITY CHARTER SCHOOL 21 LINCOLN AVENUE CENTRAL FALLS, RI 02863	47-0942849	501C3	105,794.	0.			DESIGNATED DONATION/GRANT
LEUKEMIA & LYMPHOMA SOCIETY - RI 2346 POST ROAD SUITE 202 WARWICK, RI 02886	13-5644916	501C3	12,038.	0.			DESIGNATED DONATION
LIGHTS & SIRENS INTERNATIONAL 147 ATWELLS AVENUE - SUITE #4 PROVIDENCE, RI 02903	82-3403517	501C3	25,723.	0.			DESIGNATED DONATION
LINCOLN SCHOOL 301 BUTLER AVENUE , PROVIDENCE, RI PROVIDENCE, RI 02906	05-0258900	501C3	91,667.	0.			DESIGNATED DONATION
LOCAL INITIATIVES SUPPORT CORPORATION - 146 CLIFFOROAD STREET PROVIDENCE RHODE ISLAND 02903 - PROVIDENCE, RI 02903	13-3030229	501C3	80,238.	0.			DESIGNATED DONATION/GRANT
LOVING HEARTS OUTREACH 1902 WEST MAIN STREET WASHINGTON, MO 63090	43-1820641	501C3	5,000.	0.			DESIGNATED DONATION
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501C3	45,066.	0.			DESIGNATED DONATION

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MADDIE POTTS FOUNDATION P. O. BOX 539 HOPE VALLEY, RI 02832	82-3605410	501C3	6,080.	0.			DESIGNATED DONATION
MAKE-A-WISH FOUNDATION MA & RI 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	22-2867371	501C3	15,136.	0.			DESIGNATED DONATION
MAN UP INC. 80 WASHINGTON STREET, RM 429 PROVIDENCE, RI 02903	46-2667817	501C3	65,300.	0.			DESIGNATED DONATION/GRANT
MANTON AVENUE PROJECT 55 PUTNAM STREET PROVIDENCE, RI 02909	06-1725016	501C3	52,263.	0.			DESIGNATED DONATION/GRANT
MARGARET STERLING COOK FDTN PO BOX 14 HOPE, RI 02831	20-2604143	501C3	13,000.	0.			DESIGNATED DONATION
MARMION ACADEMY 1000 BUTTERFIELD ROAD AURORA, IL 60502	36-2258521	501C3	5,000.	0.			DESIGNATED DONATION
MARTIN LUTHER KING COMMUNITY CENTER INC - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501C3	36,639.	0.			DESIGNATED DONATION/GRANT
MASS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	04-1564655	501C3	11,400.	0.			DESIGNATED DONATION
MCAULEY MINISTRIES P. O. BOX 73195 PROVIDENCE, RI 02907	05-0440470	501C3	25,929.	0.			DESIGNATED DONATION/GRANT

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MCLEAN HOSPITAL 115 MILL STREET BELMONT, MA 02478	04-2697981	501C3	9,392.	0.			DESIGNATED DONATION
MEALS ON WHEELS OF RI 70 BATH ST PROVIDENCE, RI 02908	05-0340723	501C3	21,651.	0.			DESIGNATED DONATION/GRANT
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501C3	134,042.	0.			DESIGNATED DONATION/GRANT
MENTAL HEALTH ASSOCIATION OF RI 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0280788	501C3	74,060.	0.			DESIGNATED DONATION/GRANT
MIRIAM HOSPITAL FOUNDATION P. O. BOX H PROVIDENCE, RI 02901	05-0493219	501C3	50,222.	0.			DESIGNATED DONATION
MIXED MAGIC THEATER & 560 MINERAL SPRINGS AVENUE, BOX 10 PAWTUCKET, RI 02860	51-0456328	501C3	6,500.	0.			DESIGNATED DONATION/GRANT
MONTESSORI COMMUNITY SCHOOL OF RHODE ISLAND - 73 STANWOOD STREET - PROVIDENCE, RI 02907	46-0761429	501C3	5,000.	0.			DESIGNATED DONATION/GRANT
MONTROSE FOUNDATION INC 29 NORTH ST MEDFIELD, MA 02052	04-2668765	501C3	5,000.	0.			DESIGNATED DONATION
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	05-0258906	501C3	9,200.	0.			DESIGNATED DONATION

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MOSES BROWN SCHOOL FOUNDATION DEVELOPMENT OFFICE 250 LLOYD AVENUE PROVIDENCE, RI 02906	23-7067506	501C3	8,408.	0.			DESIGNATED DONATION
MOUNT HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906	05-0502405	501C3	60,871.	0.			DESIGNATED DONATION/GRANT
MOUNT HOPE NEIGHBORHOOD ASSOCIATION - 199 CAMP STREET - PROVIDENCE, RI 02906	22-2599257	501C3	20,000.	0.			DESIGNATED DONATION
MULT-SERVICE CENTER FOR ALL-CEN TRO MULTI-SERVICIOS PARA TOD - 1014 BROAD STREET - PROVIDENCE, RI 02905	27-5037651	501C3	20,000.	0.			DESIGNATED DONATION
MYSTIC AQUARIUM/SEA RESEARCH FOUNDATION INC. - 55 COOGAN BOULEVARD - MYSTIC, RI 06355	06-1480300	501C3	105,000.	0.			DESIGNATED DONATION/GRANT
NAACP (RI) P. O. BOX 5767 PROVIDENCE, RI 02903	05-6023642	501C3	25,000.	0.			DESIGNATED DONATION/GRANT
NARRAGANSETT BAY COMMISSION 1 SERVICE ROAD PROVIDENCE, RI 02905	06-1471715	501C3	16,531.	0.			DESIGNATED DONATION
NARRAGANSETT COUNCIL -BOY SCOUTS OF AMERICA - P.O. BOX 14777 - EAST PROVIDENCE, RI 02914	05-0308384	501C3	6,718.	0.			DESIGNATED DONATION
NATIONAL KIDNEY FOUNDATION NY 30 EAST 33RD STREET NEW YORK, NY 10016	13-1673104	501C3	5,100.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NEW ENGLAND CHAP - 101 FIRST AVENUE, SUITE 6 - WALTHAM, MA 02284	04-2178884	501C3	8,803.	0.			DESIGNATED DONATION
NATURE CONSERVANCY - RI 159 WATERMAN STREET PROVIDENCE, RI 02906	53-0242652	501C3	33,762.	0.			DESIGNATED DONATION
NEIGHBOR BRIGADE P. O. BOX 735 MAYNARD, MA 01754	27-1871610	501C3	5,050.	0.			DESIGNATED DONATION
NEIGHBORWORKS BLACKSTONE RIVER VALLEY - 719 FRONT STREET, SUITE 103 - WOONSOCKET, RI 02895	22-2907602	501C3	100,768.	0.			DESIGNATED DONATION/GRANT
NEW URBAN ARTS 705 WESTMINISTER STREET PROVIDENCE, RI 02903	05-0498654	501C3	131,723.	0.			DESIGNATED DONATION/GRANT
NEWPORT HOSPITAL FOUNDATION P. O. BOX H PROVIDENCE PROVIDENCE, RI 02901	05-0493219	501C3	25,213.	0.			DESIGNATED DONATION
NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD NEWPORT, RI 02842	30-0946766	501C3	172,811.	0.			DESIGNATED DONATION/GRANT
NONVIOLENCE INSTITUTE 265 OXFORD STREET PROVIDENCE, RI 02905	05-0517863	501C3	55,452.	0.			DESIGNATED DONATION/GRANT
NORTH KINGSTOWN FOOD PANTRY 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501C3	6,457.	0.			DESIGNATED DONATION

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NORTHEASTERN UNIV SCHOOL 202 KNOWLES CENTER 416 HUNTINGTON A BOSTON, MA 02215	04-1679980	501C3	5,000.	0.			DESIGNATED DONATION
OASIS INTERNATIONAL 600 BROAD STREET PROVIDENCE, RI 02907	05-0470205	501C3	82,124.	0.			DESIGNATED DONATION/GRANT
OCEAN COMMUNITY CHAMBER OF COMMERCE FOUNDATION - ONE CHAMBER WAY - WESTERLY, RI 02891	05-0494495	501C3	7,000.	0.			DESIGNATED DONATION
OCEAN COMMUNITY UNITED THEATRE INC PO BOX 384 WESTERLY, RI 02891	46-3579526	501C3	5,800.	0.			DESIGNATED DONATION
OLD SLATER MILL NATIONAL HISTORIC LANDMARK - 67 ROOSEVELT AVENUE - PAWTUCKET, RI 02860	05-0265956	501C3	5,100.	0.			DESIGNATED DONATION
OLNEYVILLE NEIGHBORHOOD ASSN 122 MANTON AVENUE BOX 8 PROVIDENCE, RI 02909	83-0434706	501C3	18,000.	0.			DESIGNATED DONATION/GRANT
ONE NEIGHBORHOOD BUILDERS 66 CHAFFEE STREET PROVIDENCE, RI 02909	22-3010422	501C3	75,025.	0.			DESIGNATED DONATION/GRANT
OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909	52-2374370	501C3	94,675.	0.			DESIGNATED DONATION/GRANT
OUR LADY OF MERCY CHURCH 65 THIRD STREET EAST GREENWICH, RI 02818	05-0258922	501C3	9,850.	0.			DESIGNATED DONATION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PAN MASSACHUSETTS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912	501C3	26,472.	0.			DESIGNATED DONATION
PARENT SUPPORT NETWORK OF RHODE ISLAND - 535 CENTERVILLE ROAD, SUITE 202 - WARWICK, RI 02886	05-0473340	501C3	25,500.	0.			DESIGNATED DONATION/GRANT
PARTNERS IN HEALTH A NONPROFIT CORPORATION - 800 BOYLSTON STREET - BOSTON, MA 02199	04-3567502	501C3	5,057.	0.			DESIGNATED DONATION
PAWTUCKET CENTRAL FALLS DEVELOPMENT CORPORATION - 204 BROAD STREET - PAWTUCKET, RI 02860	22-3241611	501C3	74,237.	0.			DESIGNATED DONATION/GRANT
PAWTUCKET SOUP KITCHEN P. O. BOX 3102 PAWTUCKET, RI 02861	05-0475296	501C3	11,459.	0.			DESIGNATED DONATION/GRANT
PLANNED PARENTHOOD FEDERATION 123 WILLIAM STREET NEW YORK, NY 10038	13-1644147	501C3	9,235.	0.			DESIGNATED DONATION
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565	501C3	17,668.	0.			DESIGNATED DONATION
POTTER LEAGUE FOR ANIMALS 186 AMARAL STREET RIVERSIDE, RI 02915	05-0301553	501C3	24,530.	0.			DESIGNATED DONATION
PRESERVATION SOCIETY, NEWPORT DEVELOPMENT OFFICE 424 BELLEVUE AVE NEWPORT, RI 02840	05-0252708	501C3	7,300.	0.			DESIGNATED DONATION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501C3	8,325.	0.			DESIGNATED DONATION
PRINCE HALL GRAND LODGE F & A MASONS JURISDICTION OF RI - P.O. BOX 27900 - PROVIDENCE, RI 02907	84-4192042	501C3	25,000.	0.			DESIGNATED DONATION
PROGRESO LATINO, INC. 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501C3	81,951.	0.			DESIGNATED DONATION/GRANT
PROJECT PROSPER OF FLORIDA 1156 PAVIA DRIVE APOPKA, FL 32703	45-0491407	501C3	100,000.	0.			DESIGNATED DONATION/GRANT
PROJECT WEBER/RENEW P.O. BOX 40112 PROVIDENCE, RI 02940	46-0964136	501C3	20,500.	0.			DESIGNATED DONATION
PROVIDENCE AFTER SCHOOL ALLIANCE 81 CARPENTER STREET PROVIDENCE, RI 02903	26-0319193	501C3	82,175.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501C3	18,681.	0.			DESIGNATED DONATION
PROVIDENCE ART CLUB 11 THOMAS STREET PROVIDENCE, RI 02903	05-0302383	501C3	10,000.	0.			DESIGNATED DONATION
PROVIDENCE ATHENAEUM 251 BENEFIT STREET PROVIDENCE, RI 02903	05-0258928	501C3	5,150.	0.			DESIGNATED DONATION

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PROVIDENCE CENTER 300 RICHMOND STREET PROVIDENCE, RI 02903	05-0316969	501C3	6,357.	0.			DESIGNATED DONATION
PROVIDENCE CHILDRENS MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501C3	7,188.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE CITYARTS FOR YOUTH INC. 891 BROAD STREET PROVIDENCE, RI 02907	22-3258997	501C3	55,000.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501C3	47,269.	0.			DESIGNATED DONATION
PROVIDENCE COMMUNITY HEALTH CENTERS 375 ALLENS AVENUE PROVIDENCE, RI 02905	05-0368134	501C3	25,250.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE COMMUNITY LIBRARY P. O. BOX 9267 PROVIDENCE, RI 02940	36-4640304	501C3	22,944.	0.			DESIGNATED DONATION
PROVIDENCE FOUNDATION=THE 30 EXCHANGE TERRACE PROVIDENCE, RI 02903	05-0203250	501C3	6,700.	0.			DESIGNATED DONATION
PROVIDENCE HOUSE INC 2050 WEST 32 STREET CLEVELAND, OH 44113	34-1336325	501C3	6,082.	0.			DESIGNATED DONATION
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	05-0377244	501C3	7,398.	0.			DESIGNATED DONATION

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PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903	05-0283958	501C3	17,393.	0.			DESIGNATED DONATION
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501C3	9,250.	0.			DESIGNATED DONATION
PROVIDENCE RESCUE MISSION P. O. BOX 72753 PROVIDENCE, RI 02907	05-0503326	501C3	13,004.	0.			DESIGNATED DONATION
PROVIDENCE REVOLVING FUND 372 WEST FOUNTAIN STREET PROVIDENCE, RI 02903	05-0386411	501C3	75,000.	0.			DESIGNATED DONATION
PROVIDENCE YOUTH STUDENT MOVEMENT 669 ELMWOOD AVENUE. BOX 13 PROVIDENCE, RI 02907	65-1224536	501C3	25,000.	0.			DESIGNATED DONATION/GRANT
R I HOSPITALITY EDUCATION FOUNDATION - 94 SABRA ST - CRANSTON, RI 02910	05-0479089	501C3	15,000.	0.			DESIGNATED DONATION
REACH OUT AND READ RI ONE RICHMOND SQUARE 222W PROVIDENCE, RI 02906	05-0514148	501C3	21,650.	0.			DESIGNATED DONATION/GRANT
READ TO SUCCEED 6 WATER VALLEY ROAD HOPE, RI 02831	74-3236898	501C3	17,000.	0.			DESIGNATED DONATION/GRANT
RE-FOCUS, INC. 45 GREELEY STREET PROVIDENCE, RI 02904	05-0394380	501C3	9,035.	0.			DESIGNATED DONATION/GRANT

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REFUGEE DEVELOPMENT CENTER INC 340 LOCKWOOD ST PROVIDENCE, RI 02907	47-3515841	501C3	6,250.	0.			DESIGNATED DONATION/GRANT
REFUGEE DREAM CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501C3	125,000.	0.			DESIGNATED DONATION/GRANT
REHOBOTH PEOPLE HAVE A HEART INC. 94 TREMONT ST. REHOBOTH, MA 02769	84-4768841	501C3	5,000.	0.			DESIGNATED DONATION
RHODE ISLAND BLACK STORYTELLERS 393 BROAD STREET PROVIDENCE, RI 02907	05-0516630	501C3	55,300.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND COALITION AGAINST VIOLENCE - 400 POST ROAD, SUITE #102 - WARWICK, RI 02888	05-0384580	501C3	76,588.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND COALITION FOR THE HOMELESS - 1070 MAIN STREET - PAWTUCKET, RI 02860	22-2894547	501C3	77,944.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANTIC AVENUE PROVIDENCE, RI 02907	05-0395601	501C3	94,066.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND COMMUNITY FOUNDATION 1 UNION STREET PROVIDENCE, RI 02903	05-0493219	501C3	9,100.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	22-2604963	501C3	52,450.	0.			DESIGNATED DONATION

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RHODE ISLAND FREE CLINIC 655 BROAD STREET PROVIDENCE, RI 02907	05-0501276	501C3	51,211.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND HISPANIC CHAMBER OF COMMERCE - 1955 WESTMINISTER STREET, 2ND FLOOR - PROVIDENCE, RI 02909	81-2701009	501C3	66,667.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND HOSPITAL BOX H - ANNEX STATION PROVIDENCE, RI 02901	05-0493219	501C3	10,700.	0.			DESIGNATED DONATION
RHODE ISLAND HOUSING 44 WASHINGTON ST PROVIDENCE, RI 02903	05-0449399	501C3	12,878.	0.			DESIGNATED DONATION
RHODE ISLAND HOUSING P.O. BOX113 PROVIDENCE, RI 02901	05-0449399	501C3	53,768.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND INDIAN COUNCIL INC. 807 BROAD STREET PROVIDENCE, RI 02907	05-0365099	501C3	57,900.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND KIDS COUNT, INC. ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501C3	75,176.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND LEGAL SERVICES, INC. 56 PINE ST, SUITE 400 PROVIDENCE, RI 02903	05-0318596	501C3	80,242.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND PBS FOUNDATION (FORMERLY WSBE) 50 PARK LANE PROVIDENCE, RI 02901	22-2859005	501C3	6,600.	0.			DESIGNATED DONATION

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RHODE ISLAND PHILHARMONIC & MUSIC SCHOOL 667 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	05-0267451	501C3	30,219.	0.			DESIGNATED DONATION
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501C3	50,015.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND SCHOOL FOR PROGRESSIVE EDUCATION - 225 DYER STREET - PROVIDENCE, RI 02903	82-0605219	501C3	10,250.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND URBAN DEBATE LEAGUE P.O. BOX 72852 PROVIDENCE, RI 02907	27-3013671	501C3	50,150.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-6016675	501C3	3,100.	0.			DESIGNATED DONATION
RI COMMUNITY FOOD BANK 200 NIAN TIC AVENUE PROVIDENCE, RI 02907	05-0395601	501C3	299,574.	0.			DESIGNATED DONATION/GRANT
RI FOR COMMUNITY & JUSTICE 271 NORTH MAIN STREET PROVIDENCE, RI 02903	75-3180937	501C3	5,000.	0.			DESIGNATED DONATION
RI FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	22-2604963	501C3	17,054.	0.			DESIGNATED DONATION
RI INSTITUTE FOR LABOR STUDIES & RESEARCH - 1540 PONTIAC AVENUE, SUITE A - CRANSTON, RI 02920	05-0387211	501C3	15,000.	0.			DESIGNATED DONATION/GRANT

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RI KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501C3	25,363.	0.			DESIGNATED DONATION/GRANT
RI ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-6016675	501C3	8,938.	0.			DESIGNATED DONATION
RICAN - RHODE ISLAND CENTER ASSISTING THOSE IN NEED - 805 ALTON CAROLINA ROAD - CHARLESTOWN, RI 02813	20-4070706	501C3	5,297.	0.			DESIGNATED DONATION
RISD MUSEUM OF ART 224 BENEFIT STREET PROVIDENCE, RI 02903	05-0258956	501C3	15,150.	0.			DESIGNATED DONATION
RISE-RHODE ISLANDERS SPONSORING EDUCATION - 11 S. ANGELL STREET - PROVIDENCE, RI 02906	06-1470525	501C3	18,300.	0.			DESIGNATED DONATION
RIVERZEDGE ARTS 196 SECOND AVENUE WOONSOCKET, RI 02895	13-4206227	501C3	81,131.	0.			DESIGNATED DONATION/GRANT
ROBERT POTTER LEAGUE FOR ANIMALS P.O. BOX 412 NEWPORT, RI 02840	05-0301553	501C3	13,908.	0.			DESIGNATED DONATION
ROGER WILLIAMS PARK ZOO 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-6016675	501C3	51,071.	0.			DESIGNATED DONATION/GRANT
ROGER WILLIAMS UNIVERSITY DEPARTMENT 7020, PO BOX 4110 WOBBURN, MA 01888	05-0277222	501C3	75,395.	0.			DESIGNATED DONATION/GRANT

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RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY STREET - PROVIDENCE, RI 02905	22-2760752	501C3	115,828.	0.			DESIGNATED DONATION/GRANT
SAINT FRANCIS HOUSE INC 39 BOYLSTON ST BOSTON, MA 02116	22-2519129	501C3	6,149.	0.			DESIGNATED DONATION
SALISBURY SCHOOL 251 CANAAN ROAD SALISBURY, CT 06068	06-0646888	501C3	5,000.	0.			DESIGNATED DONATION
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501C3	105,072.	0.			DESIGNATED DONATION/GRANT
SANKOFA COMMUNITY CONNECTION 2 BROADWAY NEWPORT, RI 02840	85-2095489	501C3	5,075.	0.			DESIGNATED DONATION/GRANT
SANTA BARBARA MUSEUM OF ART 1130 STATE ST SANTA BARBARA, CA 93101	95-1664122	501C3	22,500.	0.			DESIGNATED DONATION
SAVE THE BAY 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501C3	38,823.	0.			DESIGNATED DONATION
SECRET ANGELS SOCIETY P. O. BOX 12 HOPE, RI 02831	90-0731736	501C3	5,000.	0.			DESIGNATED DONATION
SHAWN HURWITZ FELLOWSHIP 3900 ESSEX LANE STE 1200 HOUSTON, TX 77027	81-4086748	501C3	5,000.	0.			DESIGNATED DONATION

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SHULTZS GUEST HOUSE SERVICES INC 7 BURGESS LN DEDHAM, MA 02026	47-2697761	501C3	5,000.	0.			DESIGNATED DONATION
SMITH HILL COMMUNITY DEVELOPMENT CORPORATION - 400 SMITH STREET P.O. BOX 21822 - PROVIDENCE, RI 02908	05-0466422	501C3	12,138.	0.			DESIGNATED DONATION
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE - SUITE 100 PROVIDENCE, RI 02903	26-0163730	501C3	410,918.	0.			DESIGNATED DONATION/GRANT
SOCIETY OF ST. VINCENT DE PAUL 25 WEBB STREET CRANSTON, RI 02920	05-6010248	501C3	10,000.	0.			DESIGNATED DONATION
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501C3	96,379.	0.			DESIGNATED DONATION
SOUTH COUNTY HEALTH OFFICE OF DEVELOPMENT 100 KENYON AV WAKEFIELD, RI 02879	05-0259093	501C3	5,932.	0.			DESIGNATED DONATION
SOUTH COUNTY HOSPITAL 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0259093	501C3	5,000.	0.			DESIGNATED DONATION
SOUTHERN RHODE ISLAND CONSERVATION DISTRICT - P.O. BOX 1636 - KINGSTON, RI 02881	05-0396550	501C3	70,000.	0.			DESIGNATED DONATION/GRANT
SOUTHPOINTE CHRISTIAN CHURCH 200 PETTACONSETT AVENUE. WARWICK, RI 02888	45-3065348	501C3	15,750.	0.			DESIGNATED DONATION

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SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907	05-0394224	501C3	89,148.	0.			DESIGNATED DONATION
SPCA - RHODE ISLAND 186 AMARAL STREET EAST PROVIDENCE, RI 02914	05-0262716	501C3	15,753.	0.			DESIGNATED DONATION
SPECIAL OLYMPICS RHODE ISLAND, INC. - 370 GEORGE WASHINGTON HIGHWAY - SMITHFIELD, RI 02917	05-0377867	501C3	28,214.	0.			DESIGNATED DONATION/GRANT
SQUASH BUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	04-3330698	501C3	10,100.	0.			DESIGNATED DONATION
ST ADALBERTS 866 ATWELLS AVENUE PROVIDENCE, RI 02909	05-0258963	501C3	10,384.	0.			DESIGNATED DONATION
ST JUDE CHILDRENS RESEARCH HOSPITAL INC - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	27,271.	0.			DESIGNATED DONATION
ST MARTIN DEPORRES CENTER 1 CATHEDRAL SQ PROVIDENCE, RI 02903	05-6023622	501C3	10,000.	0.			DESIGNATED DONATION
ST MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501C3	14,443.	0.			DESIGNATED DONATION
ST PATRICK'S ACADEMY 244 SMITH ST PROVIDENCE, RI 02908	05-6000057	501C3	18,860.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. JUDE CHILDRENS RESEARCH HOSPITAL INC - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	20,779.	0.			DESIGNATED DONATION
ST. MARTIN'S EPISCOPAL CHURCH 50 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0260679	501C3	43,000.	0.			DESIGNATED DONATION
ST. MARY'S EPISCOPAL CHURCH 324 EAST MAIN ROAD PORTSMOUTH, RI 02871	05-0259272	501C3	10,000.	0.			DESIGNATED DONATION
ST. PATRICK ACADEMY 244 SMITH ST PROVIDENCE, RI 02908	05-6000057	501C3	14,503.	0.			DESIGNATED DONATION
STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE - SUITE B WESTERLY, RI 02891	35-2175841	501C3	11,128.	0.			DESIGNATED DONATION
STEPHEN SILLER TUNNEL TO TOWERS FNDTN. - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501C3	8,216.	0.			DESIGNATED DONATION
STEVEN K LATIMER MEMORIAL FOUNDATION - P.O. BOX 40336 - PROVIDENCE, RI 02940	46-2619640	501C3	5,500.	0.			DESIGNATED DONATION
TEACH FOR AMERICA RHODE ISLAND 166 VALLEY STEET BLDG. 6M STE #105 PROVIDENCE, RI 02909	13-3541913	501C3	5,058.	0.			DESIGNATED DONATION
TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0264805	501C3	4,227.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TEMPLE EMANUEL 99 TAFT AVENUE PROVIDENCE, RI 02906	05-0259273	501C3	10,350.	0.			DESIGNATED DONATION
THE EQUITY INSTITUTE 225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903	83-4472785	501C3	51,600.	0.			DESIGNATED DONATION/GRANT
THE MIRIAM HOSPITAL FOUNDATION 167 POINT STREET PROVIDENCE, RI 02903	05-0377502	501C3	50,000.	0.			DESIGNATED DONATION
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501C3	10,100.	0.			DESIGNATED DONATION
THE PROVIDENCE CENTER 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501C3	22,165.	0.			DESIGNATED DONATION
THE SALVATION ARMY - PROVIDENCE RHODE ISLAND STATE OFFICE 386 BROAD STREET - PROVIDENCE, RI 02907	13-5562351	501C3	10,484.	0.			DESIGNATED DONATION
THE TOMORROW FUND 593 EDDY STREET - POB BUILDING - SU PROVIDENCE, RI 02903	05-0450569	501C3	32,319.	0.			DESIGNATED DONATION
THE WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906	05-0259101	501C3	6,905.	0.			DESIGNATED DONATION
THOMAS BECKET FOUNDATION 51 PROSPECT STREET PROVIDENCE, RI 02906	23-7024626	501C3	20,025.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THOMPSON ECUMENICAL EMPOWERMENT GROUP, INC. - PO BOX 664 - NORTH GROSVENORDALE, CT 06255	06-1240584	501C3	5,000.	0.			DESIGNATED DONATION
THRIVE BEHAVIORAL HEALTH 2756 POST ROAD, SUITE 100 WARWICK, RI 02886	51-0189278	501C3	6,635.	0.			DESIGNATED DONATION
TIDES FAMILY SERVICES 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229	501C3	11,150.	0.			DESIGNATED DONATION
TOMAQUAG INDIAN MEMORIAL MUSEUM 390A SUMMIT ROAD EXETER, RI 02822	05-0352796	501C3	5,000.	0.			DESIGNATED DONATION
TOMORROW FUND 593 EDDY STREET SUITE 105 PROVIDENCE, RI 02903	05-0450569	501C3	17,339.	0.			DESIGNATED DONATION
TOWN OF PALM BEACH UNITED WAY, INC. - 44 COCOANUT ROW, SUITE M201 - PALM BEACH, FL 33480	59-6037885	501C3	10,000.	0.			DESIGNATED DONATION
TRI COUNTY COMMUNITY ACTION 1126 HARTFORD AVENUE JOHNSTON, RI 02919	05-0351121	501C3	77,078.	0.			DESIGNATED DONATION/GRANT
TRI-COUNTY COMMUNITY ACTION AGENCY 11 EMANUEL STREET NORTH PROVIDENCE, RI 02911	05-0309695	501C3	25,238.	0.			DESIGNATED DONATION/GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501C3	26,878.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TRUDEAU CENTER 3445 POST ROAD WARWICK, RI 02886	05-0310093	501C3	10,800.	0.			DESIGNATED DONATION/GRANT
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE ST SOUTH HADLEY, MA 01075	04-2103578	501C3	10,450.	0.			DESIGNATED DONATION
UFCW LOCAL 328 CHARITABLE FDTN. 278 SILVER SPRING STREET PROVIDENCE, RI 02904	20-0678926	501C3	8,322.	0.			DESIGNATED DONATION
UNITED WAY OF GREATER PLYMOUTH COUNTY INC - 934 W CHESTNUT STREET - 2ND FLOOR - BROCKTON, MA 02301	04-2103940	501C3	7,085.	0.			DESIGNATED DONATION
UNITED WAY OF TRI-COUNTY, INC. 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231	501C3	5,700.	0.			DESIGNATED DONATION
UNITED WAY=CAPE & ISLANDS 1600 FALMOUTH ROAD, UNIT 25 PO BOX CENTERVILLE, MA 02632	04-2271714	501C3	8,055.	0.			DESIGNATED DONATION
UNITED WAY OF MASSACHUSETTS BAY 51 SLEEPER STREET BOSTON, MA 02210	04-2382233	501C3	44,416.	0.			DESIGNATED DONATION
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653	501C3	8,327.	0.			DESIGNATED DONATION
UNITED WAY OF SOUTHEASTERN CONNECTICUT INC - 283 STODDARDS WHARF ROAD - GALES FERRY, CT 06335	06-0771393	501C3	5,547.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103	23-1556045	501C3	10,197.	0.			DESIGNATED DONATION
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE - 30TH FLOOR CHICAGO, IL 60604	30-0200478	501C3	6,082.	0.			DESIGNATED DONATION
UNITED WAY OF CENTRAL CAROLINAS, INC. - 601 EAST 5TH STREET - SUITE 350 - CHARLOTTE, NC 28202	56-0529948	501C3	5,816.	0.			DESIGNATED DONATION
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501C3	17,063.	0.			DESIGNATED DONATION
UNIVERSITY HOSPITALS 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-0714775	501C3	60,000.	0.			DESIGNATED DONATION
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-0714775	501C3	50,000.	0.			DESIGNATED DONATION
UNIVERSITY OF COLORADO FDTN GIFT MANAGEMENT PO BOX 17126 DENVER, CO 80203	84-6049811	501C3	2,500.	0.			DESIGNATED DONATION
UNIVERSITY OF RHODE ISLAND FOUNDATION - 79 UPPER COLLEGE RD - KINGSTON, RI 02881	05-6014351	501C3	33,405.	0.			DESIGNATED DONATION
UNIVERSITY OF WISCONSIN LA CROSSE FOUNDATION INC - 615 EAST AVE N - LA CROSSE, WI 54601	39-1145116	501C3	10,000.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	86-0104419	501C3	8,149.	0.			DESIGNATED DONATION
VILLAGE COMMON OF RI 276 ANGELL STREET PROVIDENCE, RI 02906	47-3675451	501C3	8,394.	0.			DESIGNATED DONATION
VISITING NURSE SERVICES OF NEWPORT AND BRISTOL COUNTIES - 1184 EAST MAIN ROAD - PORTSMOUTH, RI 02871	05-0258915	501C3	10,543.	0.			DESIGNATED DONATION
VOLUNTEER SERVICES FOR ANIMALS - MAIN OFFICE - P. O. BOX 6263 - PROVIDENCE, RI 02940	05-0381306	501C3	6,171.	0.			DESIGNATED DONATION
WARM (WESTERLY AREA REST MEAL) 56 SPRUCE STREET WESTERLY, RI 02891	22-2887878	501C3	5,550.	0.			DESIGNATED DONATION
WATERFIRE - PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612	501C3	9,670.	0.			DESIGNATED DONATION
WELLESLEY COLLEGE FOUNDATION 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501C3	28,225.	0.			DESIGNATED DONATION
WEST BAY COLLABORATIVE 144 BIGNALL STREET WARWICK, RI 02888	05-0460855	501C3	11,340.	0.			DESIGNATED DONATION/GRANT
WEST ELMWOOD HOUSING DEVELOPMENT CORPORATION - 224 DEXTER STREET - PROVIDENCE, RI 02907	23-7138165	501C3	71,742.	0.			DESIGNATED DONATION/GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WESTBAY COMMUNITY ACTION, INC. 487 JEFFERSON BOULEVARD WARWICK, RI 02886	05-0311985	501C3	31,620.	0.			DESIGNATED DONATION/GRANT
WESTERLY AREA REST MEALS (WARM CENTER) - 56 SPRUCE STREET - WESTERLY, RI 02891	22-2887878	501C3	11,912.	0.			DESIGNATED DONATION/GRANT
WESTERLY HOSPITAL FOUNDATION 25 WELLS STREET WESTERLY, RI 02891	05-0508064	501C3	12,400.	0.			DESIGNATED DONATION
WESTMINISTER UNITARIAN CHURCH 119 KENYON AVE #2905 EAST GREENWICH, RI 02818	05-0262186	501C3	7,023.	0.			DESIGNATED DONATION
WGBH ONE GUEST STREET BOSTON, MA 02135	04-3312069	501C3	55,950.	0.			DESIGNATED DONATION
WHAT IF FOUNDATION 1569 SOLANO AVENUE #192 BERKELEY, CA 94707	91-2121669	501C3	6,500.	0.			DESIGNATED DONATION
WILBURY THEATRE GROUP 40 SONOMA COURT PROVIDENCE, RI 02909	46-0614227	501C3	6,050.	0.			DESIGNATED DONATION
WILDLIFE REHABILITATORS ASSOCIATION OF RHODE ISLAND - 2865 TOWER HILL ROAD - SAUNDERSTOWN, RI 02874	05-0473996	501C3	5,188.	0.			DESIGNATED DONATION
WOLF SCHOOL=THE 215 FERRIS AVENUE EAST PROVIDENCE, RI 02916	05-0506471	501C3	5,475.	0.			DESIGNATED DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WOMEN'S FUND OF RHODE ISLAND 133 DELAINE STREET PROVIDENCE, RI 02909	06-1741539	501C3	12,156.	0.			DESIGNATED DONATION
WOOD RIVER HEALTH SERVICES 823 MAIN STREET HOPE VALLEY, RI 02832	05-0378071	501C3	23,747.	0.			DESIGNATED DONATION
WOODY WILLIAMS FOUNDATION 12123 SHELBYVILLE ROAD, SUITE 100 LOUISVILLE, KY 40243	06-1840409	501C3	31,050.	0.			DESIGNATED DONATION
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501C3	80,384.	0.			DESIGNATED DONATION
WORLD HOPE INTERNATIONAL INC. 1330 BRADDOCK PLACE ALEXANDRIA, VA 22314	35-1985485	501C3	14,000.	0.			DESIGNATED DONATION
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD - SUITE, 300 JACKSONVILLE, FL 32256	20-2370934	501C3	10,283.	0.			DESIGNATED DONATION
YEAR UP RHODE ISLAND PO BOX 412812 BOSTON, MA 02241	04-3534407	501C3	20,315.	0.			DESIGNATED DONATION/GRANT
YMCA CRANSTON 21 PEACE STREET PROVIDENCE, RI 02907	05-0258878	501C3	9,618.	0.			DESIGNATED DONATION/GRANT
YMCA OF GREATER PROVIDENCE 21 PEACE STREET 6TH FLOOR PROVIDENCE, RI 02907	05-0258878	501C3	98,727.	0.			DESIGNATED DONATION/GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 NEWPORT COUNTY 792 VALLEY ROAD NEWPORT, RI 02842	05-0258916	501C3	12,413.	0.			DESIGNATED DONATION/GRANT
YMCA OF PAWTUCKET 8 SUMMER STREET PAWTUCKET, RI 02860	05-0259114	501C3	15,301.	0.			DESIGNATED DONATION/GRANT
YMCA-OCEAN COMMUNITY 95 HIGH STREET WESTERLY, RI 02891	05-0268126	501C3	44,290.	0.			DESIGNATED DONATION/GRANT
YOUNG VOICES 204 WESTMINSTER STREET, SUITE 2A PROVIDENCE, RI 02903	42-2103674	501C3	98,072.	0.			DESIGNATED DONATION/GRANT
YOUTH IN ACTION 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230	501C3	76,054.	0.			DESIGNATED DONATION/GRANT
YOUTH PRIDE, INC. 743 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0478645	501C3	14,154.	0.			DESIGNATED DONATION
YOUTHBUILD PREPARATORY ACADEMY 217 WESTMINSTER STREET, 3RD FLOOR PROVIDENCE, RI 02903	81-3957029	501C3	75,000.	0.			DESIGNATED DONATION/GRANT
YWCA RHODE ISLAND 514 BLACKSTONE ST WOONSOCKET, RI 02895	05-0310596	501C3	29,936.	0.			DESIGNATED DONATION

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, 2021, UNITED WAY OF RI DISTRIBUTED

PROGRAM GRANTS AND DONOR DESIGNATIONS TOTALING APPROXIMATELY

\$24,878,385 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.

Part IV Supplemental Information

FOR PROGRAM GRANT FUNDING, UNITED WAY OF RI APPLIES A TRANSPARENT OPEN INVITATION AND BID PROCESS PRIOR TO AWARDING FUDING TO AGENCIES. THERE IS AN OPEN APPLICATION PROCESS THAT INCLUDES THE EXPLANATION OF THE PROPOSED USE AND EXPECTED RESULTS FROM THE USE OF THE FUNDS. THE APPLIATIONS 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 AWARDING 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. GRANTEES 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 INTITIAL 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

Part IV Supplemental Information

NON PROFIT AND 2) THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF
THE PATRIOT ACT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

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 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

- 1a** 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- 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
- 2** 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?
- 3** 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** 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:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** 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:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** 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:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** 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
- 8** 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
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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)	251,081.	0.	0.	3,815.	20,460.	275,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. ANGELA BANNERMAN ANKOMA FORMER EVP & COMMUNITY IMPACT DIRECT	(i)	116,469.	0.	0.	871.	616.	117,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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 1B:

POLICY IS DISCUSSED ON AN ONGOING BASIS WITH THE BOARD OF DIRECTORS AT
REGULARY SCHEDULED MEETINGS.

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 2020 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

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.

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 2020 DATA.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 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	1	896,106.	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 V, 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) 2020

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 for the latest information.

OMB No. 1545-0047

2020

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:

ISLANDERS.

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

AFTER HOURS PROGRAM TO PROVIDE EMERGENCY RESPONSE FOR WHEN OHA IS NOT
OPEN; LIFESPAN RESPITE PROJECT TO FURTHER INTEGRATE AND ENHANCE A
SUSTAINABLE STATEWIDE SYSTEM OF LIFESPAN RESPITE SERVICES.

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

MY FUND

DONOR INVESTMENTS FOR APPROXIMATELY 600 LEADERSHIP DONORS WHO CHOOSE TO
DIRECT THEIR GIFTS TO THEIR UNITED WAY OF RHODE ISLAND MYFUND ACCOUNT
(DONOR ADVISED FUND). 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.
EXPENSES \$ 2,882,991. 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, KAHN, LITWIN & RENZA (KLR)

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

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 KLR. 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.UNITEDWAYRI.ORG) FOR PUBLIC INSPECTION.

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:

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

BOARD OF DIRECTORS OVERSIGHT, CEO PERFORMANCE AND COMPENSATION IS OVERSEEN BY THE COMEPSTION 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.

COMPARTIVE 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 SIMILIARLY SIZED ORGANIZATIONS. PERFORMANCE-BASED SYSTEM: CEO PERFORMANCE IS ANNUALLY ASSESSED BY THE COMPENSATION AND BENEFITS COMMITTEE AND 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 THATR 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.

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

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 IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES AND CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES	1,281,157.
MANAGEMENT AND GENERAL EXPENSES	77,774.
FUNDRAISING EXPENSES	66,082.
TOTAL EXPENSES	1,425,013.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,425,013.

SCHEDULE D PART V ENDOWMENT FUNDS

DURING THE YEAR-END AUDIT, \$6,029,944 WAS RECLASSIFIED FROM THE BEGINNING BALANCE OF THE ENDOWMENT TO BENEFICIAL INTERESTS IN PERPETUAL TRUST. THEREFORE THE BEGINNING BALANCE OF THE ENDOWMENT FOR THE TAX YEAR IS \$410,357.

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 SELECTION OF AN INDEPENDENT ACCOUNTING FIRM DID NOT CHANGE FROM THE PRIOR YEAR.

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 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	RI	UNITED WAY OF RHODE ISLAND, INCE	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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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)			

