

Public Inspection Copy

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF RHODE ISLAND, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>50 VALLEY STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>PROVIDENCE, RI 02909</b> <b>F</b> Name and address of principal officer: <b>CORTNEY M. NICOLATO</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>05-0276059</b> <b>E</b> Telephone number <b>401-444-0600</b> <b>G</b> Gross receipts \$ <b>24,695,269.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYRI.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1926</b>
		<b>M</b> State of legal domicile: <b>RI</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>UNITING OUR COMMUNITY AND RESOURCES TO BUILD RACIAL EQUITY AND OPPORTUNITIES FOR ALL RI</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>22</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>21</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>105</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>3603</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,281,550.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>659,803.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>45,188,674.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>6,921,531.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>943,445.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,097,245.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>35,897,161.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>9,291,513.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>35,273,997.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>6,162,412.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>29,111,585.</b>

**Part II Signature Block**

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

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

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY'S 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 \$ 8,143,788. including grants of \$ 8,143,788. ) (Revenue \$ ) COMMUNITY IMPACT FUND GRANTS: \$6,996,387 TO SUPPORT THE COMMUNITY THROUGH GRANTS TO NONPROFIT AGENCIES IN RHODE ISLAND, HELPING TO IMPROVE THE RESULTS OF CHILDREN IN SCHOOL, IMPROVING ACCESS TO AFFORDABLE AND SAFE HOUSING, AND DECREASING FOOD INSECURITY; \$576,403 TO ENABLE SUMMER LEARNING; \$328,368 FOR ENERGY ASSISTANCE; AND, \$242,630 FOR VOLUNTARY INCOME TAX ASSISTANCE TO HELP LOWER-INCOME RESIDENTS GET THE HIGHEST TAX REFUND POSSIBLE. DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED ON OUR WEBSITE AT WWW.UNITEDWAYRI.ORG

4b (Code: ) (Expenses \$ 7,235,673. including grants of \$ ) (Revenue \$ ) COMMUNITY IMPACT PROGRAM: \$3,031,769 TO PROVIDE EDUCATION REGARDING THE COMPELLING SOCIAL AND EDUCATIONAL NEEDS IN RI, COMPLETE RESEARCH AND ANALYTICS OF THOSE NEEDS, AND ADMINISTER GRANTS; \$1,733,885 TO RUN THE 2-1-1 CALL CENTER IN RI, ANSWERING OVER 250,000 CALLS FOR THOSE IN NEED; \$1,748,622 TO PROVIDE POINT FOR SENIORS & DISABILITY SERVICES, AS CONTRACTED WITH RI OFFICE OF HEALTHY AGING; \$285,817 TO SUPPORT THE ADVOCACY WORK; \$435,580 TO ENABLE VOLUNTEERS THROUGHOUT RI; INFORMATION ON OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT WWW.UNITEDWAYRI.ORG/VOLUNTEER.

4c (Code: ) (Expenses \$ 5,501,608. including grants of \$ 5,501,608. ) (Revenue \$ ) DONOR DESIGNATIONS AND MY FUND: \$1,194,345 IN DONOR INVESTMENTS FOR THE ANNUAL UNITED WAY CAMPAIGN, WHERE THE DONORS RECOMMEND THAT THEIR GIFTS BE DISBURSED THROUGH UNITED WAY OF RI TO SPECIFIC 501(C)(3) AGENCIES. \$4,307,263 IN 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. TO LEARN MORE ABOUT DONOR-DIRECTED GIVING, PLEASE VISIT OUR WEBSITE AT WWW.UNITEDWAYRI.ORG

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,048,561. including grants of \$ 3,048,561.) (Revenue \$ )

4e Total program service expenses 23,929,630.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>	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>		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>		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>		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>	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>	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>		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>		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>	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>		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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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> See instructions		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included on line 1a, above, who are independent (21); 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: a The governing body? (X); b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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 on 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 on 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CORTNEY NICOLATO - 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CORTNEY NICOLATO PRESIDENT & CEO	50.00	X		X				316,177.	0.	33,143.
(2) MARY ANN CANAVAN CHIEF FINANCIAL OFFICER	50.00			X				131,443.	0.	29,112.
(3) LYNN CORWIN EXECUTIVE ADVISOR, STRATEGIES INT.	50.00					X		118,245.	0.	29,193.
(4) LOUISE BROOKE HAVENS CHIEF RESOURCE & ENGAGEMENT OFFICER	50.00					X		131,853.	0.	13,480.
(5) LARRY WARNER CHIEF IMPACT & EQUITY OFFICER	50.00					X		135,128.	0.	7,362.
(6) ROBERT BUSH CHIEF OPERATIONS OFFICER (AS OF 5/21)	50.00			X				99,692.	0.	12,359.
(7) ALDEN ANDERSON VICE CHAIR, GOVERNANCE, ETHICS & NOM	1.00	X		X				0.	0.	0.
(8) WENDY KAGAN VICE CHAIR C&B (AS OF 10/21)	1.00	X		X				0.	0.	0.
(9) JAYNE DONEGAN VICE CHAIR, AUDIT (AS OF 7/21)	1.00	X		X				0.	0.	0.
(10) PAOLA FERNANDEZ VICE CHAIR, CIC	1.00	X		X				0.	0.	0.
(11) GREGG PERRY VICE CHAIR, RD & E	1.00	X		X				0.	0.	0.
(12) JUNIOR JABBIE VICE CO-CHAIR SPC	1.00	X		X				0.	0.	0.
(13) BETSEY PURINTON VICE CO-CHAIR SPC (AS OF 10/21)	1.00	X		X				0.	0.	0.
(14) LYSA TEAL TREASURER (TO 9/21)	1.00	X		X				0.	0.	0.
(15) BARBARA CHERNOW TREASURER (AS OF 10/21)	1.00	X		X				0.	0.	0.
(16) TERRI MONJAR SECRETARY (TO 6/21)	1.00	X		X				0.	0.	0.
(17) DOLPH JOHNSON BOARD CHAIR (AS OF 10/21)	1.00	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MICHELE LEDERBERG BOARD CHAIR (TO 9/21)	1.00	X		X				0.	0.	0.
(19) BARBARA MULLEN BOARD MEMBER	1.00	X						0.	0.	0.
(20) BRIAN CARROLL BOARD MEMBER	1.00	X						0.	0.	0.
(21) CHRISTOPHER SABITONI BOARD MEMBER	1.00	X						0.	0.	0.
(22) FRANK SANCHEZ BOARD MEMBER	1.00	X						0.	0.	0.
(23) JAMES GALLOWAY BOARD MEMBER	1.00	X						0.	0.	0.
(24) JOSEPH PIERIK BOARD MEMBER	1.00	X						0.	0.	0.
(25) MARCELA BETANCUR BOARD MEMBER	1.00	X						0.	0.	0.
(26) ROBERT KENT BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								932,538.	0.	124,649.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								932,538.	0.	124,649.

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 **6**

	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
BRAVE RIVER SOLUTIONS INC, 875 CENTERVILLE ROAD BLDG 3, WARWICK, RI 02886	IT SERVICES	194,183.
ADVANCING WORKPLACE EXCELLENCE 26 SEABREEZE LANE, BRISTOL, RI 02809	JUSTICE, DIVERSITY, EQUITY AND INCLUSION	144,000.

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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,864,005.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	17,673,671.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 951,885.				
	<b>h Total.</b> Add lines 1a-1f			21,537,676.			
Program Service Revenue			<b>Business Code</b>				
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f							
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			356,611.		356,611.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities		2,212,973.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	1,680,373.				
	<b>c</b> Gain or (loss)	<b>7c</b>	532,600.				
<b>d</b> Net gain or (loss)			532,600.		532,600.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue			<b>Business Code</b>				
	<b>11 a</b> OTHER INCOME		813219	515,315.	515,315.		
	<b>b</b> FISCAL SPONSORSHIP FEES		813219	72,694.	72,694.		
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			588,009.				
<b>12 Total revenue.</b> See instructions			23,014,896.	588,009.	0.	889,211.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,693,957.	16,693,957.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	641,990.	350,895.	262,255.	28,840.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,643,708.	4,006,053.	1,083,763.	553,892.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,027.	80,383.	19,479.	11,165.
<b>9</b> Other employee benefits	866,039.	553,499.	235,345.	77,195.
<b>10</b> Payroll taxes	388,370.	269,095.	89,100.	30,175.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	36,819.		36,819.	
<b>c</b> Accounting	42,000.		42,000.	
<b>d</b> Lobbying	20,000.	20,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	145,421.		145,421.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	837,474.	775,876.	12,633.	48,965.
<b>12</b> Advertising and promotion	189,284.	155,264.	2,627.	31,393.
<b>13</b> Office expenses	150,803.	67,449.	59,360.	23,994.
<b>14</b> Information technology	239,938.	226,937.	13,001.	
<b>15</b> Royalties				
<b>16</b> Occupancy	223,097.	196,828.	21,244.	5,025.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	263,576.	124,815.	21,217.	117,544.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	246,900.	202,458.	44,442.	
<b>23</b> Insurance	58,491.	58,491.		
<b>24</b> 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.)				
<b>a</b> UNITED WAY WORLDWIDE DU	175,000.	131,187.	28,889.	14,924.
<b>b</b> MISCELLANEOUS	74,699.	16,443.	57,923.	333.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	27,048,593.	23,929,630.	2,175,518.	943,445.
<b>26</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,368,172.	<b>1</b>	9,014,893.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	3,494,917.	<b>3</b>	951,594.
	<b>4</b> Accounts receivable, net .....	1,911,409.	<b>4</b>	2,247,881.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	102,239.	<b>9</b>	199,339.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,013,646.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,290,483.	2,717,255.	<b>10c</b> 2,723,163.
	<b>11</b> Investments - publicly traded securities .....	8,483,695.	<b>11</b>	7,196,982.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	978,149.	<b>12</b>	884,077.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,218,161.	<b>15</b>	6,116,319.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	35,273,997.	<b>16</b>	29,334,248.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,414,520.	<b>17</b>	3,059,505.
	<b>18</b> Grants payable .....	1,312,721.	<b>18</b>	1,393,198.
	<b>19</b> Deferred revenue .....	561,217.	<b>19</b>	530,663.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,873,954.	<b>23</b>	1,836,448.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,162,412.	<b>26</b>	6,819,814.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	20,883,929.	<b>27</b>	15,557,882.
	<b>28</b> Net assets with donor restrictions .....	8,227,656.	<b>28</b>	6,956,552.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	29,111,585.	<b>32</b>	22,514,434.
<b>33</b> Total liabilities and net assets/fund balances .....	35,273,997.	<b>33</b>	29,334,248.	

**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	23,014,896.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,048,593.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,033,697.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,111,585.
5	Net unrealized gains (losses) on investments	5	-2,563,454.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	22,514,434.

**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 on 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		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	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.	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? _____	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 _____	X	

Form 990 (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17933087.	16863414.	18903886.	42247231.	21537676.	117485294
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	17933087.	16863414.	18903886.	42247231.	21537676.	117485294
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						9176729.
<b>6 Public support.</b> Subtract line 5 from line 4.						108308565

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	17933087.	16863414.	18903886.	42247231.	21537676.	117485294
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	176,190.	213,182.	198,102.	1976423.	356,611.	2920508.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	17,781.	6,500.	2,557.	659,803.	588,009.	1274650.
<b>11 Total support.</b> Add lines 7 through 10						121680452
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	89.01 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	91.05 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
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	<b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	61,712.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	61,712.													
<b>d</b>	Other exempt purpose expenditures	26,831,519.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	26,893,231.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	8,005.	8,420.	99,539.	61,712.	177,676.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	8,005.	8,420.	99,539.	61,712.	177,676.

Schedule C (Form 990) 2021



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)).

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 4 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 4 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include questions about dues, political expenditures, and carryover.

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.

Blank lines for providing supplemental 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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 .....	472	
2 Aggregate value of contributions to (during year) .....	4,728,751.	
3 Aggregate value of grants from (during year) .....	5,052,529.	
4 Aggregate value at end of year .....	2,121,985.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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	978,149.	6,440,301.	6,604,069.	446,982.	466,272.
b Contributions				6,029,333.	
c Net investment earnings, gains, and losses	-58,277.	260,663.	114,737.	254,435.	34,635.
d Grants or scholarships			34,824.		
e Other expenditures for facilities and programs	35,795.	42,609.	278,505.	126,681.	33,925.
f Administrative expenses		5,680,206.			
g End of year balance	884,077.	978,149.	6,440,301.	6,604,069.	466,982.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - 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		3,022,992.	1,179,828.	1,843,164.
c Leasehold improvements				
d Equipment		1,218,480.	1,044,611.	173,869.
e Other		284,174.	66,044.	218,130.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,723,163.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	6,116,319.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,116,319.

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	14,804,413.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,563,454.	
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	-2,563,454.	
3	Subtract line 2e from line 1	3	17,367,867.	
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	145,421.	
b	Other (Describe in Part XIII.)	4b	5,501,608.	
c	Add lines 4a and 4b	4c	5,647,029.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,014,896.	

**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	21,401,564.
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	21,401,564.	
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	145,421.	
b	Other (Describe in Part XIII.)	4b	5,501,608.	
c	Add lines 4a and 4b	4c	5,647,029.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	27,048,593.	

**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:

GRANT EXPENSES DESIGNATED BY DONORS 5,501,608.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS 5,501,608.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
15 MINUTE FIELD TRIPS 45 DEAN AVENUE JOHNSTON, RI 02919	84-2385605	501C3	15,165.	0.			DESIGNATED DONATION/GRANT
A LEADERSHIP JOURNEY P. O. BOX 29163 PROVIDENCE, RI 02909	82-4304890	501C3	152,705.	0.			DESIGNATED DONATION/GRANT
A WISH COME TRUE INC. 1010 WARWICK AVENUE WARWICK, RI 02888	05-0398808	501C3	5,727.	0.			DESIGNATED DONATION/GRANT
ACE MENTOR PROGRAM OF RHODE ISLAND P. O. BOX 5722 PROVIDENCE, RI 02903	20-4048943	501C3	15,805.	0.			DESIGNATED DONATION/GRANT
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET SUITE 100 PROVIDENCE, RI 02903	22-2543833	501C3	10,986.	0.			DESIGNATED DONATION/GRANT
AFRICAN ALLIANCE OF RHODE ISLAND 807 BROAD ST RM 121 PROVIDENCE, RI 02907	20-1688094	501C3	10,050.	0.			DESIGNATED DONATION/GRANT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 355.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 1.**

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

Schedule I (Form 990) 2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION RI CHAPTER 245 WATERMAN STREET SUITE 306 PROVIDENCE, RI 02906	05-0445962	501C3	69,671.	0.			DESIGNATED DONATION/GRANT
AMENITY AID 55 JEFFERSON BOULEVARD LL4 WARWICK, RI 02886	46-2347536	501C3	30,118.	0.			DESIGNATED DONATION/GRANT
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT STREET - 17TH FLOOR - PHILADELPHIA, PA 19106	23-6251648	501C3	9,110.	0.			DESIGNATED DONATION/GRANT
AMERICAN CANCER SOCIETY RHODE ISLAND - P.O. BOX 7312 - WARWICK, RI 02887-7312	13-1788491	501C3	19,462.	0.			DESIGNATED DONATION/GRANT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF RI - 128 DORRANCE STREET - SUITE 400 - PROVIDENCE, RI 02903	23-7039364	501C3	7,105.	0.			DESIGNATED DONATION/GRANT
AMERICAN DIABETES ASSOCIATION RESEARCH FOUNDATION - 2451 CRYSTAL DRIVE - SUITE 900 - ARLINGTON, VA 22202	13-1623888	501C3	6,386.	0.			DESIGNATED DONATION/GRANT
AMERICAN RED CROSS (DBM) P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501C3	13,403.	0.			DESIGNATED DONATION/GRANT
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501C3	166,232.	0.			DESIGNATED DONATION/GRANT
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE - SUITE 2 BOSTON, MA 02129	04-6001677	501C3	5,585.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF HARTFORD 134 FARMINGTON AVENUE HARTFORD, CT 06105	06-0646669	501C3	5,877.	0.			DESIGNATED DONATION/GRANT
ARTS, SPORTS, AND TECHNOLOGY RESOURCE ORGANIZATION - 175 COYLE AVENUE - PAWTUCKET, RI 02861	46-5341077	501C3	8,000.	0.			DESIGNATED DONATION/GRANT
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501C3	93,121.	0.			DESIGNATED DONATION/GRANT
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917	05-0265675	501C3	5,764.	0.			DESIGNATED DONATION/GRANT
BEAUTIFUL DAY 10 DAVOL SQUARE, UNIT 100 PROVIDENCE, RI 02903	45-4946110	501C3	50,913.	0.			DESIGNATED DONATION/GRANT
BETTER LIVES RHODE ISLAND 15 HAYES ST. PROVIDENCE, RI 02906	22-2672825	501C3	15,322.	0.			DESIGNATED DONATION/GRANT
BIG LIFE FOUNDATION USA 1715 NORTH HERON DRIVE RIDGEFIELD, WA 98642	27-3455389	501C3	6,318.	0.			DESIGNATED DONATION/GRANT
BLITHEWOLD INC. 101 FERRY ROAD BRISTOL, RI 02809	05-0503407	501C3	12,325.	0.			DESIGNATED DONATION/GRANT
BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501C3	75,698.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON COLLEGE LAW SCHOOL FUND 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02167	04-2103545	501C3	5,500.	0.			DESIGNATED DONATION/GRANT
BOYS & GIRLS CLUB OF NEWPORT COUNTY INC. - 95 CHURCH STREET - NEWPORT, RI 02840-3143	05-0281572	501C3	5,141.	0.			DESIGNATED DONATION/GRANT
BOYS & GIRLS CLUB OF NORTHERN RI 1 JAMES MCKEE WAY CUMBERLAND, RI 02864	05-0280121	501C3	57,985.	0.			DESIGNATED DONATION/GRANT
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860-4003	05-0258924	501C3	7,761.	0.			DESIGNATED DONATION/GRANT
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	05-0258929	501C3	13,650.	0.			DESIGNATED DONATION/GRANT
BOYS & GIRLS CLUBS OF WARWICK P. O. BOX 8938 WARWICK, RI 02888	05-6019193	501C3	9,411.	0.			DESIGNATED DONATION/GRANT
BOYS TOWN OF NEW ENGLAND 58 FLANAGAN ROAD PORTSMOUTH, RI 02871	20-0655240	501C3	13,485.	0.			DESIGNATED DONATION/GRANT
BROWN UNIVERSITY 164 ANGELL STREET, BOX 1877 PROVIDENCE, RI 02912	05-0258809	501C3	126,906.	0.			DESIGNATED DONATION/GRANT
BROWN UNIVERSITY RESEARCH FOUNDATION - CONTROLLERS OFFICE BOX J - PROVIDENCE, RI 02912	05-0390989	501C3	11,350.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917-9963	05-0258810	501C3	22,500.	0.			DESIGNATED DONATION/GRANT
BUTTON HOLE 1 BUTTON HOLE DRIVE - SUITE 1 PROVIDENCE, RI 02909	05-0497481	501C3	14,095.	0.			DESIGNATED DONATION/GRANT
CANTERBURY SCHOOL INC. 101 ASPETUCK AVENUE NEW MILFORD, CT 06776	06-0646566	501C3	20,000.	0.			DESIGNATED DONATION/GRANT
CAPE AND ISLANDS UNITED WAY 1600 FALMOUTH ROAD - UNIT 25 CENTERVILLE, MA 02632	04-2271714	501C3	5,894.	0.			DESIGNATED DONATION/GRANT
CAPITAL GOOD FUND 22 A STREET PROVIDENCE, RI 02907	80-0348382	501C3	75,000.	0.			DESIGNATED DONATION/GRANT
CATHOLIC CHARITY FUND, INC. ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903-3695	05-6014313	501C3	88,309.	0.			DESIGNATED DONATION/GRANT
CATHOLIC RELIEF SERVICES - USCCB 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501C3	9,089.	0.			DESIGNATED DONATION/GRANT
CENTER FOR DYNAMIC LEARNING 1 LOUISA STREET PROVIDENCE, RI 02905	20-3056191	501C3	15,000.	0.			DESIGNATED DONATION/GRANT
CENTER FOR SOUTHEAST ASIANS (CSEA) 270 ELMWOOD AVENUE PROVIDENCE, RI 02907-1524	22-2914654	501C3	82,743.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET CENTRAL FALLS, RI 02863	05-0459947	501C3	204,902.	0.			DESIGNATED DONATION/GRANT
CHILDHOOD LEAD ACTION PROJECT, INC. - 1192 WESTMINSTER STREET - PROVIDENCE, RI 02909	22-3179528	501C3	150,232.	0.			DESIGNATED DONATION/GRANT
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501C3	44,176.	0.			DESIGNATED DONATION/GRANT
CHILDREN'S HOSPITAL CORPORATION DBA CHILDREN'S HOSPITAL BOSTON - 300 LONGWOOD AVENUE - BOSTON, MA 02115	04-2774441	501C3	22,379.	0.			DESIGNATED DONATION/GRANT
CHORUS OF WESTERLY 119 HIGH STREET WESTERLY, RI 02891	05-6019151	501C3	5,951.	0.			DESIGNATED DONATION/GRANT
CHRISTOPHER & DANA REEVE FOUNDATION - 636 MORRIS TURNPIKE, SUITE 3A - SHORT HILLS, NJ 07078	22-2939536	501C3	6,500.	0.			DESIGNATED DONATION/GRANT
CITIZENS CHARITABLE FOUNDATION 10 TRIPPS LANE, RTL 125 RIVERSIDE, RI 02915	20-2302039	501C3	22,138.	0.			DESIGNATED DONATION/GRANT
CITY YEAR PROVIDENCE 275 WESTMINSTER STREET, SUITE 500 PROVIDENCE, RI 02903	22-2882549	501C3	5,144.	0.			DESIGNATED DONATION/GRANT
CLINICA ESPERANZA - HOPE CLINIC 60 VALLEY STREET SUITE 104 PROVIDENCE, RI 02909	26-1714340	501C3	40,317.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501C3	11,200.	0.			DESIGNATED DONATION/GRANT
COLLEGE UNBOUND 325 PUBLIC STREET PROVIDENCE, RI 02905-2340	46-2470807	501C3	71,145.	0.			DESIGNATED DONATION/GRANT
COLLEGE VISIONS 131 WASHINGTON STREET - SUITE 205 PROVIDENCE, RI 02903	27-2344723	501C3	17,123.	0.			DESIGNATED DONATION/GRANT
COMMUNITY 2000 EDUCATION FOUNDATION - P. O. BOX 1161 - CHARLESTOWN, RI 02813-0903	05-0511235	501C3	13,100.	0.			DESIGNATED DONATION/GRANT
COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501C3	428,025.	0.			DESIGNATED DONATION/GRANT
COMMUNITY CARE ALLIANCE 800 CLINTON STREET WOONSOCKET, RI 02895	05-0312278	501C3	132,511.	0.			DESIGNATED DONATION/GRANT
COMMUNITY COLLEGE OF RHODE ISLAND 400 EAST AVENUE WARWICK, RI 02886	05-0353872	501C3	19,006.	0.			DESIGNATED DONATION/GRANT
COMMUNITY COLLEGE OF RHODE ISLAND FOUNDATION - 1762 LOUISQUISSET PIKE - LINCOLN, RI 02865	05-0394214	501C3	23,772.	0.			DESIGNATED DONATION/GRANT
COMMUNITY HEALTH INNOVATIONS OF RHODE ISLAND - 250 DOYLE AVENUE - PROVIDENCE, RI 02906	83-3018929	501C3	14,995.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	22-2485332	501C3	35,099.	0.			DESIGNATED DONATION/GRANT
COMPREHENSIVE COMMUNITY ACTION PROGRAM INC - 311 DORIC AVENUE - CRANSTON, RI 02910	05-6018801	501C3	16,817.	0.			DESIGNATED DONATION/GRANT
CONNECTING FOR CHILDREN & FAMILIES, INC. - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501C3	194,555.	0.			DESIGNATED DONATION/GRANT
CONSERVATION LAW FOUNDATION 235 PROMENADE STREET - SUITE #560 - MAIL BOX 28 - PROVIDENCE, RI 02908	04-6149986	501C3	8,400.	0.			DESIGNATED DONATION/GRANT
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501C3	155,781.	0.			DESIGNATED DONATION/GRANT
CUMBERLAND EDUCATION FOUNDATION P. O. BOX 7845 CUMBERLAND, RI 02864	81-2003923	501C3	23,748.	0.			DESIGNATED DONATION/GRANT
CYSTIC FIBROSIS FOUNDATION - MA & RI CHAPTER - 220 NORTH MAIN STREET - SUITE 104 - NATICK, MA 01760	13-1930701	501C3	19,107.	0.			DESIGNATED DONATION/GRANT
DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	04-2263040	501C3	47,542.	0.			DESIGNATED DONATION/GRANT
DARE - DIRECT ACTION FOR RIGHTS AND EQUALITY - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501C3	76,112.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501C3	10,317.	0.			DESIGNATED DONATION/GRANT
DENTAL LIFELINE NETWORK 1800 15TH STREET, SUITE 100 DENVER, CO 80202	84-6129064	501C3	10,500.	0.			DESIGNATED DONATION/GRANT
DIOCESE OF PALM BEACH 9995 NORTH MILITARY TRAIL PALM BEACH GARDEN, FL 33410	65-0926368	501C3	7,000.	0.			DESIGNATED DONATION/GRANT
DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	53-0196617	501C3	12,412.	0.			DESIGNATED DONATION/GRANT
DISCOVERY COUNSELING CENTER 115-A TOWN AND COUNTRY DRIVE DANVILLE, CA 94526	94-1705971	501C3	15,000.	0.			DESIGNATED DONATION/GRANT
DOCTORS WITHOUT BORDERS USA INC P. O. BOX 5030 HAGERSTOWN, MD 21741-5023	13-3433452	501C3	31,375.	0.			DESIGNATED DONATION/GRANT
DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY - 61 MAIN STREET - WAKEFIELD, RI 02879	05-0377538	501C3	9,295.	0.			DESIGNATED DONATION/GRANT
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND INC - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501C3	41,447.	0.			DESIGNATED DONATION/GRANT
DOWNCITY DESIGN 425 WEST FOUNTAIN STREET UNIT 110 PROVIDENCE, RI 02903	27-1125644	501C3	65,270.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501C3	17,981.	0.			DESIGNATED DONATION/GRANT
EAST BAY FOOD PANTRY INC. 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501C3	15,950.	0.			DESIGNATED DONATION/GRANT
ECONOMIC PROGRESS INSTITUTE 600 MOUNT PLEASANT AVENUE #9 PROVIDENCE, RI 02908	32-0295517	501C3	78,813.	0.			DESIGNATED DONATION/GRANT
EDESIA INC. 550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852	26-0359866	501C3	13,294.	0.			DESIGNATED DONATION/GRANT
ELIZABETH BUFFUM CHACE CENTER INC P. O. BOX 9476 WARWICK, RI 02889	05-0384053	501C3	9,716.	0.			DESIGNATED DONATION/GRANT
EMPOWERMENT FACTORY 999 MAIN STREET UNIT 707 PAWTUCKET, RI 02860	81-0682337	501C3	15,100.	0.			DESIGNATED DONATION/GRANT
FABNEWPORT INC. 1 YORK STREET NEWPORT, RI 02840	46-3237048	501C3	93,001.	0.			DESIGNATED DONATION/GRANT
FARM FRESH RHODE ISLAND 10 SIMS AVENUE - UNIT 103 PROVIDENCE, RI 02909	20-4625643	501C3	5,046.	0.			DESIGNATED DONATION/GRANT
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909-1597	05-0258871	501C3	157,280.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA 161 NORTH CLARK STREET - SUITE 700 CHICAGO, IL 60601	36-3673599	501C3	26,651.	0.			DESIGNATED DONATION/GRANT
FELICIAN SENIOR SERVICES INC 1315 ENFIELD STREET ENFIELD, CT 06082	06-1329622	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
FESTIVAL BALLET PROVIDENCE 825 HOPE STREET PROVIDENCE, RI 02906	05-0377245	501C3	75,650.	0.			DESIGNATED DONATION/GRANT
FIRSTWORKS 275 WESTMINISTER STREET # 501 PROVIDENCE, RI 02903	22-2597014	501C3	20,525.	0.			DESIGNATED DONATION/GRANT
FOGARTY CENTER 310 MAPLE AVENUE BARRINGTON, RI 02806	04-2936360	501C3	13,085.	0.			DESIGNATED DONATION/GRANT
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501C3	99,505.	0.			DESIGNATED DONATION/GRANT
FRACTURED ATLAS INC. P. O. BOX 55 HARTSDALE, NY 10530	11-3451703	501C3	25,000.	0.			DESIGNATED DONATION/GRANT
FRANK OLEAN CENTER 101 AIRPORT ROAD WESTERLY, RI 02891	05-0311198	501C3	5,406.	0.			DESIGNATED DONATION/GRANT
FRANKLIN COUNTY UNITED WAY 301 WEST FRONT STREET WASHINGTON, MO 63090	43-1124878	501C3	5,200.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF TOWNIE ATHLETICS P.O. BOX 16521 RUMFORD, RI 02916	26-4173798	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
FRIENDS WAY 765 WEST SHORE ROAD WARWICK, RI 02889	05-0504841	501C3	58,017.	0.			DESIGNATED DONATION/GRANT
FUND FOR UCAP 75 CARPENTER STREET PROVIDENCE, RI 02903	26-0656828	501C3	68,350.	0.			DESIGNATED DONATION/GRANT
GATHER TOGETHER UNITED AS1 P. O. BOX 3221 PROVIDENCE, RI 02909	85-3715278	501C3	7,822.	0.			DESIGNATED DONATION/GRANT
GENERATION CITIZEN 110 WALL STREET, 5TH FLOOR NEW YORK, NY 10005	27-2039522	501C3	75,500.	0.			DESIGNATED DONATION/GRANT
GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907	22-3001721	501C3	84,211.	0.			DESIGNATED DONATION/GRANT
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724	501C3	14,062.	0.			DESIGNATED DONATION/GRANT
GIRLS ON THE RUN RHODE ISLAND P. O. BOX 72787 PROVIDENCE, RI 02818	45-3061488	501C3	7,250.	0.			DESIGNATED DONATION/GRANT
GIRLS ROCK! RHODE ISLAND P. O. BOX 3475 PROVIDENCE, RI 02909	27-4243892	501C3	13,214.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL SCIENCE ENVIROTECH INC. 955-C DYER AVENUE, APARTMENT 80 CRANSTON, RI 02920	46-3784641	501C3	75,000.	0.			DESIGNATED DONATION/GRANT
GRATEFUL FOR GODS PROVIDENCE 1 CATHEDRAL SQUARE PROVIDENCE, RI 02903	82-2033025	501C3	11,825.	0.			DESIGNATED DONATION/GRANT
GROW SMART RHODE ISLAND 144 WESTMINSTER STREET - SUITE 303 PROVIDENCE, RI 02903	05-0499148	501C3	79,432.	0.			DESIGNATED DONATION/GRANT
HABITAT FOR HUMANITY - SOUTH COUNTY - 1555 SHANNOCK ROAD - CHARLESTOWN, RI 02813	05-0450845	501C3	8,358.	0.			DESIGNATED DONATION/GRANT
HABITAT FOR HUMANITY OF RHODE ISLAND-GREATER PROVIDENCE INC - 460 HARRIS AVENUE - SUITE 203 - PROVIDENCE, RI 02909	05-0432730	501C3	8,429.	0.			DESIGNATED DONATION/GRANT
HABITAT FOR HUMANITY WEST BAY P. O. BOX 6743 WARWICK, RI 02887-6743	05-0458404	501C3	6,500.	0.			DESIGNATED DONATION/GRANT
HAMILTON HOUSE 276 ANGELL STREET PROVIDENCE, RI 02906	23-7188201	501C3	101,000.	0.			DESIGNATED DONATION/GRANT
HELP THE HOMELESS RI 28 STEVENS ROAD CRANSTON, RI 02910	47-5255457	501C3	8,000.	0.			DESIGNATED DONATION/GRANT
HIGHER GROUND INTERNATIONAL 250 PRAIRIE AVENUE PROVIDENCE, RI 02905	11-3842652	501C3	91,318.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLANDER CHARTER SCHOOL 42 LEXINGTON AVENUE PROVIDENCE, RI 02907	05-0517389	501C3	66,634.	0.			DESIGNATED DONATION/GRANT
HOPEHEALTH 1085 NORTH MAIN STREET PROVIDENCE, RI 02904	51-0192422	501C3	38,104.	0.			DESIGNATED DONATION/GRANT
HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151	501C3	79,809.	0.			DESIGNATED DONATION/GRANT
HOUSING NETWORK OF RHODE ISLAND 1070 MAIN STREET - SUITE 304 PAWTUCKET, RI 02860	05-0465216	501C3	75,280.	0.			DESIGNATED DONATION/GRANT
INSPIRING MINDS 65 PAVILION AVENUE PROVIDENCE, RI 02905	05-0310175	501C3	32,525.	0.			DESIGNATED DONATION/GRANT
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168-1289	13-5660870	501C3	18,745.	0.			DESIGNATED DONATION/GRANT
J. ARTHUR TRUDEAU MEMORIAL CENTER 3445 POST ROAD WARWICK, RI 02886	05-0310093	501C3	10,169.	0.			DESIGNATED DONATION/GRANT
JEFFREY OSBORNE FOUNDATION P.O. BOX 9521 PROVIDENCE, RI 02904	46-0925456	501C3	7,500.	0.			DESIGNATED DONATION/GRANT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501C3	105,159.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOE ANDRUZZI FOUNDATION INC. 49 PLAIN STREET, #500 NORTH ATTLEBOROUGH, MA 02760	26-2017043	501C3	35,875.	0.			DESIGNATED DONATION/GRANT
JOHNSON & WALES UNIVERSITY 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903	05-0306206	501C3	7,050.	0.			DESIGNATED DONATION/GRANT
JUNIOR ACHIEVEMENT - USA 1 EDUCATION WAY COLORADO SPRINGS, CO 80906	84-1267604	501C3	6,143.	0.			DESIGNATED DONATION/GRANT
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE STREET WARWICK, RI 02886	05-0263443	501C3	5,727.	0.			DESIGNATED DONATION/GRANT
KING'S CATHEDRAL 225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903	05-0496649	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
LA SALLE ACADEMY 612 ACADEMY AVENUE PROVIDENCE, RI 02908	05-0449426	501C3	9,247.	0.			DESIGNATED DONATION/GRANT
LEADERSHIP RHODE ISLAND 1570 WESTMINSTER STREET - FLOOR 1 PROVIDENCE, RI 02909-1805	22-2570460	501C3	16,811.	0.			DESIGNATED DONATION/GRANT
LEARNING COMMUNITY CHARTER SCHOOL 21 LINCOLN AVENUE CENTRAL FALLS, RI 02863	47-0942849	501C3	76,925.	0.			DESIGNATED DONATION/GRANT
LIFESPAN FOUNDATION 167 POINT ST PROVIDENCE, RI 02903	05-0493219	501C3	346,204.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501C3	63,327.	0.			DESIGNATED DONATION/GRANT
LOOKING UPWARDS, INC. 438 EAST MAIN ROAD MIDDLETOWN, RI 02842	05-0376075	501C3	7,686.	0.			DESIGNATED DONATION/GRANT
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501C3	80,812.	0.			DESIGNATED DONATION/GRANT
LUNG CANCER RESEARCH FOUNDATION 155 EAST - 55TH STREET - SUITE 6E NEW YORK, NY 10022	14-1935776	501C3	8,725.	0.			DESIGNATED DONATION/GRANT
MADDIE POTTS FOUNDATION P. O. BOX 539 HOPE VALLEY, RI 02832	82-3605410	501C3	12,290.	0.			DESIGNATED DONATION/GRANT
MAKE-A-WISH FOUNDATION MA & RI 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	22-2867371	501C3	6,506.	0.			DESIGNATED DONATION/GRANT
MAN UP INC. 80 WASHINGTON STREET, RM 429 PROVIDENCE, RI 02903	46-2667817	501C3	101,464.	0.			DESIGNATED DONATION/GRANT
MANTON AVENUE PROJECT 55 PUTNAM STREET PROVIDENCE, RI 02909	06-1725016	501C3	50,725.	0.			DESIGNATED DONATION/GRANT
MARGARET STERLING COOK FOUNDATION P.O. BOX 72 RANDOLPH CENTER, VT 05061	20-2604143	501C3	13,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN LUTHER KING COMMUNITY CENTER INC - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501C3	20,343.	0.			DESIGNATED DONATION/GRANT
MASS GENERAL BRIGHAM 800 BOYLSTON STREET SUITE 1150 BOSTON, MA 02199	04-3230035	501C3	7,500.	0.			DESIGNATED DONATION/GRANT
MASS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	04-1564655	501C3	7,775.	0.			DESIGNATED DONATION/GRANT
MCAULEY CORPORATION 622 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-0440470	501C3	19,553.	0.			DESIGNATED DONATION/GRANT
MEALS ON WHEELS OF RI 70 BATH ST PROVIDENCE, RI 02908	05-0340723	501C3	25,000.	0.			DESIGNATED DONATION/GRANT
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501C3	189,831.	0.			DESIGNATED DONATION/GRANT
MENTAL HEALTH ASSOCIATION OF RI 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0280788	501C3	74,430.	0.			DESIGNATED DONATION/GRANT
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	05-0258906	501C3	17,100.	0.			DESIGNATED DONATION/GRANT
MOSES BROWN SCHOOL FOUNDATION 250 LLOYD AVENUE PROVIDENCE, RI 02906-2398	23-7067506	501C3	8,250.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET S. HADLEY, MA 01075-1486	04-2105894	501C3	15,000.	0.			DESIGNATED DONATION/GRANT
MOUNT HOPE COMMUNITY BAPTIST CHURCH - 734 HOPE ST - PROVIDENCE, RI 02906	05-0414434	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
MOUNT HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906-2508	05-0502405	501C3	66,013.	0.			DESIGNATED DONATION/GRANT
MOUNT HOPE NEIGHBORHOOD ASSOCIATION - 199 CAMP STREET - PROVIDENCE, RI 02906	22-2599257	501C3	25,600.	0.			DESIGNATED DONATION/GRANT
MYSTIC AQUARIUM/SEA RESEARCH FOUNDATION INC. - 55 COOGAN BOULEVARD - MYSTIC, CT 06355-1997	06-1480300	501C3	57,050.	0.			DESIGNATED DONATION/GRANT
NARRAGANSETT COUNCIL, BOY SCOUTS OF AMERICA - P. O. BOX 14777 - EAST PROVIDENCE, RI 02914	05-0308384	501C3	32,091.	0.			DESIGNATED DONATION/GRANT
NATIONAL KIDNEY FOUNDATION OF RI & MA - 209 W. CENTRAL STREET SUITE 220 - NATICK, MA 01760-3716	04-2305643	501C3	8,500.	0.			DESIGNATED DONATION/GRANT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 659 TOWER AVE 1ST FLOOR - HARTFORD, CT 06112	13-5661935	501C3	7,265.	0.			DESIGNATED DONATION/GRANT
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NEW ENGLAND CHAP - 101 FIRST AVENUE, SUITE 6 - WALTHAM, MA 02284	05-0271809	501C3	5,012.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURE CONSERVANCY - RI 159 WATERMAN STREET PROVIDENCE, RI 02906	53-0242652	501C3	36,077.	0.			DESIGNATED DONATION/GRANT
NEIGHBOR BRIGADE P. O. BOX 735 MAYNARD, MA 01754	27-1871610	501C3	5,100.	0.			DESIGNATED DONATION/GRANT
NEIGHBORWORKS BLACKSTONE RIVER VALLEY - 719 FRONT STREET, SUITE 103 - WOONSOCKET, RI 02895	22-2907602	501C3	75,000.	0.			DESIGNATED DONATION/GRANT
NEW BEGINNINGS INC. 323 RATHBUN STREET WOONSOCKET, RI 02895	82-3031983	501C3	20,000.	0.			DESIGNATED DONATION/GRANT
NEW URBAN ARTS 705 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0498654	501C3	158,305.	0.			DESIGNATED DONATION/GRANT
NEWPORT COUNTY YMCA 792 VALLEY ROAD MIDDLETOWN, RI 02842	05-0258916	501C3	9,683.	0.			DESIGNATED DONATION/GRANT
NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD NEWPORT, RI 02842	30-0946766	501C3	147,569.	0.			DESIGNATED DONATION/GRANT
NONVIOLENCE INSTITUTE 265 OXFORD STREET PROVIDENCE, RI 02905	05-0517863	501C3	55,978.	0.			DESIGNATED DONATION/GRANT
NORTH KINGSTOWN FOOD PANTRY 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501C3	5,896.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OASIS INTERNATIONAL 600 BROAD STREET PROVIDENCE, RI 02907	05-0470205	501C3	60,869.	0.			DESIGNATED DONATION/GRANT
OCEAN COMMUNITY CHAMBER OF COMMERCE FOUNDATION - ONE CHAMBER WAY - WESTERLY, RI 02891	05-0494495	501C3	12,500.	0.			DESIGNATED DONATION/GRANT
OLNEYVILLE NEIGHBORHOOD ASSOCIATION - 122 MANTON AVENUE, BOX 8, SUITE 611 - PROVIDENCE, RI 02909	83-0434706	501C3	20,000.	0.			DESIGNATED DONATION/GRANT
ONE MISSION INC. 69 MILK STREET SUITE 308 WESTBOROUGH, MA 01581-1224	26-3741880	501C3	10,100.	0.			DESIGNATED DONATION/GRANT
ONE NEIGHBORHOOD BUILDERS 66 CHAFFEE STREET PROVIDENCE, RI 02909	22-3010422	501C3	82,987.	0.			DESIGNATED DONATION/GRANT
OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909	52-2374370	501C3	116,725.	0.			DESIGNATED DONATION/GRANT
OUR LADY OF MERCY CHURCH 65 THIRD STREET EAST GREENWICH, RI 02818	05-0258922	501C3	6,400.	0.			DESIGNATED DONATION/GRANT
PAN MASSACHUSETTS CHALLENGE, INC. 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912	501C3	18,928.	0.			DESIGNATED DONATION/GRANT
PARENTS LEADING FOR EDUCATIONAL EQUITY - 166 VALLEY STREET BUILDING 6M, SUITE 103 - PROVIDENCE, RI 02909	85-4350943	501C3	50,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN HEALTH A NONPROFIT CORPORATION - 800 BOYLSTON STREET - BOSTON, MA 02199	04-3567502	501C3	6,057.	0.			DESIGNATED DONATION/GRANT
PARTNERSHIP FOR PROVIDENCE PARKS 11 WEST DRIVE C/O RECREATION DRIVE PROVIDENCE, RI 02904	46-1154583	501C3	10,546.	0.			DESIGNATED DONATION/GRANT
PAWTUCKET CENTRAL FALLS DEVELOPMENT CORPORATION - 204 BROAD STREET - PAWTUCKET, RI 02860	22-3241611	501C3	51,280.	0.			DESIGNATED DONATION/GRANT
PAWTUCKET SOUP KITCHEN P. O. BOX 3102 PAWTUCKET, RI 02861	05-0475296	501C3	10,732.	0.			DESIGNATED DONATION/GRANT
PENNFIELD SCHOOL 110 SANDY POINT AVENUE PORTSMOUTH, RI 02871	23-7131751	501C3	5,300.	0.			DESIGNATED DONATION/GRANT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC - 123 WILLIAM ST 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501C3	7,977.	0.			DESIGNATED DONATION/GRANT
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501C3	42,467.	0.			DESIGNATED DONATION/GRANT
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501C3	11,850.	0.			DESIGNATED DONATION/GRANT
PROGRESO LATINO, INC. 626 BROAD STREET CENTRAL FALLS, RI 02863-2835	05-0380608	501C3	73,657.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT PROSPER OF FLORIDA 43 OLD CARRIAGE ROAD #126 WEST WARWICK, RI 02893	45-0491407	501C3	50,000.	0.			DESIGNATED DONATION/GRANT
PROJECT SOUTH 9 GAMMON AVENUE SE ATLANTA, GA 30315	58-1956686	501C3	50,000.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE AFTER SCHOOL ALLIANCE 81 CARPENTER STREET PROVIDENCE, RI 02903	26-0319193	501C3	76,100.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501C3	14,655.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE ATHENAEUM 251 BENEFIT STREET PROVIDENCE, RI 02903	05-0258928	501C3	5,700.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE CITY ARTS FOR YOUTH 891 BROAD STREET PROVIDENCE, RI 02907	22-3258997	501C3	65,050.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501C3	44,848.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE COMMUNITY LIBRARY P. O. BOX 9267 PROVIDENCE, RI 02940	36-4640304	501C3	46,048.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	05-0258934	501C3	7,250.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	05-0377244	501C3	12,833.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903	05-0283958	501C3	14,746.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE PROMISE TWO REGENCY PLAZA, SUITE 4 PROVIDENCE, RI 02903	47-1918920	501C3	19,545.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501C3	26,200.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE RESCUE MISSION P. O. BOX 72753 PROVIDENCE, RI 02907-9909	05-0503326	501C3	10,640.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE REVOLVING FUND 372 WEST FOUNTAIN STREET PROVIDENCE, RI 02903	05-0386411	501C3	50,100.	0.			DESIGNATED DONATION/GRANT
PROVIDENCE YOUTH STUDENT MOVEMENT 669 ELMWOOD AVENUE. BOX 13 PROVIDENCE, RI 02907	65-1224536	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
REACH OUT & READ INC. ONE RICHMOND SQUARE 222W PROVIDENCE, RI 02906	05-0514148	501C3	11,275.	0.			DESIGNATED DONATION/GRANT
REFUGEE DREAM CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501C3	127,605.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REINVENT STOCKTON FOUNDATION 110 N SAN JOAQUIN STREET STOCKTON, CA 95202	82-1005719	501C3	15,000.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND BLACK STORYTELLERS 393 BROAD STREET PROVIDENCE, RI 02907	05-0516630	501C3	50,113.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND BUSINESS DEVELOPMENT INSTITUTE - 3 REGENCY PLAZA, SUITE 3 EAST - PROVIDENCE, RI 02903	47-1151685	501C3	25,775.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND COALITION FOR THE HOMELESS - 1070 MAIN STREET - PAWTUCKET, RI 02860	22-2894547	501C3	78,400.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANTIC AVENUE PROVIDENCE, RI 02907	05-0395601	501C3	327,085.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND FOR COMMUNITY AND JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501C3	15,396.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND FREE CLINIC 655 BROAD STREET PROVIDENCE, RI 02907	05-0501276	501C3	25,980.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND HISPANIC CHAMBER OF COMMERCE - 1955 WESTMINSTER STREET, 2ND FLOOR - PROVIDENCE, RI 02909	81-2701009	501C3	62,000.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND HOSPITAL FOUNDATION 167 POINT ST PROVIDENCE, RI 02903	05-0468736	501C3	12,700.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND KIDS COUNT, INC. ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501C3	76,800.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND LEGAL SERVICES, INC. 56 PINE ST, SUITE 400 PROVIDENCE, RI 02903-2819	05-0318596	501C3	82,788.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND LOCAL INITIATIVES SUPPORT CORP. - LISC - 146 CLIFFORD STREET - PROVIDENCE, RI 02903	13-3030229	501C3	75,369.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND MUSEUM OF SCIENCE AND ART - 763 WESTMINSTER STREET - PROVIDENCE, RI 02903	27-1255182	501C3	15,000.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND PARENT INFORMATION NETWORK - 300 JEFFERSON BOULEVARD #300 - WARWICK, RI 02888	05-0457336	501C3	151,200.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501C3	25,075.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND PHILHARMONIC & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914-1712	05-0267451	501C3	24,764.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501C3	38,726.	0.			DESIGNATED DONATION/GRANT
RHODE ISLAND URBAN DEBATE LEAGUE P.O. BOX 72852 PROVIDENCE, RI 02907	27-3013671	501C3	53,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RI BLACK BUSINESS ASSOCIATION 3 REGENCY PLAZA SUITE E PROVIDENCE, RI 02903	45-1454867	501C3	25,100.	0.			DESIGNATED DONATION/GRANT
RI CENTER FOR JUSTICE 1 EMPIRE PLAZA, SUITE 410 PROVIDENCE, RI 02903	46-5295722	501C3	76,019.	0.			DESIGNATED DONATION/GRANT
RI MENTORING PARTNERSHIP, INC. 2065 WARWICK AVENUE - UNIT 1 WARWICK, RI 02889	05-0443260	501C3	7,356.	0.			DESIGNATED DONATION/GRANT
RI SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 186 AMARAL STREET - RIVERSIDE, RI 02915	05-0262716	501C3	13,017.	0.			DESIGNATED DONATION/GRANT
RICAN - RHODE ISLAND CENTER ASSISTING THOSE IN NEED - P.O. BOX 73 - CAROLINA, RI 02812	20-4070706	501C3	11,646.	0.			DESIGNATED DONATION/GRANT
RISE-RHODE ISLANDERS SPONSORING EDUCATION - 11 S. ANGELL STREET - PROVIDENCE, RI 02906-5206	06-1470525	501C3	13,550.	0.			DESIGNATED DONATION/GRANT
RIVERZEDGE ARTS 196 SECOND AVENUE WOONSOCKET, RI 02895	13-4206227	501C3	92,402.	0.			DESIGNATED DONATION/GRANT
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501C3	28,456.	0.			DESIGNATED DONATION/GRANT
ROGER WILLIAMS PARK ZOO 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-6016675	501C3	56,346.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809	05-0277222	501C3	133,085.	0.			DESIGNATED DONATION/GRANT
RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY STREET - PROVIDENCE, RI 02905	22-2760752	501C3	40,572.	0.			DESIGNATED DONATION/GRANT
SAINT ANDREW'S SCHOOL 63 FEDERAL ROAD BARRINGTON, RI 02806	05-0262717	501C3	12,500.	0.			DESIGNATED DONATION/GRANT
SAINT BASIL'S CHURCH 111 CROSS STREET CENTRAL FALLS, RI 02863	23-7378433	501C3	6,000.	0.			DESIGNATED DONATION/GRANT
SAINT FRANCIS HOUSE INC 39 BOYLSTON ST BOSTON, MA 02116	22-2519129	501C3	11,571.	0.			DESIGNATED DONATION/GRANT
SAINT JOSEPH'S CHURCH 92 HOPE STREET PROVIDENCE, RI 02906	05-0259012	501C3	11,000.	0.			DESIGNATED DONATION/GRANT
SAINT JOSEPH'S COLLEGE 245 CLINTON AVENUE BROOKLYN, NY 11205-3688	11-1733439	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
SAINT MARTIN'S EPISCOPAL CHURCH 50 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0260679	501C3	12,100.	0.			DESIGNATED DONATION/GRANT
SAINT MARY ACADEMY - BAY VIEW 3070 PAWTUCKET AVENUE RIVERSIDE, RI 02915	05-0263792	501C3	5,571.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501C3	11,969.	0.			DESIGNATED DONATION/GRANT
SALISBURY SCHOOL 251 CANAAN ROAD SALISBURY, CT 06068	06-0646888	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
SALVATION ARMY 386 BROAD STREET PROVIDENCE, RI 02905	13-5562351	501C3	7,687.	0.			DESIGNATED DONATION/GRANT
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501C3	54,345.	0.			DESIGNATED DONATION/GRANT
SANKOFA COMMUNITY CONNECTION 2 BROADWAY NEWPORT, RI 02840	85-2095489	501C3	7,350.	0.			DESIGNATED DONATION/GRANT
SANTA BARBARA MUSEUM OF ART 1130 STATE STREET SANTA BARBARA, CA 93101	95-1664122	501C3	31,320.	0.			DESIGNATED DONATION/GRANT
SAVE THE BAY 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501C3	37,587.	0.			DESIGNATED DONATION/GRANT
SHULTZS GUEST HOUSE SERVICES INC. 7 BURGESS LANE DEDHAM, MA 02026	47-2697761	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE - SUITE 100 PROVIDENCE, RI 02903	26-0163730	501C3	382,564.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOJOURN COLLEGIATE MINISTRY INC. 539 W. COMMERCE STREET DALLAS, TX 75208	20-5378781	501C3	5,300.	0.			DESIGNATED DONATION/GRANT
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501C3	86,724.	0.			DESIGNATED DONATION/GRANT
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501C3	8,134.	0.			DESIGNATED DONATION/GRANT
SOUTHERN RHODE ISLAND CONSERVATION DISTRICT - P.O. BOX 1636 - KINGSTON, RI 02881	05-0396550		71,000.	0.			DESIGNATED DONATION/GRANT
SOUTHPOINTE CHRISTIAN CHURCH 200 PETTACONSETT AVENUE. WARWICK, RI 02888	45-3065348	501C3	13,990.	0.			DESIGNATED DONATION/GRANT
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907-1031	05-0394224	501C3	61,601.	0.			DESIGNATED DONATION/GRANT
SPECIAL OLYMPICS RHODE ISLAND, INC. - 370 GEORGE WASHINGTON HIGHWAY - SMITHFIELD, RI 02917	05-0377867	501C3	11,265.	0.			DESIGNATED DONATION/GRANT
SPECIAL SIGNAL FIRE ASSOCIATION P.O. BOX 25009 PROVIDENCE, RI 02905	05-0461175	501C3	6,823.	0.			DESIGNATED DONATION/GRANT
SPECTRUM THEATRE ENSEMBLE 299 BROADWAY PROVIDENCE, RI 02903	83-2563658	501C3	6,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPENCER EDUCATIONAL FOUNDATION LB #2340 P.O. BOX 95000 ROXBURY CROSSING, MA 02120	58-1420617	501C3	10,500.	0.			DESIGNATED DONATION/GRANT
SQUASH BUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	04-3330698	501C3	14,000.	0.			DESIGNATED DONATION/GRANT
ST PATRICK ACADEMY 244 SMITH STREET PROVIDENCE, RI 02908	05-0348697	501C3	21,525.	0.			DESIGNATED DONATION/GRANT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	32,696.	0.			DESIGNATED DONATION/GRANT
ST. MARY'S EPISCOPAL CHURCH - PORTSMOUTH - 324 EAST MAIN ROAD - PORTSMOUTH, RI 02871	05-0273228	501C3	10,300.	0.			DESIGNATED DONATION/GRANT
STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE - SUITE B WESTERLY, RI 02891	35-2175841	501C3	6,801.	0.			DESIGNATED DONATION/GRANT
STATE OF RHODE ISLAND - RIDE 50 SERVICE AVENUE WARWICK, RI 02886	05-6000522	501C3	22,500.	0.			DESIGNATED DONATION/GRANT
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501C3	6,644.	0.			DESIGNATED DONATION/GRANT
STEVEN K LATIMER MEMORIAL FOUNDATION - P.O. BOX 40336 - PROVIDENCE, RI 02940	46-2619640	501C3	6,300.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0264805	501C3	17,136.	0.			DESIGNATED DONATION/GRANT
TEMPLE EMANUEL 99 TAFT AVENUE PROVIDENCE, RI 02906	05-0259273	501C3	10,450.	0.			DESIGNATED DONATION/GRANT
THE ARC OF BLACKSTONE VALLEY 500 PROSPECT STREET PAWTUCKET, RI 02860	05-0300152	501C3	11,438.	0.			DESIGNATED DONATION/GRANT
THE COVE CENTER INC 610 MANTON AVENUE PROVIDENCE, RI 02909	05-0419116	501C3	8,680.	0.			DESIGNATED DONATION/GRANT
THE HAITIAN PROJECT INC. P. O. BOX 6891 PROVIDENCE, RI 02940	22-2700013	501C3	8,975.	0.			DESIGNATED DONATION/GRANT
THE JONNYCAKE CENTER INC. - PEACE DALE - 1231 KINGSTOWN ROAD - PEACE DALE, RI 02879	05-0374356	501C3	23,965.	0.			DESIGNATED DONATION/GRANT
THE JONNYCAKE CENTER OF WESTERLY 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501C3	7,158.	0.			DESIGNATED DONATION/GRANT
THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - GRAND CENTRAL STATION - P. O. BOX 4777 - NEW YORK, NY 10163	13-4141945	501C3	41,874.	0.			DESIGNATED DONATION/GRANT
THE MILAGROS PROJECT 80 MAIN STREET MANVILLE, RI 02838	87-4481728	501C3	5,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MIRIAM HOSPITAL FOUNDATION 167 POINT STREET PROVIDENCE, RI 02903	05-0377502	501C3	11,500.	0.			DESIGNATED DONATION/GRANT
THE OPPORTUNITY NETWORK 85 BROAD STREET, 6TH FLOOR NEW YORK, NY 10004	43-1984494	501C3	6,000.	0.			DESIGNATED DONATION/GRANT
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501C3	11,150.	0.			DESIGNATED DONATION/GRANT
THE PROVIDENCE CENTER 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501C3	45,529.	0.			DESIGNATED DONATION/GRANT
THE RHODE ISLAND COMMUNITY FOUNDATION - ONE UNION STATION - PROVIDENCE, RI 02903	22-2604963	501C3	178,506.	0.			DESIGNATED DONATION/GRANT
THE TOMORROW FUND 593 EDDY STREET - POB BUILDING - SU PROVIDENCE, RI 02903	05-0450569	501C3	24,792.	0.			DESIGNATED DONATION/GRANT
THE WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906	05-0259101	501C3	8,113.	0.			DESIGNATED DONATION/GRANT
THOMAS BECKET FOUNDATION P.O. BOX 2560 PROVIDENCE, RI 02906	23-7024626	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
THOMPSON ISLAND OUTWARD BOUND P. O. BOX 127 BOSTON, MA 02127-0002	04-3027900	501C3	55,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES FAMILY SERVICES 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229	501C3	8,096.	0.			DESIGNATED DONATION/GRANT
TOWN OF PALM BEACH UNITED WAY INC. 44 COCOANUT ROW, SUITE M201 PALM BEACH, FL 33480	59-6037885	501C3	20,000.	0.			DESIGNATED DONATION/GRANT
TRI COUNTY COMMUNITY ACTION 1126 HARTFORD AVENUE JOHNSTON, RI 02919	05-0351121	501C3	8,937.	0.			DESIGNATED DONATION/GRANT
TRI-COUNTY COMMUNITY ACTION AGENCY 11 EMANUEL STREET NORTH PROVIDENCE, RI 02911	05-0309695	501C3	63,213.	0.			DESIGNATED DONATION/GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501C3	14,516.	0.			DESIGNATED DONATION/GRANT
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755-3555	02-0222111	501C3	23,200.	0.			DESIGNATED DONATION/GRANT
UFCW LOCAL 328 CHARITABLE FOUNDATION - 278 SILVER SPRING STREET - PROVIDENCE, RI 02904	20-0678926	501C3	5,354.	0.			DESIGNATED DONATION/GRANT
UNICEF 3 UNITED NATIONS PLAZA NEW YORK, NY 10017	13-1760110	501C3	47,825.	0.			DESIGNATED DONATION/GRANT
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653	501C3	11,670.	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 noncash 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 HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007-5813	74-1167964	501C3	8,005.	0.			DESIGNATED DONATION/GRANT
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103	23-1556045	501C3	6,242.	0.			DESIGNATED DONATION/GRANT
UNITED WAY OF MASSACHUSETTS BAY PO BOX 520 BEVERLY, MA 01915-0420	04-2382233	501C3	15,558.	0.			DESIGNATED DONATION/GRANT
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE - 30TH FLOOR CHICAGO, IL 60604	30-0200478	501C3	5,369.	0.			DESIGNATED DONATION/GRANT
UNITED WAY OF SOUTHEASTERN CONNECTICUT INC - 283 STODDARDS WHARF ROAD - GALES FERRY, CT 06335	06-0771393	501C3	5,529.	0.			DESIGNATED DONATION/GRANT
UNITED WAY OF TRI-COUNTY, INC. 46 PARK STREET FRAMINGHAM, MA 01702-6652	04-2104231	501C3	9,409.	0.			DESIGNATED DONATION/GRANT
UNITED WAY SUMMIT - MEDINA 37 NORTH HIGH STREET SUITE A AKRON, OH 44308	23-7110762	501C3	5,163.	0.			DESIGNATED DONATION/GRANT
UNIVERSITY HOSPITALS 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-0714775	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117-9950	06-0731360	501C3	6,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF RHODE ISLAND FOUNDATION - 79 UPPER COLLEGE RD - KINGSTON, RI 02881	05-6014351	501C3	42,292.	0.			DESIGNATED DONATION/GRANT
UNIVERSITY OF WISCONSIN LA CROSSE FOUNDATION INC. - 615 EAST AVENUE N - LA CROSSE, WI 54601	39-1145116	501C3	20,000.	0.			DESIGNATED DONATION/GRANT
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK ROAD SUITE 375 PHOENIX, CA 85018	86-0104419	501C3	7,464.	0.			DESIGNATED DONATION/GRANT
VILLAGE COMMON OF RI 245 WATERMAN STREET, SUITE 406 PROVIDENCE, RI 02906	47-3675451	501C3	14,150.	0.			DESIGNATED DONATION/GRANT
VISITING NURSE SERVICES OF NEWPORT AND BRISTOL COUNTIES - 1184 EAST MAIN ROAD - PORTSMOUTH, RI 02871	05-0258915	501C3	7,143.	0.			DESIGNATED DONATION/GRANT
WATERFIRE - PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612	501C3	7,695.	0.			DESIGNATED DONATION/GRANT
WE SHARE HOPE 310 BOURNE AVENUE BUILDING 70 RUMFORD, RI 02916	27-1933460	501C3	19,315.	0.			DESIGNATED DONATION/GRANT
WEST BAY COLLABORATIVE 144 BIGNALL STREET WARWICK, RI 02888	05-0460855	501C3	21,340.	0.			DESIGNATED DONATION/GRANT
WEST ELMWOOD HOUSING DEVELOPMENT CORPORATION - 224 DEXTER STREET - PROVIDENCE, RI 02907	23-7138165	501C3	71,567.	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 noncash 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	44,103.	0.			DESIGNATED DONATION/GRANT
WESTERLY AREA REST MEALS (WARM CENTER) - 56 SPRUCE STREET - WESTERLY, RI 02891	22-2887878	501C3	16,499.	0.			DESIGNATED DONATION/GRANT
WESTERLY HOSPITAL FOUNDATION 25 WELLS STREET WESTERLY, RI 02891	05-0508064	501C3	12,250.	0.			DESIGNATED DONATION/GRANT
WGBH ONE GUEST STREET BOSTON, MA 02135	04-3312069	501C3	31,470.	0.			DESIGNATED DONATION/GRANT
WHAT IF FOUNDATION 1569 SOLANO AVENUE #192 BERKELEY, CA 94707	91-2121669	501C3	6,000.	0.			DESIGNATED DONATION/GRANT
WOLF SCHOOL 215 FERRIS AVENUE EAST PROVIDENCE, RI 02916	05-0506471	501C3	6,000.	0.			DESIGNATED DONATION/GRANT
WOMEN & INFANTS' HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905	05-0258937	501C3	11,648.	0.			DESIGNATED DONATION/GRANT
WOMEN'S FUND OF RHODE ISLAND 133 DELAINE STREET PROVIDENCE, RI 02909	06-1741539	501C3	12,310.	0.			DESIGNATED DONATION/GRANT
WOOD RIVER HEALTH SERVICES 823 MAIN STREET HOPE VALLEY, RI 02832	05-0378071	501C3	9,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODY WILLIAMS FOUNDATION 12123 SHELBYVILLE ROAD, SUITE 100 LOUISVILLE, KY 40243	06-1840409	501C3	31,050.	0.			DESIGNATED DONATION/GRANT
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501C3	94,956.	0.			DESIGNATED DONATION/GRANT
WORLD HOPE INTERNATIONAL INC. 1330 BRADDOCK PLACE ALEXANDRIA, VA 22314	35-1985485	501C3	10,000.	0.			DESIGNATED DONATION/GRANT
WOUNDED WARRIOR PROJECT INC. 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501C3	41,017.	0.			DESIGNATED DONATION/GRANT
YANKEE GOLDEN RETRIEVER RESCUE P. O. BOX 808 HUDSON, MA 01749	04-2857191	501C3	8,155.	0.			DESIGNATED DONATION/GRANT
YEAR UP INC 45 MILK STREET - 9TH FLOOR BOSTON, MA 02109	04-3534407	501C3	7,000.	0.			DESIGNATED DONATION/GRANT
YMCA OF GREATER PROVIDENCE 21 PEACE STREET 6TH FLOOR PROVIDENCE, RI 02907	05-0258878	501C3	111,596.	0.			DESIGNATED DONATION/GRANT
YMCA-OCEAN COMMUNITY 95 HIGH STREET WESTERLY, RI 02891	05-0268126	501C3	50,497.	0.			DESIGNATED DONATION/GRANT
YOUNG VOICES 204 WESTMINSTER STREET, SUITE 2A PROVIDENCE, RI 02903	42-2103674	501C3	65,633.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH IN ACTION 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230	501C3	76,482.	0.			DESIGNATED DONATION/GRANT
YOUTH PRIDE, INC. 743 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0478645	501C3	12,996.	0.			DESIGNATED DONATION/GRANT
YOUTHBUILD PREPARATORY ACADEMY 217 WESTMINSTER STREET, 3RD FLOOR PROVIDENCE, RI 02903	81-3957029	501C3	76,409.	0.			DESIGNATED DONATION/GRANT

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

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

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

PART I, LINE 2:

FOR THE FISCAL YEAR ENDED JUNE 30, 2022, UNITED WAY OF RI DISTRIBUTED PROGRAM GRANTS AND DONOR DESIGNATIONS TOTALING APPROXIMATELY \$14,965,954 TO 501(C)3 AGENCIES (AGENCIES) IN THE UNITED STATES. INCLUDED IN THIS TOTAL ARE PAYMENTS TO ALL AGENCIES, INCLUDING THOSE THAT RECEIVED \$5,000 OR MORE IN PAYMENTS. IN SEVERAL INSTANCES, AGENCIES RECEIVED BOTH DONOR DESIGNATIONS AND PROGRAM GRANT FUNDING. FOR PROGRAM GRANT FUNDING, UNITED WAY OF RI APPLIES A TRANSPARENT OPEN INVITATION AND BID PROCESS PRIOR TO AWARDING FUNDING TO AGENCIES. THERE IS AN OPEN APPLICATION PROCESS THAT

**Part IV** Supplemental Information

INCLUDES AN EXPLANATION OF THE PROPOSED USE AND EXPECTED RESULTS FROM THE USE OF THE FUNDS. THE APPLICATIONS ARE REVIEWED BY A COMMITTEE COMPRISED OF COMMUNITY LEADERS AND UNITED WAY OF RI STAFF. DURING THIS PROCESS, THE COMMITTEE REVIEWS THE PROPOSALS AND DETERMINES THOSE THAT WILL PROVIDE THE BEST RETURN ON INVESTMENT FOR THE COMMUNITY. AGENCIES THAT APPLY ARE NOT ONLY REVIEWED FOR THEIR PROPOSAL BUT ALSO A FINANCIAL REVIEW OF THE AGENCY IS COMPLETED BY THE COMMITTEE TO GAIN A LEVEL OF ASSURANCE THAT THE AWARDED AGENCIES WILL FOLLOW SOUND FISCAL POLICIES. RECOMMENDATIONS BY THE COMMITTEE ARE PRESENTED TO THE UNITED WAY OF RI BOARD OF DIRECTORS, WHO THEN VOTE AND HAVE FINAL AUTHORIZATION ON AWARDED PROGRAM GRANTS. AGENCIES THAT ARE AWARDED PROGRAM GRANTS ARE REQUIRED TO SIGN A WRITTEN CONTRACT WITH UNITED WAY OF RI, WHICH STIPULATES THE TERMS AND CONDITIONS OF THE PROGRAM GRANT. GRANTEEES ARE REQUIRED TO PROVIDE UNITED WAY OF RI WITH SEMI-ANNUAL REPORTS THAT SHOW HOW THE FUNDING WAS UTILIZED AND REPORT ON THE OUTCOMES ACHIEVED. THESE AGENCIES ARE ALSO REQUIRED TO PROVIDE A FINAL REPORT TO THE UNITED WAY OF RI. THE FINAL REPORT VERIFIES THAT ALL FUNDS HAVE BEEN USED FOR THE INTENDED PURPOSES, AND AN ASSESSMENT IS COMPLETED OF THE ACTUAL RESULTS ACHIEVED COMPARED TO THE PROPOSED RESULTS IN THE INITIAL APPLICATION AND SIGNED PROGRAM GRANT CONTRACT. FOR BOTH PROGRAM GRANTS AND DONOR DESIGNATIONS, BEFORE UNITED WAY OF RI DISBURSES ANY FUNDS TO AGENCIES, THE AGENCIES ARE FIRST SCREENED BY UNITED WAY OF RI TO VERIFY 1) THE AGENCY IS AN IRS CODE SEC. 501(C)3 NON-PROFIT AND 2) THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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) CORTNEY NICOLATO PRESIDENT & CEO	(i)	316,177.	0.	0.	12,867.	20,276.	349,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY ANN CANAVAN CHIEF FINANCIAL OFFICER	(i)	131,443.	0.	0.	8,836.	20,276.	160,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

**PART I, LINE 1B:**

POLICY IS DISCUSSED ON AN ONGOING BASIS WITH THE BOARD OF DIRECTORS AT  
REGULARLY 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 REPORTING  
CALENDAR YEAR 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 DATA.

SCHEDULE J, 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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	X	62	951,885.	MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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) 2021

**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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

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

COVID GRANT:

COVID-19 RELIEF PROGRAMS HELP RHODE ISLANDERS, INCLUDING \$1,215,436 IN

FOOD ASSISTANCE PROVIDED TO THOSE IN NEED DURING THE PANDEMIC AND

\$1,833,125 TO PROVIDE RELIEF FOR FOOD AND JOB INSECURITY. DETAILS ON

OUR WORK IN THE COMMUNITY CAN BE VIEWED ON OUR WEBSITE AT

WWW.UNITEDWAYRI.ORG

EXPENSES \$ 3,048,561. INCLUDING GRANTS OF \$ 3,048,561. REVENUE \$ 0.

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

THE AUDIT COMMITTEE IS THE BOARD COMMITTEE RESPONSIBLE FOR THE ANNUAL

DETAILED REVIEW OF THE AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR UNITED

WAY OF RI. THE AUDIT COMMITTEE IS RESPONSIBLE FOR ENSURING 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),

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

VOTES AND RECOMMENDS THAT THE FINAL FORM 990 BE SUBMITTED. 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 IS GIVEN TO THE BOARD

OF DIRECTORS BY MANAGEMENT WITH SPECIAL ATTENTION TO PART VI (GOVERNANCE,

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

Schedule O (Form 990) 2021

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

MANAGEMENT AND DISCLOSURE). ONCE THE FORM 990 IS FILED WITH THE IRS, MANAGEMENT POSTS 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 ENSURE 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 A WRITTEN MEMORANDUM. AFTER THIS ANNUAL PROCESS IS COMPLETED, THE ETHICS COMMITTEE CHAIR THEN REPORTS OUT IN SUMMARY TO THE BOARD OF DIRECTORS AT A REGULARLY SCHEDULED BOARD MEETING.

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

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

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

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

COMPARATIVE SALARY DATA: THE COMPENSATION AND BENEFITS COMMITTEE IS PROVIDED WITH CEO SALARY INFORMATION OF MORE THAN TEN COMPARABLE ORGANIZATIONS, CAPTURING NATIONAL, REGIONAL, AND LOCAL COMPENSATION DATA FOR SIMILARLY SIZED ORGANIZATIONS. PERFORMANCE-BASED SYSTEM: CEO PERFORMANCE IS ANNUALLY ASSESSED BY THE COMPENSATION AND BENEFITS COMMITTEE AND PRESENTED TO THE FULL BOARD OF DIRECTORS IN AN 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, IN ADDITION TO DOCUMENTED DETAIL THAT GUIDES THE AWARD OF A BONUS, IF ANY. THE DISCUSSION AND BONUS AWARD ARE DOCUMENTED TO SUPPORT IMPLEMENTATION.

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

THE SALARY DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS 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 COMPENSATION PROCESS.

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





**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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.

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

**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.

**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?

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

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

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

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Predominant income (related, unrelated, excluded from tax under sections 512-514); (e) Are all partners sec. 501(c)(3) orgs.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**UNITED WAY OF RHODE ISLAND, INC.**

**FORM 990 PAGE 10**

**05-0276059**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	240,944.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		7,195.	3 YRS	MM	S/L	599.
b 5-year property		35,832.	5 YRS	MM	S/L	5,173.
c 7-year property						
d 10-year property		7,356.	10 YRS	MM	S/L	184.
e 15-year property		202,428.	15 YRS	MM	S/L	0.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	246,900.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2021 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2021 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44