

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

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 for instructions and the latest information.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization UNITED WAY OF RHODE ISLAND, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 VALLEY STREET City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02909 | D Employer identification number 05-0276059 E Telephone number 401-444-0600 |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | G Gross receipts \$ 22,036,569. |
| J Website: WWW.UNITEDWAYRI.ORG | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1926 M State of legal domicile: RI |

Part I Summary

| | | | | |
|------------------------------------|----------------|--|--|-------------|
| | 1 | Briefly describe the organization's mission or most significant activities: UNITING OUR COMMUNITY AND RESOURCES TO BUILD RACIAL EQUITY AND OPPORTUNITIES FOR ALL RI | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 22 |
| | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 98 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 2200 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 21,537,676. |
| 9 | | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 889,211. | 1,071,605. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 588,009. | 530,229. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 23,014,896. | 21,078,823. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 16,693,957. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 7,651,134. | 7,254,971. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | 1,118,221. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g) | 2,703,502. | 2,926,941. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 27,048,593. | 21,556,401. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -4,033,697. | -477,578. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 29,334,248. | 28,320,599. |
| | 21 | Total liabilities (Part X, line 26) | 6,819,814. | 5,720,090. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 22,514,434. | 22,600,509. |

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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 No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,939,227. including grants of \$ 5,847,775.) (Revenue \$) COMMUNITY IMPACT FUND GRANTS \$5,168,350 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; \$524,488 TO ENABLE SUMMER LEARNING; \$375,048 FOR ENERGY ASSISTANCE; AND, \$276,410 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 \$ 7,735,228. including grants of \$) (Revenue \$) COMMUNITY IMPACT PROGRAM: \$3,795,059 TO PROVIDE EDUCATION REGARDING THE COMPELLING SOCIAL AND EDUCATIONAL NEEDS IN RI, COMPLETE RESEARCH AND ANALYTICS OF THOSE NEEDS, AND ADMINISTER GRANTS; \$1,818,291 TO RUN THE 2-1-1 CALL CENTER IN RI, ANSWERING OVER 250,000 CALLS FOR THOSE IN NEED; \$1,560,458 TO PROVIDE POINT FOR SENIORS & DISABILITY SERVICES, AS CONTRACTED WITH RI OFFICE OF HEALTHY AGING; \$384,646 TO SUPPORT THE ADVOCACY WORK; \$243,229 TO ENABLE VOLUNTEERS THROUGHOUT RI; INFORMATION ON OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT WWW.UNITEDWAYRI.ORG/VOLUNTEER.

4c (Code:) (Expenses \$ 5,526,714. including grants of \$ 5,526,714.) (Revenue \$) DONOR DESIGNATIONS AND MY FUND \$1,115,279 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. \$4,411,435 IN DONOR INVESTMENTS FOR APPROXIMATELY 525 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 \$ including grants of \$) (Revenue \$)

4e Total program service expenses 19,201,169.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a-12b, 13, 14a-14b, 15, 16, 17.

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; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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, box 6 of 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 | 37.50 | X | | X | | | 293,437. | 0. | 30,025. | |
| (2) ROBERT BUSH CHIEF OPERATIONS OFFICER | 37.50 | | | X | | | 160,687. | 0. | 21,565. | |
| (3) MARY ANN CANAVAN CHIEF FINANCIAL OFFICER | 37.50 | | | X | | | 134,761. | 0. | 22,542. | |
| (4) LARRY WARNER CHIEF IMPACT & EQUITY OFFICER | 37.50 | | | | X | | 152,300. | 0. | 4,063. | |
| (5) LYNN CORWIN EXECUTIVE ADVISOR, STRATEGIES INT. | 37.50 | | | | X | | 121,794. | 0. | 29,297. | |
| (6) DONNA KANE CONTROLLER | 37.50 | | | | X | | 104,947. | 0. | 10,146. | |
| (7) ALDEN ANDERSON VICE CHAIR (AS OF 10/22) | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (8) ANTHONY BOTELHO DIRECTOR (AS OF 9/22) | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) BARBARA CHERNOW TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (10) BETSEY PURINTON VICE CO-CHAIR SPC | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) BRIAN CARROLL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) CHRISTOPHER SABITONI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) COURTNEY HAWKINS DIRECTOR (AS OF 9/22) | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) DAVID BONENBERGER DIRECTOR (AS OF 9/22) | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) DOLPH JOHNSON BOARD CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (16) FRANK SANCHEZ DIRECTOR (TO 9/22) | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) GREGG PERRY VICE CHAIR, RE | 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) JAMES GALLOWAY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) JAYNE DONEGAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) JOANNE DALY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) JOSEPH PIERIK DIRECTOR (TO 9/22) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) JUNIOR JABBIE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) MARCELA BETANCUR SECRETARY (AS OF 9/22) | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (24) PAOLA FERNANDEZ DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) RAMONA ROYAL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) REENA SHEEHAN DIRECTOR (AS OF 9/22) | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 967,926. | 0. | 117,638. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 967,926. | 0. | 117,638. |

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 8

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| BRAVE RIVER SOLUTIONS INC, 875 CENTERVILLE ROAD BLDG 3, WARWICK, RI 02886 | IT SERVICES | 207,515. |
| | | |
| | | |
| | | |
| | | |

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 1

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 | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 3,244,592. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 16,232,397. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 668,132. | | | |
| | h | Total. Add lines 1a-1f | | 19,476,989. | | | |
| Program Service Revenue | 2 a | _____ | Business Code | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | _____ | | | | | |
| | e | _____ | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 290,428. | | 290,428. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | | | |
| | | | | (ii) Personal | | | |
| | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | |
| | | | | (ii) Other | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 955,713. | 2,033. | | |
| | c | Gain or (loss) | 7c | 763,711. | 17,466. | | |
| | d | Net gain or (loss) | | 781,177. | | 781,177. | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| b | Less: direct expenses | 8b | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | OTHER INCOME | 812900 | 462,455. | 462,455. | | |
| | b | FISCAL SPONSORSHIP FEE | 812900 | 67,774. | 67,774. | | |
| | c | _____ | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 530,229. | | | |
| 12 | Total revenue. See instructions | | 21,078,823. | 530,229. | 0. | 1,071,605. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 11,374,489. | 11,374,489. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 698,253. | 448,996. | 217,185. | 32,072. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 5,278,235. | 4,471,653. | 360,185. | 446,397. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 64,610. | 57,520. | 1,220. | 5,870. |
| 9 Other employee benefits | 783,041. | 512,248. | 222,133. | 48,660. |
| 10 Payroll taxes | 430,832. | 315,102. | 82,419. | 33,311. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 28,199. | | | 28,199. |
| c Accounting | 63,850. | | 63,850. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 45,826. | | 45,826. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 913,922. | 626,822. | 1,801. | 285,299. |
| 12 Advertising and promotion | 246,151. | 191,903. | 1,544. | 52,704. |
| 13 Office expenses | 272,828. | 211,556. | 46,783. | 14,489. |
| 14 Information technology | 216,521. | 216,521. | | |
| 15 Royalties | | | | |
| 16 Occupancy | 303,863. | 259,804. | 36,095. | 7,964. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 402,026. | 188,909. | 60,008. | 153,109. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 157,148. | 128,864. | 28,284. | |
| 23 Insurance | 98,501. | 98,501. | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a UNITED WAY WORLDWIDE DU | 120,000. | 90,930. | 19,380. | 9,690. |
| b MISCELLANEOUS | 58,106. | 7,351. | 50,298. | 457. |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 21,556,401. | 19,201,169. | 1,237,011. | 1,118,221. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 9,014,893. | 1 | 754,590. |
| | 2 Savings and temporary cash investments | | 2 | 7,585,242. |
| | 3 Pledges and grants receivable, net | 951,594. | 3 | 886,013. |
| | 4 Accounts receivable, net | 2,247,881. | 4 | 1,565,308. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 199,339. | 9 | 168,424. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,102,712. | | |
| | b Less: accumulated depreciation | 10b 2,419,164. | 2,723,163. | 10c 2,683,548. |
| | 11 Investments - publicly traded securities | 7,196,982. | 11 | 7,375,823. |
| | 12 Investments - other securities. See Part IV, line 11 | 884,077. | 12 | 913,263. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 6,116,319. | 15 | 6,388,388. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 29,334,248. | 16 | 28,320,599. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,059,505. | 17 | 1,677,967. |
| | 18 Grants payable | 1,393,198. | 18 | 1,303,927. |
| | 19 Deferred revenue | 530,663. | 19 | 944,898. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,836,448. | 23 | 1,793,298. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 6,819,814. | 26 | 5,720,090. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 15,557,882. | 27 | 15,695,544. |
| | 28 Net assets with donor restrictions | 6,956,552. | 28 | 6,904,965. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 22,514,434. | 32 | 22,600,509. |
| 33 Total liabilities and net assets/fund balances | 29,334,248. | 33 | 28,320,599. | |

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 | 21,078,823. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 21,556,401. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -477,578. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 22,514,434. |
| 5 | Net unrealized gains (losses) on investments | 5 | 563,653. |
| 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 | 22,600,509. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

Form **990** (2022)

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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 16,863,414. | 18,903,886. | 42,247,231. | 21,537,676. | 19,476,989. | 119,029,196. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 16,863,414. | 18,903,886. | 42,247,231. | 21,537,676. | 19,476,989. | 119,029,196. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 9,133,317. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 109,895,879. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 16,863,414. | 18,903,886. | 42,247,231. | 21,537,676. | 19,476,989. | 119,029,196. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 213,182. | 198,102. | 1,976,423. | 356,611. | 290,428. | 3,034,746. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 6,500. | 2,557. | 659,803. | 588,009. | 530,229. | 1,787,098. |
| 11 Total support. Add lines 7 through 10 | | | | | | 123,851,040. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 88.73 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 89.01 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (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 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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 - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 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-2022 | (iii) Distributable Amount for 2022 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 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 <p style="text-align: center;">UNITED WAY OF RHODE ISLAND, INC.</p> | Employer identification number <p style="text-align: center;">05-0276059</p> |
|---|---|

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-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990) 2022**

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | 73,688. | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 73,688. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 21,418,015. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 21,491,703. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 8,420. | 99,539. | 61,712. | 73,688. | 243,359. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | 8,420. | 99,539. | 61,712. | 73,688. | 243,359. |

Schedule C (Form 990) 2022

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 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

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 as required by the instructions.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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 | 428 | |
| 2 Aggregate value of contributions to (during year) | 4,436,435. | |
| 3 Aggregate value of grants from (during year) | 4,315,545. | |
| 4 Aggregate value at end of year | 2,242,875. | |
| 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 July 25, 2006, 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? Yes No

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)? Yes No

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) 2022

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 | 884,077. | 978,149. | 6,440,301. | 6,604,069. | 446,982. |
| b Contributions | | | | | 6,029,333. |
| c Net investment earnings, gains, and losses | 66,686. | -58,277. | 260,663. | 114,737. | 254,435. |
| d Grants or scholarships | | | | 34,824. | |
| e Other expenditures for facilities and programs | -37,500. | 35,795. | 42,609. | 278,505. | 126,681. |
| f Administrative expenses | | | 5,680,206. | | |
| g End of year balance | 988,263. | 884,077. | 978,149. | 6,440,301. | 6,604,069. |

- 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 .0000 %
 - c Term endowment .0000 %
- 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 | | 3,069,492. | 1,255,119. | 1,814,373. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,257,715. | 1,101,274. | 156,441. |
| e Other | | 287,505. | 62,771. | 224,734. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,683,548. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS | 6,388,388. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 6,388,388. |

Part X Other Liabilities.

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

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

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 16,636,187. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 563,653. |
| 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 | 563,653. |
| 3 | Subtract line 2e from line 1 | 3 | 16,072,534. |
| 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 | 45,826. |
| b | Other (Describe in Part XIII.) | 4b | 4,960,463. |
| c | Add lines 4a and 4b | 4c | 5,006,289. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 21,078,823. |

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 | 16,550,112. |
| 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 | 16,550,112. |
| 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 | 45,826. |
| b | Other (Describe in Part XIII.) | 4b | 4,960,463. |
| c | Add lines 4a and 4b | 4c | 5,006,289. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 21,556,401. |

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 4,960,463.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSES DESIGNATED BY DONORS 4,960,463.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| ACE MENTOR PROGRAM OF AMERICA, INC. - 1501 CHERRY ST - PHILADELPHIA, PA 19102 | 51-0465877 | | 10,000. | 0. | | | DESIGNATED DONATION/GRANT |
| ACLU FOUNDATION OF RHODE ISLAND 128 DORRANCE STREET - SUITE 400 PROVIDENCE, RI 02903 | 23-7039364 | | 7,036. | 0. | | | DESIGNATED DONATION/GRANT |
| ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET SUITE 100 PROVIDENCE, RI 02903 | 22-2543833 | | 8,966. | 0. | | | DESIGNATED DONATION/GRANT |
| AGAPE AIDS ORPHAN CARE P.O. BOX 776 MEDFIELD, MA 02052 | 20-0452537 | | 8,953. | 0. | | | DESIGNATED DONATION/GRANT |
| ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS, INC. - 11240 WAPLES MILL ROAD #200 - FAIRFAX, VA 22030 | 23-7235032 | | 8,400. | 0. | | | DESIGNATED DONATION/GRANT |
| ALLIANCE OF RI SOUTHEAST ASIANS FOR EDUCATION - 151 BROADWAY - SUITE 305 - PROVIDENCE, RI 02903 | 81-4458558 | | 83,412. | 0. | | | DESIGNATED DONATION/GRANT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 281.

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

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

Schedule I (Form 990) 2022

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ALPHA KAPPA ALPHA EDUCATIONAL ADVANCEMENT FOUNDATION, INC. - 5656 S STONY ISLAND AVENUE - CHICAGO, IL 60637 | 36-3104692 | | 6,000. | 0. | | | DESIGNATED DONATION/GRANT |
| ALZHEIMER'S ASSOCIATION RI CHAPTER 245 WATERMAN STREET SUITE 306 PROVIDENCE, RI 02906 | 05-0445962 | | 15,818. | 0. | | | DESIGNATED DONATION/GRANT |
| AMENITY AID 55 JEFFERSON BOULEVARD LL4 WARWICK, RI 02886 | 46-2347536 | | 20,545. | 0. | | | DESIGNATED DONATION/GRANT |
| AMERICAN CANCER SOCIETY, INC. P.O. BOX 7312 WARWICK, RI 02887-7312 | 13-1788491 | | 8,823. | 0. | | | DESIGNATED DONATION/GRANT |
| AMERICAN RED CROSS 100 NIANTIC AVENUE, SUITE A PROVIDENCE, RI 02907 | 53-0196605 | | 12,325. | 0. | | | DESIGNATED DONATION/GRANT |
| AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907 | 05-0387218 | | 23,586. | 0. | | | DESIGNATED DONATION/GRANT |
| AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917 | 05-0265675 | | 15,855. | 0. | | | DESIGNATED DONATION/GRANT |
| BEAUTIFUL DAY 66 BENEFIT STREET PROVIDENCE, RI 02904 | 45-4946110 | | 77,600. | 0. | | | DESIGNATED DONATION/GRANT |
| BILLY ANDRADE-BRAD FAXON CHARITIES FOR CHILDREN INC. - P. O. BOX 3305 - SOUTH ATTLEBORO, MA 02703 | 05-0476331 | | 10,300. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BLITHEWOLD, INC. 101 FERRY ROAD BRISTOL, RI 02809 | 05-0503407 | | 6,815. | 0. | | | DESIGNATED DONATION/GRANT |
| BOOKS ARE WINGS 1005 MAIN STREET, SUITE 711B PAWTUCKET, RI 02860 | 27-0045877 | | 22,442. | 0. | | | DESIGNATED DONATION/GRANT |
| BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02167 | 04-2103545 | | 5,150. | 0. | | | DESIGNATED DONATION/GRANT |
| BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840-3143 | 05-0281572 | | 5,087. | 0. | | | DESIGNATED DONATION/GRANT |
| BOYS & GIRLS CLUB OF NORTHERN RHODE ISLAND - P. O. BOX 7505 - CUMBERLAND, RI 02864 | 05-0280121 | | 5,017. | 0. | | | DESIGNATED DONATION/GRANT |
| BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903 | 05-0258929 | | 12,159. | 0. | | | DESIGNATED DONATION/GRANT |
| BROWN UNIVERSITY 121 S. MAIN STREET PROVIDENCE, RI 02912 | 05-0258809 | | 70,108. | 0. | | | DESIGNATED DONATION/GRANT |
| BROWN UNIVERSITY FOUNDATION ATTN: GIFT CASHIER PROVIDENCE, RI 02912 | 05-0390989 | | 9,202. | 0. | | | DESIGNATED DONATION/GRANT |
| BROWN UNIVERSITY SPORTS FOUNDATION P. O. BOX 1925 PROVIDENCE, RI 02912 | 05-0390989 | | 7,350. | 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 | | 17,746. | 0. | | | DESIGNATED DONATION/GRANT |
| BUTLER HOSPITAL FOUNDATION 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 | 45-4530540 | | 6,600. | 0. | | | DESIGNATED DONATION/GRANT |
| BUTTON HOLE 1 BUTTON HOLE DRIVE - SUITE 1 PROVIDENCE, RI 02909 | 05-0497481 | | 26,967. | 0. | | | DESIGNATED DONATION/GRANT |
| CANTERBURY SCHOOL INC. 101 ASPETUCK AVENUE NEW MILFORD, CT 06776 | 06-0646566 | | 16,000. | 0. | | | DESIGNATED DONATION/GRANT |
| CAPEVERDEAN AMERICAN COMMUNITY DEVELOPMENT - 120 HIGH STREET - PAWTUCKET, RI 02860 | 05-0476404 | | 75,047. | 0. | | | DESIGNATED DONATION/GRANT |
| CATHOLIC CHARITY FUND, INC. ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903-3695 | 05-6014313 | | 75,465. | 0. | | | DESIGNATED DONATION/GRANT |
| CATHOLIC RELIEF SERVICES - USCCB 228 WEST LEXINGTON STREET BALTIMORE, MD 21201 | 13-5563422 | | 5,421. | 0. | | | DESIGNATED DONATION/GRANT |
| CENTER FOR SOUTHEAST ASIANS (CSEA) 270 ELMWOOD AVENUE PROVIDENCE, RI 02907-1524 | 22-2914654 | | 5,699. | 0. | | | DESIGNATED DONATION/GRANT |
| CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET CENTRAL FALLS, RI 02863 | 05-0459947 | | 102,451. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011 | 05-0258819 | | 13,065. | 0. | | | DESIGNATED DONATION/GRANT |
| CHILDREN'S HOSPITAL CORPORATION 401 PARK DRIVE, SUITE 602 BOSTON, MA 02215 | 04-2774441 | | 25,350. | 0. | | | DESIGNATED DONATION/GRANT |
| CHRISTOPHER & DANA REEVE FOUNDATION - 636 MORRIS TURNPIKE, SUITE 3A - SHORT HILLS, NJ 07078 | 22-2939536 | | 12,000. | 0. | | | DESIGNATED DONATION/GRANT |
| CLINICA ESPERANZA / HOPE CLINIC 60 VALLEY STREET SUITE 104 PROVIDENCE, RI 02909 | 26-1714340 | | 21,115. | 0. | | | DESIGNATED DONATION/GRANT |
| COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610 | 04-2103558 | | 8,600. | 0. | | | DESIGNATED DONATION/GRANT |
| COLLEGE VISIONS 131 WASHINGTON STREET - SUITE 205 PROVIDENCE, RI 02903 | 27-2344723 | | 76,190. | 0. | | | DESIGNATED DONATION/GRANT |
| COMMUNITY 2000 EDUCATION FOUNDATION - P. O. BOX 1161 - CHARLESTOWN, RI 02813-0903 | 05-0511235 | | 5,100. | 0. | | | DESIGNATED DONATION/GRANT |
| COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE COUNTY - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909 | 46-1472304 | | 86,441. | 0. | | | DESIGNATED DONATION/GRANT |
| COMMUNITY CARE ALLIANCE 800 CLINTON STREET WOONSOCKET, RI 02895 | 05-0312278 | | 146,474. | 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 COLLEGE OF RHODE ISLAND FOUNDATION - 400 EAST AVENUE - WARWICK, RI 02886 | 05-0353872 | | 18,400. | 0. | | | DESIGNATED DONATION/GRANT |
| COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905 | 22-2485332 | | 53,071. | 0. | | | DESIGNATED DONATION/GRANT |
| COMPREHENSIVE COMMUNITY ACTION, INC. (CCAP) - 311 DORIC AVENUE - CRANSTON, RI 02910 | 05-6018801 | | 11,196. | 0. | | | DESIGNATED DONATION/GRANT |
| CONNECTING FOR CHILDREN AND FAMILIES - 46 HOPE STREET - WOONSOCKET, RI 02895 | 05-0475365 | | 161,761. | 0. | | | DESIGNATED DONATION/GRANT |
| CRANSTON PUBLIC SCHOOLS 845 PARK AVENUE CRANSTON, RI 02910 | 30-0243173 | | 31,990. | 0. | | | DESIGNATED DONATION/GRANT |
| CROSSROADS - DOMESTIC VIOLENCE PROGRAM - 160 BROAD STREET - PROVIDENCE, RI 02903 | 05-0369858 | | 5,143. | 0. | | | DESIGNATED DONATION/GRANT |
| CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903 | 05-0259094 | | 151,641. | 0. | | | DESIGNATED DONATION/GRANT |
| CYSTIC FIBROSIS FOUNDATION 220 NORTH MAIN STREET - SUITE 104 NATICK, MA 01760 | 13-1930701 | | 27,171. | 0. | | | DESIGNATED DONATION/GRANT |
| DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST, 6TH FLOOR BROOKLINE, MA 02445-9924 | 04-2263040 | | 35,234. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907 | 05-0422763 | | 77,625. | 0. | | | DESIGNATED DONATION/GRANT |
| DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906 | 05-0385696 | | 5,656. | 0. | | | DESIGNATED DONATION/GRANT |
| DIOCESE OF PALM BEACH 9995 NORTH MILITARY TRAIL PALM BEACH GARDEN, FL 33410 | 59-2438903 | | 7,000. | 0. | | | DESIGNATED DONATION/GRANT |
| DIVERSITY TALKS PD, INC. 22 PARSONAGE STREET PROVIDENCE, RI 02903 | 82-3543360 | | 75,000. | 0. | | | DESIGNATED DONATION/GRANT |
| DOCTORS WITHOUT BORDERS P. O. BOX 5030 HAGERSTOWN, MD 21741-5023 | 13-3433452 | | 23,932. | 0. | | | DESIGNATED DONATION/GRANT |
| DOMESTIC VIOLENCE RESOURCE CTR. OF SOUTH COUNTY - 61 MAIN STREET - WAKEFIELD, RI 02879 | 05-0377538 | | 5,443. | 0. | | | DESIGNATED DONATION/GRANT |
| DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907 | 05-0258886 | | 22,038. | 0. | | | DESIGNATED DONATION/GRANT |
| DOWNCITY DESIGN 425 WEST FOUNTAIN STREET, UNIT 110 PROVIDENCE, RI 02903 | 27-1125644 | | 76,540. | 0. | | | DESIGNATED DONATION/GRANT |
| EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840 | 05-0310024 | | 18,910. | 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 FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809 | 26-4757945 | | 8,489. | 0. | | | DESIGNATED DONATION/GRANT |
| EDESIA INC. 550 ROMANO VINEYA ROAD WAY NORTH KINGSTOWN, RI 02852 | 26-0359866 | | 12,114. | 0. | | | DESIGNATED DONATION/GRANT |
| EDUCATIONAL CENTER FOR ARTS & SCIENCE - P. O. BOX 27124 - PROVIDENCE, RI 02907 | 05-0503197 | | 21,030. | 0. | | | DESIGNATED DONATION/GRANT |
| FAMILY SERVICE OF RHODE ISLAND P. O. BOX 6688 PROVIDENCE, RI 02940 | 05-0258858 | | 5,236. | 0. | | | DESIGNATED DONATION/GRANT |
| FARM FRESH RHODE ISLAND 10 SIMS AVENUE - UNIT 103 PROVIDENCE, RI 02909 | 20-4625643 | | 7,534. | 0. | | | DESIGNATED DONATION/GRANT |
| FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909-1597 | 05-0258871 | | 109,786. | 0. | | | DESIGNATED DONATION/GRANT |
| FIRSTWORKS 275 WESTMINISTER STREET # 501 PROVIDENCE, RI 02903 | 22-2597014 | | 22,820. | 0. | | | DESIGNATED DONATION/GRANT |
| FOGARTY CENTER 310 MAPLE AVENUE BARRINGTON, RI 02806 | 04-2936360 | | 7,946. | 0. | | | DESIGNATED DONATION/GRANT |
| FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914 | 05-0486797 | | 101,955. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| FRACTURED ATLAS INC. P. O. BOX 55 HARTSDALE, NY 10530 | 11-3451703 | | 25,040. | 0. | | | DESIGNATED DONATION/GRANT |
| FRANK OLEAN CENTER, INC. 101 AIRPORT ROAD WESTERLY, RI 02891 | 05-0311198 | | 5,292. | 0. | | | DESIGNATED DONATION/GRANT |
| FRANKLIN COUNTY UNITED WAY 301 WEST FRONT STREET WASHINGTON, MO 63090 | 43-1124878 | | 5,100. | 0. | | | DESIGNATED DONATION/GRANT |
| FRIENDS OF TOWNIE ATHLETICS P.O. BOX 16521 RUMFORD, RI 02916 | 26-4173798 | | 10,000. | 0. | | | DESIGNATED DONATION/GRANT |
| GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907 | 22-3001721 | | 76,150. | 0. | | | DESIGNATED DONATION/GRANT |
| GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886 | 05-0300724 | | 61,807. | 0. | | | DESIGNATED DONATION/GRANT |
| GIVEWELL 1714 FRANKLIN STREET 100335 OAKLAND, CA 94612-3409 | 20-8625442 | | 6,000. | 0. | | | DESIGNATED DONATION/GRANT |
| GLOBAL SCIENCE AND ENVIROTECH, INC. - 955-C DYER AVENUE, APARTMENT 80 - CRANSTON, RI 02920 | 46-3784641 | | 19,194. | 0. | | | DESIGNATED DONATION/GRANT |
| GRATEFUL FOR GODS PROVIDENCE 1 CATHEDRAL SQUARE PROVIDENCE, RI 02903 | 82-2033025 | | 6,770. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HABITAT FOR HUMANITY - SOUTH COUNTY - 1555 SHANNOCK ROAD - CHARLESTOWN, RI 02813 | 05-0450845 | | 9,467. | 0. | | | DESIGNATED DONATION/GRANT |
| HABITAT FOR HUMANITY OF RI - GREATER PROVIDENCE - 460 HARRIS AVENUE - SUITE 203 - PROVIDENCE, RI 02909 | 05-0432730 | | 32,404. | 0. | | | DESIGNATED DONATION/GRANT |
| HABITAT FOR HUMANITY OF WEST BAY & NORTHERN RI - P. O. BOX 6743 - WARWICK, RI 02887-6743 | 05-0458404 | | 8,100. | 0. | | | DESIGNATED DONATION/GRANT |
| HARTFORD ROMAN CATHOLIC DIOCESAN CORPORATION - 134 FARMINGTON AVENUE - HARTFORD, CT 06105 | 06-0646669 | | 6,817. | 0. | | | DESIGNATED DONATION/GRANT |
| HAWK MOUNTAIN SANCTUARY ASSOCIATION - 1700 HAWK MOUNTAIN RD - KEMPTON, PA 19529 | 23-1392700 | | 6,000. | 0. | | | DESIGNATED DONATION/GRANT |
| HIGHER GROUND INTERNATIONAL 250 PRAIRIE AVENUE PROVIDENCE, RI 02905 | 11-3842652 | | 75,898. | 0. | | | DESIGNATED DONATION/GRANT |
| HIGHLANDER CHARTER SCHOOL 42 LEXINGTON AVENUE PROVIDENCE, RI 02907 | 05-0517389 | | 25,592. | 0. | | | DESIGNATED DONATION/GRANT |
| HOPE & MAIN 691 MAIN STREET WARREN, RI 02885 | 27-2917974 | | 76,520. | 0. | | | DESIGNATED DONATION/GRANT |
| HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904 | 51-0192422 | | 23,684. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886 | 05-0448151 | | 78,946. | 0. | | | DESIGNATED DONATION/GRANT |
| HOUSING NETWORK OF RHODE ISLAND 1070 MAIN STREET - SUITE 304 PAWTUCKET, RI 02860 | 05-0465216 | | 76,220. | 0. | | | DESIGNATED DONATION/GRANT |
| INSPIRING MINDS 190 BROAD STREET 2ND FLOOR PROVIDENCE, RI 02903 | 05-0310175 | | 87,683. | 0. | | | DESIGNATED DONATION/GRANT |
| INTERNATIONAL RESCUE COMMITTEE INC. - P. O. BOX 6068 - ALBERT LEA, MN 56007-9847 | 13-5660870 | | 6,350. | 0. | | | DESIGNATED DONATION/GRANT |
| JEFFREY OSBORNE FOUNDATION P.O. BOX 9521 PROVIDENCE, RI 02904 | 46-0925456 | | 22,000. | 0. | | | DESIGNATED DONATION/GRANT |
| JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906 | 27-4127671 | | 43,473. | 0. | | | DESIGNATED DONATION/GRANT |
| JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904 | 82-2962600 | | 8,410. | 0. | | | DESIGNATED DONATION/GRANT |
| JOE ANDRUZZI FOUNDATION 49 PLAIN STREET, #500 NORTH ATTLEBOROUGH, MA 02760 | 26-2017043 | | 54,820. | 0. | | | DESIGNATED DONATION/GRANT |
| JONNYCAKE CENTER OF PEACE DALE 22 KERSEY ROAD PEACE DALE, RI 02879 | 05-0374356 | | 20,834. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| JUNIOR ACHIEVEMENT OF RI, INC. 3205 POST ROAD #7549 WARWICK, RI 02886 | 05-0263443 | | 6,413. | 0. | | | DESIGNATED DONATION/GRANT |
| K9S FOR WARRIORS 114 CAMP K9 ROAD PONTE VEDRA, FL 32081 | 27-5219467 | | 5,731. | 0. | | | DESIGNATED DONATION/GRANT |
| KING'S CATHEDRAL 225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 | 05-0496649 | | 11,425. | 0. | | | DESIGNATED DONATION/GRANT |
| LA SALLE ACADEMY 612 ACADEMY AVENUE PROVIDENCE, RI 02908 | 05-0258897 | | 8,422. | 0. | | | DESIGNATED DONATION/GRANT |
| LEADERSHIP RHODE ISLAND EDUCATIONAL FOUNDATION - 188 VALLEY STREET, BUILDING 3L, SUITE 131 - PROVIDENCE, RI 02909-1805 | 22-2570460 | | 76,245. | 0. | | | DESIGNATED DONATION/GRANT |
| LIFESPAN FOUNDATION 167 POINT STREET PROVIDENCE, RI 02903 | 05-0493219 | | 263,271. | 0. | | | DESIGNATED DONATION/GRANT |
| LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906 | 05-0258900 | | 31,902. | 0. | | | DESIGNATED DONATION/GRANT |
| LOVING HEARTS OUTREACH 1902 WEST MAIN STREET WASHINGTON, MO 63090 | 43-1820641 | | 6,300. | 0. | | | DESIGNATED DONATION/GRANT |
| MAKE A WISH FOUNDATION OF MA AND RI - 20 HEMINGWAY DRIVE - EAST PROVIDENCE, RI 02915 | 22-2867371 | | 6,015. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MAN UP, INC 80 WASHINGTON STREET, RM 429 PROVIDENCE, RI 02903 | 46-2667817 | | 80,601. | 0. | | | DESIGNATED DONATION/GRANT |
| MANHATTAN COLLEGE ATTN: OFFICE OF DEVELOPMENT 4513 MANHATTAN COLLEGE PARKWAY - RIVERDALE, NY | 13-1740468 | | 5,550. | 0. | | | DESIGNATED DONATION/GRANT |
| MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907 | 05-0440470 | | 5,362. | 0. | | | DESIGNATED DONATION/GRANT |
| MCLEAN HOSPITAL 115 MILL STREET MAIL STOP 126 - BELMONT, MA 02478-1064 | 04-2697981 | | 10,223. | 0. | | | DESIGNATED DONATION/GRANT |
| MEALS ON WHEELS OF RI INC. 70 BATH ST PROVIDENCE, RI 02908 | 05-0340723 | | 12,544. | 0. | | | DESIGNATED DONATION/GRANT |
| MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905 | 05-0269232 | | 35,215. | 0. | | | DESIGNATED DONATION/GRANT |
| MENTOR RHODE ISLAND 2065 WARWICK AVENUE - UNIT 1 WARWICK, RI 02889 | 05-0443260 | | 6,591. | 0. | | | DESIGNATED DONATION/GRANT |
| MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906 | 05-0258906 | | 9,100. | 0. | | | DESIGNATED DONATION/GRANT |
| MOUNT HOPE COMMUNITY BAPTIST CHURCH - 734 HOPE ST - PROVIDENCE, RI 02906 | 05-0414434 | | 11,425. | 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 HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906-2508 | 05-0502405 | | 75,192. | 0. | | | DESIGNATED DONATION/GRANT |
| MOUNT HOPE NEIGHBORHOOD ASSOCIATION - 199 CAMP STREET - PROVIDENCE, RI 02906 | 22-2599257 | | 35,000. | 0. | | | DESIGNATED DONATION/GRANT |
| NARRAGANSETT COUNCIL, BOY SCOUTS OF AMERICA - P. O. BOX 14777 - EAST PROVIDENCE, RI 02914 | 05-0308384 | | 23,596. | 0. | | | DESIGNATED DONATION/GRANT |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY - CT-RI CHAPTER (DBM) - P.O. BOX 289 - CANTON, MA 02021 | 13-5661935 | | 9,544. | 0. | | | DESIGNATED DONATION/GRANT |
| NEW BEGINNINGS, INC. 323 RATHBUN STREET WOONSOCKET, RI 02895 | 82-3031983 | | 15,000. | 0. | | | DESIGNATED DONATION/GRANT |
| NEW URBAN ARTS 705 WESTMINSTER STREET PROVIDENCE, RI 02903 | 05-0498654 | | 79,297. | 0. | | | DESIGNATED DONATION/GRANT |
| NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD NEWPORT, RI 02842 | 30-0946766 | | 150,000. | 0. | | | DESIGNATED DONATION/GRANT |
| NONVIOLENCE INSTITUTE 265 OXFORD STREET PROVIDENCE, RI 02905 | 05-0517863 | | 5,750. | 0. | | | DESIGNATED DONATION/GRANT |
| NORWICH UNIVERSITY 158 HARMON DRIVE NORTHFIELD, VT 05663 | 03-0179424 | | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| OCEAN COMMUNITY UNITED THEATRE P. O. BOX 384 WESTERLY, RI 02891 | 46-3579526 | | 11,000. | 0. | | | DESIGNATED DONATION/GRANT |
| OLNEYVILLE HOUSING CORPORATION 66 CHAFFEE STREET PROVIDENCE, RI 02909 | 22-3010422 | | 82,375. | 0. | | | DESIGNATED DONATION/GRANT |
| OLNEYVILLE NEIGHBORHOOD ASSOCIATION - 122 MANTON AVENUE, BOX 8, SUITE 611 - PROVIDENCE, RI 02909 | 83-0434706 | | 20,020. | 0. | | | DESIGNATED DONATION/GRANT |
| OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909 | 52-2374370 | | 75,100. | 0. | | | DESIGNATED DONATION/GRANT |
| OUTREACH PROGRAM 93 WHIFFLETREE LANE MARSHFIELD, MA 02050 | 20-0636360 | | 14,805. | 0. | | | DESIGNATED DONATION/GRANT |
| PAN MASSACHUSETTS CHALLENGE, INC. 77 FOURTH AVENUE NEEDHAM, MA 02494 | 04-2746912 | | 22,412. | 0. | | | DESIGNATED DONATION/GRANT |
| PARTNERS IN HEALTH 800 BOYLSTON STREET BOSTON, MA 02199 | 04-3567502 | | 6,656. | 0. | | | DESIGNATED DONATION/GRANT |
| PARTNERSHIP FOR PROVIDENCE PARKS 11 WEST DRIVE C/O RECREATION DRIVE PROVIDENCE, RI 02904 | 46-1154583 | | 5,001. | 0. | | | DESIGNATED DONATION/GRANT |
| PAWTUCKET SOUP KITCHEN P. O. BOX 3102 PAWTUCKET, RI 02861 | 05-0475296 | | 14,232. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PET REFUGE - OPERATED BY NKEAPL P.O. BOX 83 NORTH KINGSTOWN, RI 02852 | 05-0317567 | | 5,709. | 0. | | | DESIGNATED DONATION/GRANT |
| PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - P. O. BOX 4138 - WOBURN, MA 01888-9966 | 06-0263565 | | 10,140. | 0. | | | DESIGNATED DONATION/GRANT |
| PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC - RHODE ISLAND ADMINISTRATIVE OFFICES 175 BROAD STREET - PROVIDENCE, RI | 13-1644147 | | 7,831. | 0. | | | DESIGNATED DONATION/GRANT |
| PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904 | 05-6012417 | | 7,400. | 0. | | | DESIGNATED DONATION/GRANT |
| PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863-2835 | 05-0380608 | | 100,900. | 0. | | | DESIGNATED DONATION/GRANT |
| PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903 | 05-0262712 | | 8,523. | 0. | | | DESIGNATED DONATION/GRANT |
| PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903 | 05-0370944 | | 5,800. | 0. | | | DESIGNATED DONATION/GRANT |
| PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918 | 05-0258932 | | 7,950. | 0. | | | DESIGNATED DONATION/GRANT |
| PROVIDENCE COMMUNITY LIBRARY P. O. BOX 9267 PROVIDENCE, RI 02940 | 36-4640304 | | 101,717. | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903 | 05-0377244 | | 6,581. | 0. | | | DESIGNATED DONATION/GRANT |
| PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903 | 05-0283958 | | 15,527. | 0. | | | DESIGNATED DONATION/GRANT |
| PROVIDENCE PROMISE TWO REGENCY PLAZA, SUITE 4 PROVIDENCE, RI 02903 | 47-1918920 | | 17,314. | 0. | | | DESIGNATED DONATION/GRANT |
| PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903 | 05-0262713 | | 7,370. | 0. | | | DESIGNATED DONATION/GRANT |
| PROVIDENCE STUDENT UNION 769 WESTMINSTER STREET PROVIDENCE, RI 02903 | 45-5052229 | | 76,092. | 0. | | | DESIGNATED DONATION/GRANT |
| PROVIDENCE VILLAGE OF RHODE ISLAND 245 WATERMAN STREET, SUITE 406 PROVIDENCE, RI 02906 | 47-3675451 | | 13,390. | 0. | | | DESIGNATED DONATION/GRANT |
| READ TO SUCCEED, INC. 6 WATER VALLEY ROAD HOPE, RI 02910 | 74-3236898 | | 11,695. | 0. | | | DESIGNATED DONATION/GRANT |
| REENTRY CAMPUS PROGRAM 16 DUNCAN AVENUE PROVIDENCE, RI 02906 | 82-2962618 | | 75,000. | 0. | | | DESIGNATED DONATION/GRANT |
| REFUGEE DEVELOPMENT CENTER 747 BROAD STREET PROVIDENCE, RI 02907 | 47-3515841 | | 75,840. | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| RHODE ISLAND CHURCH OF CHRIST 224 WOODWARD ROAD PROVIDENCE, RI 02904-1055 | 05-0417441 | | 7,800. | 0. | | | DESIGNATED DONATION/GRANT |
| RHODE ISLAND COALITION TO END HOMELESSNESS - 225 DYER STREET 2ND FLOOR - PROVIDENCE, RI 02903 | 22-2894547 | | 75,540. | 0. | | | DESIGNATED DONATION/GRANT |
| RHODE ISLAND COLLEGE FOUNDATION 600 MOUNT PLEASANT AVENUE - KAUFFMAN CENTER - PROVIDENCE, RI 02908 | 05-6049721 | | 5,238. | 0. | | | DESIGNATED DONATION/GRANT |
| RHODE ISLAND COMMUNITY FOOD BANK 200 NIANTIC AVENUE PROVIDENCE, RI 02907 | 05-0395601 | | 385,005. | 0. | | | DESIGNATED DONATION/GRANT |
| RHODE ISLAND FOR COMMUNITY & JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903 | 75-3180937 | | 75,200. | 0. | | | DESIGNATED DONATION/GRANT |
| RHODE ISLAND FREE CLINIC 655 BROAD STREET PROVIDENCE, RI 02907 | 05-0501276 | | 26,406. | 0. | | | DESIGNATED DONATION/GRANT |
| RHODE ISLAND HISPANIC CHAMBER OF COMMERCE - 1955 WESTMINISTER STREET, 2ND FLOOR - PROVIDENCE, RI 02909 | 81-2701009 | | 6,000. | 0. | | | DESIGNATED DONATION/GRANT |
| RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903 | 06-1485449 | | 154,410. | 0. | | | DESIGNATED DONATION/GRANT |
| RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907 | 22-2859005 | | 5,925. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903 | 05-0498502 | | 39,389. | 0. | | | DESIGNATED DONATION/GRANT |
| RHODE ISLANDERS SPONSORING EDUCATION (RISE) - 11 S. ANGELL STREET - PROVIDENCE, RI 02906-5206 | 06-1470525 | | 11,090. | 0. | | | DESIGNATED DONATION/GRANT |
| RI FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903 | 22-2604963 | | 177,200. | 0. | | | DESIGNATED DONATION/GRANT |
| RI FOUNDATION - STARKWEATHER ONE UNION STATION PROVIDENCE, RI 02903 | 22-2604963 | | 7,884. | 0. | | | DESIGNATED DONATION/GRANT |
| RI INSTITUTE FOR LABOR STUDIES & RESEARCH - 1540 PONTIAC AVENUE - SUITE A - CRANSTON, RI 02920 | 05-0387211 | | 10,147. | 0. | | | DESIGNATED DONATION/GRANT |
| RI LEGAL SERVICES, INC. 56 PINE ST, SUITE 400 PROVIDENCE, RI 02903-2819 | 05-0318596 | | 12,784. | 0. | | | DESIGNATED DONATION/GRANT |
| RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914-1712 | 05-0267451 | | 25,523. | 0. | | | DESIGNATED DONATION/GRANT |
| RI SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS - 186 AMARAL ST - RIVERSIDE, RI 02915 | 05-0262716 | | 15,771. | 0. | | | DESIGNATED DONATION/GRANT |
| RIVERZEDGE ARTS PROJECT 196 SECOND AVENUE WOONSOCKET, RI 02895 | 13-4206227 | | 86,376. | 0. | | | DESIGNATED DONATION/GRANT |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 186 AMARAL STREET - RIVERSIDE, RI 02915 | 05-0301553 | | 29,309. | 0. | | | DESIGNATED DONATION/GRANT |
| ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809-2921 | 05-0277222 | | 81,158. | 0. | | | DESIGNATED DONATION/GRANT |
| RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY STREET - PROVIDENCE, RI 02905 | 22-2760752 | | 38,126. | 0. | | | DESIGNATED DONATION/GRANT |
| SAINT MARY ACADEMY - BAY VIEW 3070 PAWTUCKET AVENUE RIVERSIDE, RI 02915 | 05-0263792 | | 7,181. | 0. | | | DESIGNATED DONATION/GRANT |
| SALVATION ARMY - RHODE ISLAND STATE OFFICE - 386 BROAD STREET - PROVIDENCE, RI 02905 | 13-5562351 | | 8,497. | 0. | | | DESIGNATED DONATION/GRANT |
| SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904 | 22-3232973 | | 78,520. | 0. | | | DESIGNATED DONATION/GRANT |
| SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905 | 05-0343046 | | 35,753. | 0. | | | DESIGNATED DONATION/GRANT |
| SCHOLARSHIP FOUNDATION OF EAST PROVIDENCE, INC. - P. O. BOX 154438 - EAST PROVIDENCE, RI 02915 | 23-7007104 | | 5,645. | 0. | | | DESIGNATED DONATION/GRANT |
| SHRI SERVICE CORPS P. O. BOX 5466 PAWTUCKET, RI 02862 | 45-5468680 | | 5,005. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SHULTZS GUEST HOUSE SERVICES INC. 7 BURGESS LANE DEDHAM, MA 02026 | 47-2697761 | | 12,500. | 0. | | | DESIGNATED DONATION/GRANT |
| SMITH HILL COMMUNITY DEVELOPMENT CORPORATION - 400 SMITH STREET - PROVIDENCE, RI 02908 | 05-0466422 | | 20,000. | 0. | | | DESIGNATED DONATION/GRANT |
| SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUAREUARE - SUITE 100 PROVIDENCE, RI 02903 | 26-0163730 | | 386,960. | 0. | | | DESIGNATED DONATION/GRANT |
| SOJOURN COLLEGIATE MINISTRY INC. 539 W. COMMERCE STREET DALLAS, TX 75208 | 20-5378781 | | 5,100. | 0. | | | DESIGNATED DONATION/GRANT |
| SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908 | 05-0370419 | | 91,494. | 0. | | | DESIGNATED DONATION/GRANT |
| SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907 | 31-1736069 | | 9,231. | 0. | | | DESIGNATED DONATION/GRANT |
| SOUTH COUNTY HEALTH 100 KENYON AVENUE WAKEFIELD, RI 02879 | 05-0259093 | | 14,600. | 0. | | | DESIGNATED DONATION/GRANT |
| SOUTHERN RHODE ISLAND CONSERVATION DISTRICT - P.O. BOX 1636 - KINGSTON, RI 02881 | 05-0396550 | | 85,250. | 0. | | | DESIGNATED DONATION/GRANT |
| SOUTHPOINTE CHRISTIAN CHURCH 200 PETTACONSETT AVENUE. WARWICK, RI 02888 | 45-3065348 | | 14,630. | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907-1031 | 05-0394224 | | 13,310. | 0. | | | DESIGNATED DONATION/GRANT |
| SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917 | 05-0377867 | | 13,189. | 0. | | | DESIGNATED DONATION/GRANT |
| SPENCER EDUCATIONAL FOUNDATION P.O. BOX 23613 NEW YORK, NY 10087-3613 | 58-1420617 | | 7,500. | 0. | | | DESIGNATED DONATION/GRANT |
| ST MARTINS PARISH 50 ORCHARD AVENUE PROVIDENCE, RI 02906 | 05-0260679 | | 16,000. | 0. | | | DESIGNATED DONATION/GRANT |
| ST. JOHN'S EPISCOPAL CHURCH 191 COUNTY ROAD BARRINGTON, RI 02806 | 05-0312377 | | 8,500. | 0. | | | DESIGNATED DONATION/GRANT |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | | 17,132. | 0. | | | DESIGNATED DONATION/GRANT |
| ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911 | 05-0213340 | | 9,360. | 0. | | | DESIGNATED DONATION/GRANT |
| ST. PATRICK ACADEMY 244 SMITH STREET PROVIDENCE, RI 02908 | 05-0348697 | | 7,269. | 0. | | | DESIGNATED DONATION/GRANT |
| STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE - SUITE B WESTERLY, RI 02891 | 35-2175841 | | 9,898. | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306 | 02-0554654 | | 8,712. | 0. | | | DESIGNATED DONATION/GRANT |
| TEACH FOR AMERICA - RHODE ISLAND 166 VALLEY SUITEET BLDG. 6M SUITE PROVIDENCE, RI 02909 | 13-3541913 | | 5,100. | 0. | | | DESIGNATED DONATION/GRANT |
| TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906 | 05-0264805 | | 14,734. | 0. | | | DESIGNATED DONATION/GRANT |
| TEMPLE EMANU-EL 99 TAFT AVENUE PROVIDENCE, RI 02906 | 05-0259273 | | 10,450. | 0. | | | DESIGNATED DONATION/GRANT |
| THE ARC OF BLACKSTONE VALLEY 500 PROSPECT STREET PAWTUCKET, RI 02860 | 05-0300152 | | 8,015. | 0. | | | DESIGNATED DONATION/GRANT |
| THE ECONOMIC PROGRESS INSTITUTE 600 MOUNT PLEASANT AVENUE #9 PROVIDENCE, RI 02908 | 32-0295517 | | 84,824. | 0. | | | DESIGNATED DONATION/GRANT |
| THE FLY INITIATIVE 10 DAVOL SQUARE, SUITE 100 PROVIDENCE, RI 02903 | 46-4897451 | | 5,050. | 0. | | | DESIGNATED DONATION/GRANT |
| THE HAITIAN PROJECT P. O. BOX 6891 PROVIDENCE, RI 02940 | 22-2700013 | | 9,490. | 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 | | 30,372. | 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 MILAGROS PROJECT 80 MAIN STREET MANVILLE, RI 02838 | 87-4481728 | | 75,000. | 0. | | | DESIGNATED DONATION/GRANT |
| THE MIRIAM HOSPITAL FOUNDATION P. O. BOX H PROVIDENCE, RI 02901 | 05-0377502 | | 32,945. | 0. | | | DESIGNATED DONATION/GRANT |
| THE NATURE CONSERVANCY 159 WATERMAN STREET PROVIDENCE, RI 02906 | 53-0242652 | | 37,430. | 0. | | | DESIGNATED DONATION/GRANT |
| THE OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 02891 | 05-0268126 | | 28,143. | 0. | | | DESIGNATED DONATION/GRANT |
| THE OPPORTUNITY NETWORK 85 BROAD STREET, 6TH FLOOR NEW YORK, NY 10004 | 43-1984494 | | 6,000. | 0. | | | DESIGNATED DONATION/GRANT |
| THE PLACE OF FORSYTH COUNTY INC 2550 THE PLACE CIRCLE CUMMING, GA 30040 | 58-2355072 | | 30,000. | 0. | | | DESIGNATED DONATION/GRANT |
| THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840 | 05-0252708 | | 10,165. | 0. | | | DESIGNATED DONATION/GRANT |
| THE TOMORROW FUND 593 EDDY STREET - POB BUILDING - SU PROVIDENCE, RI 02903 | 05-0450569 | | 28,277. | 0. | | | DESIGNATED DONATION/GRANT |
| THE UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMNI ENGAGEMENT - 79 UPPER COLLEGE RD - KINGSTON, RI 02881 | 05-6014351 | | 20,006. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| THOMAS BECKET FOUNDATION P.O. BOX 2560 PROVIDENCE, RI 02906 | 23-7024626 | | 20,000. | 0. | | | DESIGNATED DONATION/GRANT |
| THOMPSON ISLAND OUTWARD BOUND P. O. BOX 127 BOSTON, MA 02127-0002 | 04-3027900 | | 30,000. | 0. | | | DESIGNATED DONATION/GRANT |
| TOMAQUAG INDIAN MEMORIAL MUSEUM 390 A SUMMIT ROAD EXETER, RI 02822 | 05-0352796 | | 81,540. | 0. | | | DESIGNATED DONATION/GRANT |
| TOWN OF PALM BEACH UNITED WAY INC. 44 COCOANUT ROW, SUITE M201 PALM BEACH, FL 33480 | 59-0637885 | | 10,000. | 0. | | | DESIGNATED DONATION/GRANT |
| TRI-COUNTY COMMUNITY ACTION AGENCY 11 EMANUEL STREET NORTH PROVIDENCE, RI 02911 | 05-0309695 | | 83,417. | 0. | | | DESIGNATED DONATION/GRANT |
| TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903 | 22-2547262 | | 11,992. | 0. | | | DESIGNATED DONATION/GRANT |
| TRUSTEES OF DARTMOUTH COLLEGE GIFT RECORDING OFFICE 6066 DEVELOPMENT OFFICE - HANOVER, NH 03755-4400 | 02-0222111 | | 13,750. | 0. | | | DESIGNATED DONATION/GRANT |
| UFCW LOCAL 328 CHARITABLE FDTN. 278 SILVER SPRING STREET PROVIDENCE, RI 02904 | 20-0678926 | | 7,520. | 0. | | | DESIGNATED DONATION/GRANT |
| UNICEF USA 3 UNITED NATIONS PLAZA NEW YORK, NY 10017 | 13-1760110 | | 30,425. | 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 STATES CONFERENCE OF CATHOLIC BISHOPS - ONE CATHEDRAL SQUARE - PROVIDENCE, RI 02903 | 53-0196617 | | 5,874. | 0. | | | DESIGNATED DONATION/GRANT |
| UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - 30 LAUREL STREET - HARTFORD, CT 06106 | 06-0646653 | | 6,806. | 0. | | | DESIGNATED DONATION/GRANT |
| UNITED WAY OF MASSACHUSETTS BAY PO BOX 520 BEVERLY, MA 01915-0420 | 04-2382233 | | 13,405. | 0. | | | DESIGNATED DONATION/GRANT |
| UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909 | 05-0276059 | | 60,468. | 0. | | | DESIGNATED DONATION/GRANT |
| UNITED WAY OF TRI-COUNTY, INC. 46 PARK STREET FRAMINGHAM, MA 01702-6652 | 04-2104231 | | 6,374. | 0. | | | DESIGNATED DONATION/GRANT |
| UNIVERSITY OF HARTFORD 200 BLOMFIELD AVENUE WEST HARTFORD, CT 06117-9950 | 06-0731360 | | 5,500. | 0. | | | DESIGNATED DONATION/GRANT |
| UNIVERSITY OF WISCONSIN LA CROSSE FOUNDATION INC. - 615 EAST AVENUE N - LA CROSSE, WI 54601 | 39-1145116 | | 10,000. | 0. | | | DESIGNATED DONATION/GRANT |
| VERMONT FOODBANK 33 PARKER ROAD BARRE, VT 05641 | 22-3021942 | | 8,494. | 0. | | | DESIGNATED DONATION/GRANT |
| VISITING NURSE HOME AND HOSPICE 1184 EAST MAIN ROAD PORTSMOUTH, RI 02871 | 05-0258915 | | 8,100. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WATERFIRE PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908 | 22-2951612 | | 25,926. | 0. | | | DESIGNATED DONATION/GRANT |
| WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481 | 04-2103637 | | 14,050. | 0. | | | DESIGNATED DONATION/GRANT |
| WEST BAY COLLABORATIVE 144 BIGNALL STREET WARWICK, RI 02888 | 05-0460855 | | 10,000. | 0. | | | DESIGNATED DONATION/GRANT |
| WESTBAY COMMUNITY ACTION, INC. 487 JEFFERSON BOULEVARD WARWICK, RI 02886 | 05-0311985 | | 38,004. | 0. | | | DESIGNATED DONATION/GRANT |
| WESTERLY AREA REST MEALS - WARM INC. - 56 SPRUCE STREET - WESTERLY, RI 02891 | 22-2887878 | | 15,154. | 0. | | | DESIGNATED DONATION/GRANT |
| WGBH ONE GUEST STREET BOSTON, MA 02135 | 04-3312069 | | 17,225. | 0. | | | DESIGNATED DONATION/GRANT |
| WHAT IF FOUNDATION 1569 SOLANO AVENUE #192 BERKELEY, CA 94707 | 91-2121669 | | 6,000. | 0. | | | DESIGNATED DONATION/GRANT |
| WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906 | 05-0259101 | | 12,053. | 0. | | | DESIGNATED DONATION/GRANT |
| WOLF SCHOOL 215 FERRIS AVENUE EAST PROVIDENCE, RI 02916 | 05-0506471 | | 7,050. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WOMEN & INFANTS HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905 | 05-0258937 | | 7,250. | 0. | | | DESIGNATED DONATION/GRANT |
| WOMEN'S REFUGEE CARE 570 BROAD STREET SUITE 103 PROVIDENCE, RI 02907 | 47-4084932 | | 75,068. | 0. | | | DESIGNATED DONATION/GRANT |
| WOOD RIVER HEALTH SERVICES INC 823 MAIN STREET HOPE VALLEY, RI 02832 | 05-0378071 | | 14,636. | 0. | | | DESIGNATED DONATION/GRANT |
| WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909 | 05-0519694 | | 8,249. | 0. | | | DESIGNATED DONATION/GRANT |
| WORLD HOPE INTERNATIONAL INC. 1330 BRADDOCK PLACE ALEXANDRIA, VA 22314 | 35-1985485 | | 22,000. | 0. | | | DESIGNATED DONATION/GRANT |
| XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090 | 04-2314036 | | 26,114. | 0. | | | DESIGNATED DONATION/GRANT |
| YANKEE GOLDEN RETRIEVER RESCUE INC P. O. BOX 808 HUDSON, MA 01749 | 04-2857191 | | 8,075. | 0. | | | DESIGNATED DONATION/GRANT |
| YMCA OF NEWPORT COUNTY 792 VALLEY ROAD MIDDLETOWN, RI 02842 | 05-0258916 | | 10,813. | 0. | | | DESIGNATED DONATION/GRANT |
| YOUTH IN ACTION, INC. 672 BROAD STREET PROVIDENCE, RI 02907 | 05-0495230 | | 78,339. | 0. | | | DESIGNATED DONATION/GRANT |

Schedule I (Form 990)

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:

DESIGNATIONS TOTALING \$10,659,842 PROVIDED TO 501(C)3 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 AWARDED FUNDING TO AGENCIES. THERE IS AN OPEN APPLICATION PROCESS THAT INCLUDES AN EXPLANATION OF THE PROPOSED USE AND EXPECTED RESULTS FROM THE USE OF THE FUNDS. THE

Part IV Supplemental Information

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 REVIEWED FOR THEIR
PROPOSAL AND 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 PUBLIC CHARITY 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 for instructions and the latest information.

OMB No. 1545-0047

2022

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 |
|-----------|-----|----|
| 1b | | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2022

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) | 269,155. | 24,282. | 0. | 8,460. | 21,565. | 323,462. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ROBERT BUSH CHIEF OPERATIONS OFFICER | (i) | 158,687. | 2,000. | 0. | 0. | 21,565. | 182,252. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MARY ANN CANAVAN CHIEF FINANCIAL OFFICER | (i) | 132,761. | 2,000. | 0. | 4,269. | 18,273. | 157,303. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) LARRY WARNER CHIEF IMPACT & EQUITY OFFICER | (i) | 150,300. | 2,000. | 0. | 2,593. | 1,470. | 156,363. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) LYNN CORWIN EXECUTIVE ADVISOR, STRATEGIES INT. | (i) | 119,794. | 2,000. | 0. | 7,755. | 21,542. | 151,091. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (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 2022
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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 51 | 668,132. | MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 0

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 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?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

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,

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

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

Schedule O (Form 990) 2022

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

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.

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

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

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
 INTEREST POLICY.

FORM 990, PART XII, LINE 2C
 THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR
 SELECTION PROCESS DURING THE YEAR.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

**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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|--|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| 50 VALLEY LAND CONDOMINIUM - 47-0984891 50 VALLEY ST PROVIDENCE, RI 02909-2459 | LAND-ONLY CONDOMINIUM | RI | UNITED WAY OF RHODE ISLAND, INCE | C CORP | 0. | 0. | 70.00% | X | |
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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 |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | X | |
| s Other transfer of cash or property from related organization(s) | | X |

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

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

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.

| (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) <small>Are all partners sec. 501(c)(3) orgs.?</small> | | (f) Share of total income | (g) Share of end-of-year assets | (h) <small>Dispropor- tionate allocations?</small> | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) <small>General or managing partner?</small> | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|---|----|---|--|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

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 | 1,080,000. |
| 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 | 2,700,000. |
| 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 smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 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 2023. 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 2022 | 17 | 150,011. |
| 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 2022 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 | | | | | |
| b | 5-year property | 118,066. | 5 YRS | MM | S/L | 7,138. |
| c | 7-year property | | | | | |
| d | 10-year property | | | | | |
| e | 15-year property | | | | | |
| 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 2022 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 | 157,149. |
| 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. Includes rows 25-29.

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 with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

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 with 2 columns: Yes, No. Includes rows 37-41.

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. Includes rows 42-44.