

PUBLIC INSPECTION COPY

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024Open to Public
Inspection**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

50 VALLEY STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PROVIDENCE, RI 02909

F Name and address of principal officer: CORTNEY M. NICOLATO

SAME AS C ABOVE

D Employer identification number

05-0276059

E Telephone number

401-444-0600

G Gross receipts \$

29,263,104.

H(a) Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.UNITEDWAYRI.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1926**M** State of legal domicile: RI**Part I Summary**

Activities & Governance	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.
	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 2024 (Part V, line 2a) 5 129
	6	Total number of volunteers (estimate if necessary) 6 1169
	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) 8 22,374,545.
	9	Program service revenue (Part VIII, line 2g) 9 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,123,051.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 569,103.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 24,066,699.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 14 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 8,177,087.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 16a 0.
b		Total fundraising expenses (Part IX, column (D), line 25) b 1,960,473.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,944,691.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 25,578,283.
19	Revenue less expenses. Subtract line 18 from line 12 19 -1,511,584.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 20 31,839,884.
	21	Total liabilities (Part X, line 26) 21 9,558,641.
	22	Net assets or fund balances. Subtract line 21 from line 20 22 22,281,243.

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	Date
	CORTNEY M. NICOLATO, PRESIDENT & CEO Type or print name and title	
Paid Preparer Use Only	Preparer's name SANDY ROSS	Preparer's signature SANDY ROSS
	Firm's name KAHN, LITWIN, RENZA & CO., LTD.	Firm's EIN 05-0409384
	Firm's address 951 NORTH MAIN STREET PROVIDENCE, RI 02904	Phone no. 401-274-2001

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

Part III Statement of Program Service AccomplishmentsCheck 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,572,619. including grants of \$ 4,572,619.) (Revenue \$)
COMMUNITY IMPACT FUND GRANTS:

A TOTAL OF \$3,418,610 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; THIS INCLUDES \$536,290 TO ENABLE SUMMER
LEARNING; \$332,901 FOR ENERGY ASSISTANCE; AND, \$284,818 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 \$ 12,840,207. including grants of \$ 3,034,674.) (Revenue \$)
COMMUNITY IMPACT PROGRAM:

A TOTAL OF \$5,912,530 TO PROVIDE RESOURCES TO HELP SOLVE COMPELLING
SOCIAL AND EDUCATIONAL NEEDS IN RI, COMPLETE RESEARCH AND ANALYTICS OF
THOSE NEEDS, AND ADMINISTER GRANTS; THIS INCLUDES \$1,697,644 TO RUN THE
2-1-1 CALL CENTER IN RI, ANSWERING OVER 200,000 CALLS FOR THOSE IN
NEED; \$1,601,208 TO PROVIDE ADRC FOR SENIORS & DISABILITY SERVICES, AS
CONTRACTED WITH RI OFFICE OF HEALTHY AGING; \$759,865 TO SUPPORT THE
ADVOCACY WORK; \$2,543,000 RELATED TO WORKFORCE DEVELOPMENT EXPENDITURES
IN PROGRAMS UNDER THE LEADERSHIP OF THE RI OFFICE OF POSTSECONDARY
EDUCATION; \$325,960 TO ENABLE VOLUNTEERS THROUGHOUT RI; INFORMATION ON
OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT
WWW.UNITEDWAYRI.ORG/VOLUNTEER.

4c (Code:) (Expenses \$ 5,584,421. including grants of \$ 5,584,421.) (Revenue \$)
DONOR DESIGNATIONS AND MY FUND:

\$ 868,881 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. \$4,715,540 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 22,997,247.Form **990** (2024)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	74
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 129		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 22		
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?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b 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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b 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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 CORTNEY NICOLATO - 401-444-0600
 50 VALLEY STREET, PROVIDENCE, RI 02909

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 AND CEO	37.50	X		X				319,145.	0.	36,720.
(2) ROBERT BUSH CHIEF STRATEGY & OPERATIONS OFFICER	37.50			X				200,293.	0.	27,144.
(3) LARRY WARNER CHIEF IMPACT & EQUITY OFFICER	37.50				X			180,792.	0.	5,757.
(4) MARY ANN CANAVAN CHIEF FINANCIAL OFFICER	37.50			X				155,552.	0.	23,645.
(5) KYLE BENNETT CHIEF OF STAFF & PUBLIC AFFAIRS OFFI	37.50				X			134,404.	0.	27,999.
(6) KEVIN MATTA SR. DIR. OF PEOPLE & CULTURE	37.50				X			122,706.	0.	12,411.
(7) CRISTINA AMEDEO SENIOR DIRECTOR, COMMUNITY SERVICES	37.50				X			105,924.	0.	26,605.
(8) JESSICA BARRY SR. DIR. OF DONOR RELATION	37.50				X			109,866.	0.	4,037.
(9) DOLPH JOHNSON BOARD CHAIR (TO 9/24)	1.00	X		X				0.	0.	0.
(10) PAOLA FERNANDEZ BOARD CHAIR (AS OF 10/24)	1.00	X		X				0.	0.	0.
(11) ANTHONY BOTELHO VICE CHAIR (TO 12/24)	1.00	X		X				0.	0.	0.
(12) JAYNE DONEGAN VICE CHAIR	1.00	X		X				0.	0.	0.
(13) JUNIOR JABBIE VICE CHAIR (TO 6/25)	1.00	X		X				0.	0.	0.
(14) GREGG PERRY VICE CHAIR	1.00	X		X				0.	0.	0.
(15) SEAN ROGERS VICE CHAIR	1.00	X		X				0.	0.	0.
(16) RAMONA ROYAL VICE CHAIR	1.00	X		X				0.	0.	0.
(17) BARBARA CHERNOW TREASURER	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) CHRISTOPHER SABITONI SECRETARY	1.00	X		X				0.	0.	0.
(19) JOANNE DALY DIRECTOR	1.00	X						0.	0.	0.
(20) COURTNEY HAWKINS DIRECTOR	1.00	X						0.	0.	0.
(21) KATE KISHFY DIRECTOR	1.00	X						0.	0.	0.
(22) YAHAIIRA PLACENCIA DIRECTOR	1.00	X						0.	0.	0.
(23) RENA SHEEHAN DIRECTOR	1.00	X						0.	0.	0.
(24) SURESH SWAMINATHAN DIRECTOR	1.00	X						0.	0.	0.
(25) CHRIS BUDRIS DIRECTOR (AS OF 6/25)	1.00	X						0.	0.	0.
(26) SARAH LATHAM DIRECTOR (AS OF 9/24)	1.00	X						0.	0.	0.
1b Subtotal								1,328,682.	0.	164,318.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,328,682.	0.	164,318.

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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
THE HIRE LLC, 188 VALLEY STREET SUITE 240, PROVIDENCE, RI 02909	TEMPORARY HELP SERVICES	373,275.
THE NUNEZ COMPANY LLC 225 DYER STREET, PROVIDENCE, RI 02903	MARKETING AND WEBSITE SUPPORT	205,547.
RMA ENVIRONMENTAL LLC 220 MAIN STRET, NORTH KINGSTOWN, RI 02852	BUILDING CONTRACTOR	179,457.

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

3

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CAROLYN BELISLE DIRECTOR (AS OF 10/24)	1.00	X						0.	0.	0.
(28) GREG CORNETT DIRECTOR (AS OF 6/25)	1.00	X						0.	0.	0.
(29) MICHELLE CARR DIRECTOR (AS OF 9/24)	1.00	X						0.	0.	0.
(30) PAIGE PARKS DIRECTOR (AS OF 6/25)	1.00	X						0.	0.	0.
(31) RACHEL COPE DIRECTOR (AS OF 6/25)	1.00	X						0.	0.	0.
(32) MARCELA BETANCUR DIRECTOR (AS OF 10/24)	1.00	X						0.	0.	0.
(33) CHARLES CARVALHO DIRECTOR (AS OF 9/24)	1.00	X						0.	0.	0.
(34) WES COTTER DIRECTOR (TO 6/25)	1.00	X						0.	0.	0.
(35) SRINI KRISHNAMURTHY DIRECTOR (TO 6/25)	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck 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	7,241,857.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,234,269.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 903,088.			
	h	Total. Add lines 1a-1f		25,476,126.			
Program Service Revenue				Business Code			
	2 a						
	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)		650,224.			650,224.
	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	2,593,737.			
	c	Gain or (loss)	7c	300,392.			
	d	Net gain or (loss)		300,392.			300,392.
	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				Business Code			
	11 a	OTHER INCOME		812900	140,042.	140,042.	
	b	FISCAL SPONSORSHIP FEE		812900	102,583.	102,583.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		242,625.			
12	Total revenue. See instructions			26,669,367.	242,625.	0.	950,616.

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 ...	13,191,714.	13,191,714.		
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	828,578.	604,862.	174,001.	49,715.
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	7,055,085.	5,545,812.	560,751.	948,522.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,048.	49,224.	16,792.	6,032.
9 Other employee benefits	1,024,348.	705,131.	236,136.	83,081.
10 Payroll taxes	584,626.	399,979.	108,830.	75,817.
11 Fees for services (nonemployees):				
a Management				
b Legal	76,061.		76,061.	
c Accounting	68,730.		68,730.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	51,342.		51,342.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,136,409.	771,384.		365,025.
12 Advertising and promotion	362,682.	295,297.	1,602.	65,783.
13 Office expenses	301,366.	230,158.	35,989.	35,219.
14 Information technology	246,444.	240,123.	6,321.	
15 Royalties				
16 Occupancy	333,883.	242,821.	78,010.	13,052.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	679,718.	324,592.	62,767.	292,359.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,779.	129,379.	28,400.	
23 Insurance	124,671.	100,308.	24,363.	
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	201,100.	145,442.	31,266.	24,392.
b MISCELLANEOUS	96,506.	21,021.	74,009.	1,476.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,593,090.	22,997,247.	1,635,370.	1,960,473.
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 SheetCheck 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	277,792.	1	91,414.
	2 Savings and temporary cash investments	9,552,740.	2	5,655,696.
	3 Pledges and grants receivable, net	897,153.	3	2,672,890.
	4 Accounts receivable, net	1,194,614.	4	1,325,643.
	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	255,158.	9	202,130.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,557,577.		
	b Less: accumulated depreciation	10b 2,733,519.		
	11 Investments - publicly traded securities	2,846,140.	10c	3,824,058.
	12 Investments - other securities. See Part IV, line 11	8,993,701.	11	8,229,515.
	13 Investments - program-related. See Part IV, line 11	968,116.	12	981,854.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	6,854,470.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,839,884.	15	7,126,951.	
17 Accounts payable and accrued expenses	2,890,972.	16	30,110,151.	
18 Grants payable	2,890,972.	17	2,269,959.	
19 Deferred revenue	623,058.	18	675,307.	
20 Tax-exempt bond liabilities	4,296,069.	19	2,183,598.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties	1,748,542.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	1,701,716.	
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		24		
26 Total liabilities. Add lines 17 through 25	9,558,641.	25		
27 Net assets without donor restrictions	14,921,608.	26	6,830,580.	
28 Net assets with donor restrictions	7,359,635.	27	15,452,522.	
29 Capital stock or trust principal, or current funds		28	7,827,049.	
30 Paid-in or capital surplus, or land, building, or equipment fund		29		
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	22,281,243.	31		
33 Total liabilities and net assets/fund balances	31,839,884.	32	23,279,571.	

Form **990** (2024)

Part XI Reconciliation of Net AssetsCheck 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	26,669,367.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,593,090.
3	Revenue less expenses. Subtract line 2 from line 1	3	76,277.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,281,243.
5	Net unrealized gains (losses) on investments	5	922,051.
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	23,279,571.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form **990** (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,247,231.	21,537,676.	19,476,989.	22,374,545.	25,476,126.	131,112,567.
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	42,247,231.	21,537,676.	19,476,989.	22,374,545.	25,476,126.	131,112,567.
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)						9,201,571.
6 Public support. Subtract line 5 from line 4.						121,910,996.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	42,247,231.	21,537,676.	19,476,989.	22,374,545.	25,476,126.	131,112,567.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,976,423.	356,611.	290,428.	661,433.	650,224.	3,935,119.
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.)	659,803.	588,009.	530,229.	569,103.	242,625.	2,589,769.
11 Total support. Add lines 7 through 10						137,637,455.

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 2024 (line 6, column (f), divided by line 11, column (f))	14	88.57	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	88.58	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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"/>	

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2024

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 (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2024

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)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		94,770.	
c Total lobbying expenditures (add lines 1a and 1b)		94,770.	
d Other exempt purpose expenditures		22,902,477.	
e Total exempt purpose expenditures (add lines 1c and 1d)		22,997,247.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
IF the amount on line 1e, column (a) or (b), is:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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	61,712.	73,688.	83,915.	94,770.	314,085.
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	61,712.	73,688.			135,400.

Schedule C (Form 990) 2024

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

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	384	
2 Aggregate value of contributions to (during year)	5,193,092.	
3 Aggregate value of grants from (during year)	5,138,181.	
4 Aggregate value at end of year	2,225,300.	
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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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	968,116.	913,263.	884,077.	978,149.	6,440,301.
b Contributions					
c Net investment earnings, gains, and losses	94,733.	92,921.	66,686.	-58,277.	260,663.
d Grants or scholarships					
e Other expenditures for facilities and programs	80,995.	38,068.	37,500.	35,795.	42,609.
f Administrative expenses					5,680,206.
g End of year balance	981,854.	968,116.	913,263.	884,077.	978,149.

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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		4,470,449.	1,414,662.	3,055,787.
c Leasehold improvements				
d Equipment		1,311,623.	1,213,028.	98,595.
e Other		287,505.	105,829.	181,676.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,824,058.

Schedule D (Form 990) (Rev. 12-2024)

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, line 12, col. (B))		

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, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	7,126,951.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,126,951.

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.

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

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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	21,981,739.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	922,051.
b	Donated services and use of facilities	2b	19,580.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	941,631.
3	Subtract line 2e from line 1	3	21,040,108.
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	51,342.
b	Other (Describe in Part XIII.)	4b	5,577,917.
c	Add lines 4a and 4b	4c	5,629,259.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,669,367.

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	20,983,411.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	19,580.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	19,580.
3	Subtract line 2e from line 1	3	20,963,831.
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	51,342.
b	Other (Describe in Part XIII.)	4b	5,577,917.
c	Add lines 4a and 4b	4c	5,629,259.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,593,090.

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:

THE ORGANIZATION'S ENDOWMENT INCLUDES ENDOWMENT FUNDS DESIGNATED BY THE BOARD TO PROVIDE INCOME FOR THE ORGANIZATION.

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

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSES DESIGNATED BY DONORS 5,577,917.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSES DESIGNATED BY DONORS 5,577,917.

Part XIII	Supplemental Information <i>(continued)</i>
------------------	----------------------------------------------------

[illegible]

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
A WISH COME TRUE INC. 6 JEFFERSON DRIVE COVENTRY, RI 02816	05-0398808	501(C)(3)	5,627.	0.			DONOR DESIGNATION/GRANT
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET SUITE 100 PROVIDENCE, RI 02903	22-2543833	501(C)(3)	5,963.	0.			DONOR DESIGNATION/GRANT
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 151 BROADWAY - SUITE 305 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	44,569.	0.			DONOR DESIGNATION/GRANT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 320 NEVADA STREET, SUITE 201 - NEWTON, MA 02460	13-3039601	501(C)(3)	25,068.	0.			DONOR DESIGNATION/GRANT
ALZHEIMER'S DISEASE RESEARCH FOUNDATION DBA CURE ALZHEIMER'S - 34 WASHINGTON STREET - SUITE 310 - WELLESLEY HILLS, MA 02481	52-2396428	501(C)(3)	7,293.	0.			DONOR DESIGNATION/GRANT
AMENITY AID 33 PLAN WAY BUILDING 3B WARWICK, RI 02886	46-2347536	501(C)(3)	7,507.	0.			DONOR DESIGNATION/GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 295.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT STREET 17TH FLOOR - PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	6,776.	0.			DONOR DESIGNATION/GRANT
AMERICAN CANCER SOCIETY, INC. 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 30303-1246	13-1788491	501(C)(3)	13,963.	0.			DONOR DESIGNATION/GRANT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF RHODE ISLAND - 128 DORRANCE STREET - SUITE 400 - PROVIDENCE, RI 02903	23-7039364	501(C)(3)	9,858.	0.			DONOR DESIGNATION/GRANT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	7,250.	0.			DONOR DESIGNATION/GRANT
AMERICAN DIABETES ASSOCIATION NEW ENGLAND - P.O. BOX 7023 - MERRIFIELD, VA 22116	13-1623888	501(C)(3)	5,801.	0.			DONOR DESIGNATION/GRANT
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	14,290.	0.			DONOR DESIGNATION/GRANT
AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006-5310	53-0196605	501(C)(3)	10,017.	0.			DONOR DESIGNATION/GRANT
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	6,600.	0.			DONOR DESIGNATION/GRANT
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	25,583.	0.			DONOR DESIGNATION/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
ARTHRITIS FOUNDATION P.O. BOX 96280 WASHINGTON, DC 20077	58-1341679	501(C)(3)	9,500.	0.			DONOR DESIGNATION/GRANT
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917	05-0265675	501(C)(3)	22,875.	0.			DONOR DESIGNATION/GRANT
BEAUTIFUL DAY 66 BENEFIT STREET PROVIDENCE, RI 02904	45-4946110	501(C)(3)	39,965.	0.			DONOR DESIGNATION/GRANT
BLITHEWOLD INC. 101 FERRY ROAD BRISTOL, RI 02809	05-0503407	501(C)(3)	20,750.	0.			DONOR DESIGNATION/GRANT
BOOKS ARE WINGS 1005 MAIN STREET - SUITE 711B PAWTUCKET, RI 02860	27-0045877	501(C)(3)	20,533.	0.			DONOR DESIGNATION/GRANT
BOYS & GIRLS CLUB OF NEWPORT COUNTY INC. - 95 CHURCH STREET - NEWPORT, RI 02840-3143	05-0281572	501(C)(3)	16,851.	0.			DONOR DESIGNATION/GRANT
BOYS & GIRLS CLUB OF NORTHERN RHODE ISLAND - P. O. BOX 7505 - CUMBERLAND, RI 02864	05-0280121	501(C)(3)	6,661.	0.			DONOR DESIGNATION/GRANT
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860-4003	05-0258924	501(C)(3)	5,191.	0.			DONOR DESIGNATION/GRANT
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	05-0258929	501(C)(3)	11,411.	0.			DONOR DESIGNATION/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
BRANDEIS UNIVERSITY MAILSTOP 144 WALTHAM, MA 02454-9110	04-2103552	501(C)(3)	5,054.	0.			DONOR DESIGNATION/GRANT
BROWN UNIVERSITY OF PROVIDENCE 164 ANGELL STREET PROVIDENCE, RI 02912	05-0258809	501(C)(3)	17,871.	0.			DONOR DESIGNATION/GRANT
BROWN UNIVERSITY RESEARCH FOUNDATION - P. O. BOX 1877 - PROVIDENCE, RI 02912	05-0390989	501(C)(3)	6,125.	0.			DONOR DESIGNATION/GRANT
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917-9963	05-0258810	501(C)(3)	25,559.	0.			DONOR DESIGNATION/GRANT
BUILDING FUTURES 1 ACORN STREET PROVIDENCE, RI 02903	81-3939129	501(C)(3)	50,000.	0.			DONOR DESIGNATION/GRANT
BUTLER HOSPITAL FOUNDATION 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	45-4530540	501(C)(3)	5,950.	0.			DONOR DESIGNATION/GRANT
BUTTON HOLE 1 BUTTONHOLD DR PROVIDENCE, RI 02909	05-0497481	501(C)(3)	16,807.	0.			DONOR DESIGNATION/GRANT
CACD CAPEVERDEAN AMERICAN COMMUNITY DEVELOPMENT OF RHODE ISLAND - 120 HIGH STREET - PAWTUCKET, RI 02860	05-0476404	501(C)(3)	37,502.	0.			DONOR DESIGNATION/GRANT
CATHOLIC CHARITY FUND ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903-3695	05-6014313	501(C)(3)	79,854.	0.			DONOR DESIGNATION/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
CENTER FOR WOMEN & ENTERPRISE, INC 44 SCHOOL STREET ROOM 200 BOSTON, MA 02108	04-3256236	501(C)(3)	51,000.	0.			DONOR DESIGNATION/GRANT
CENTRO DE INNOVACION MUJER LATINA 640 BROAD STREET PROVIDENCE, RI 02907	81-4431917	501(C)(3)	20,025.	0.			DONOR DESIGNATION/GRANT
CHILDREN'S FRIEND 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	11,237.	0.			DONOR DESIGNATION/GRANT
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDRENS HOSPITAL TRUST) - 401 PARK DRIVE, SUITE 602 - BOSTON, MA 02215	04-2774441	501(C)(3)	82,727.	0.			DONOR DESIGNATION/GRANT
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 44193	34-0714585	501(C)(3)	20,000.	0.			DONOR DESIGNATION/GRANT
CLINICA ESPERANZA HOPE CLINIC 60 VALLEY STREET SUITE 104 PROVIDENCE, RI 02909	26-1714340	501(C)(3)	50,638.	0.			DONOR DESIGNATION/GRANT
COLLEGE UNBOUND 325 PUBLIC STREET PROVIDENCE, RI 02905-2340	46-2470807	501(C)(3)	51,355.	0.			DONOR DESIGNATION/GRANT
COLLEGE VISIONS 180 WESTMINSTER STREET SUITE 203 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	45,326.	0.			DONOR DESIGNATION/GRANT
COMMEMORATIVE AIR FORCE P.O. BOX 764769 DALLAS, TX 75237	74-1484491	501(C)(3)	25,000.	0.			DONOR DESIGNATION/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 ACTION PARTNERSHIP OF PROVIDENCE - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501(C)(3)	40,988.	0.			DONOR DESIGNATION/GRANT
COMMUNITY CARE ALLIANCE 800 CLINTON STREET WOONSOCKET, RI 02895	05-0312278	501(C)(3)	184,575.	0.			DONOR DESIGNATION/GRANT
COMMUNITY COLLEGE OF RHODE ISLAND 400 EAST AVENUE WARWICK, RI 02886	05-0353872	501(C)(3)	7,000.	0.			DONOR DESIGNATION/GRANT
COMMUNITY COLLEGE OF RHODE ISLAND FOUNDATION - 1762 LOUISQUISSET PIKE - LINCOLN, RI 02865	05-0394214	501(C)(3)	5,974.	0.			DONOR DESIGNATION/GRANT
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	22-2485332	501(C)(3)	12,286.	0.			DONOR DESIGNATION/GRANT
COMPREHENSIVE COMMUNITY ACTION PROGRAM INC - 311 DORIC AVENUE - CRANSTON, RI 02910	05-6018801	501(C)(3)	23,175.	0.			DONOR DESIGNATION/GRANT
CONGREGATION OF THE SONS OF ISRAEL AND DAVID DBA TEMPLE BETH-EL - 70 ORCHARD AVENUE - PROVIDENCE, RI 02906	05-0264805	501(C)(3)	5,887.	0.			DONOR DESIGNATION/GRANT
CONNECTING FOR CHILDREN & FAMILIES, INC. - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501(C)(3)	163,463.	0.			DONOR DESIGNATION/GRANT
CONSERVATION LAW FOUNDATION 235 PROMENADE STREET, SUITE 560, MA PROVIDENCE, RI 02908	04-6149986	501(C)(3)	5,200.	0.			DONOR DESIGNATION/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
CONTEMPORARY THEATER COMPANY 327 MAIN STREET WAKEFIELD, RI 02879	20-4955082	501(C)(3)	5,455.	0.			DONOR DESIGNATION/GRANT
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	142,291.	0.			DONOR DESIGNATION/GRANT
CYSTIC FIBROSIS FOUNDATION 220 NORTH MAIN STREET - SUITE 104 NATICK, MA 01760	13-1930701	501(C)(3)	40,901.	0.			DONOR DESIGNATION/GRANT
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2263040	501(C)(3)	35,526.	0.			DONOR DESIGNATION/GRANT
DARE - DIRECT ACTION FOR RIGHTS AND EQUALITY - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	88,231.	0.			DONOR DESIGNATION/GRANT
DAVINCI CENTER FOR COMMUNITY PROGRESS - 470 CHARLES STREET - PROVIDENCE, RI 02904	05-0352730	501(C)(3)	11,175.	0.			DONOR DESIGNATION/GRANT
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	9,533.	0.			DONOR DESIGNATION/GRANT
DDX3X FOUNDATION 1000 N WEST STREET WILMINGTON, DE 19801	81-1159359	501(C)(3)	10,000.	0.			DONOR DESIGNATION/GRANT
DENTAL LIFELINE NETWORK 1800 15TH STREET, SUITE 100 DENVER, CO 80202	84-6129064	501(C)(3)	10,100.	0.			DONOR DESIGNATION/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
DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	53-0196617	501(C)(3)	9,852.	0.			DONOR DESIGNATION/GRANT
DISCOVERY COUNSELING CENTER 115-A TOWN AND COUNTRY DRIVE DANVILLE, CA 94526	94-1705971	501(C)(3)	12,500.	0.			DONOR DESIGNATION/GRANT
DIVERSITY TALKS 22 PARSONAGE STREET PROVIDENCE, RI 02903	82-3543360	501(C)(3)	39,500.	0.			DONOR DESIGNATION/GRANT
DOCTORS WITHOUT BORDERS USA (DBM) P.O. BOX 5030 HAGERSTOWN, MD 21741-5023	13-3433452	501(C)(3)	15,953.	0.			DONOR DESIGNATION/GRANT
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND INC - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	27,535.	0.			DONOR DESIGNATION/GRANT
DOWNCITY DESIGN 370 CRANSTON STREET PROVIDENCE, RI 02907	27-1125644	501(C)(3)	38,010.	0.			DONOR DESIGNATION/GRANT
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	80,382.	0.			DONOR DESIGNATION/GRANT
EAST BAY FOOD PANTRY INC. 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	16,911.	0.			DONOR DESIGNATION/GRANT
EASTERN INDIGENOUS RESEARCH INSTITUTE NONPROFIT CORPORATION - 39 NOYES STREET - WARWICK, RI 02886	85-3066895	501(C)(3)	10,000.	0.			DONOR DESIGNATION/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
ECONOMIC PROGRESS INSTITUTE 600 MOUNT PLEASANT AVENUE #9 PROVIDENCE, RI 02908	32-0295517	501(C)(3)	8,858.	0.			DONOR DESIGNATION/GRANT
EDESIA INC. 550 ROMANO VINEYA ROAD WAY NORTH KINGSTOWN, RI 02852	26-0359866	501(C)(3)	13,997.	0.			DONOR DESIGNATION/GRANT
ELIZABETH BUFFUM CHACE CENTER INC P.O. BOX 9476 WARWICK, RI 02889	05-0384053	501(C)(3)	5,537.	0.			DONOR DESIGNATION/GRANT
EMPOWERMENT FACTORY 999 MAIN STREET UNIT 707 PAWTUCKET, RI 02860	81-0682337	501(C)(3)	7,427.	0.			DONOR DESIGNATION/GRANT
ENVIRONMENTAL DEFENSE FUND 555 12TH STREET NW #400 WASHINGTON, DC 20004	11-6107128	501(C)(3)	5,050.	0.			DONOR DESIGNATION/GRANT
FAMILY SERVICE OF RHODE ISLAND P. O. BOX 6688 PROVIDENCE, RI 02940	05-0258858	501(C)(3)	8,951.	0.			DONOR DESIGNATION/GRANT
FARM FRESH RHODE ISLAND 10 SIMS AVENUE - UNIT 103 PROVIDENCE, RI 02909	20-4625643	501(C)(3)	5,408.	0.			DONOR DESIGNATION/GRANT
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909-1597	05-0258871	501(C)(3)	142,325.	0.			DONOR DESIGNATION/GRANT
FLEET OF ANGELS 3226 S NEWSCOMBE ST UNIT 101 LAKEWOOD, CO 80227	46-3895690	501(C)(3)	10,000.	0.			DONOR DESIGNATION/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
FLY GATEWAY AVIATION INSTITUTE 131 N DUPONT HWY NEW CASTLE, DE 19720	82-4951965	501(C)(3)	25,000.	0.			DONOR DESIGNATION/GRANT
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	76,149.	0.			DONOR DESIGNATION/GRANT
FRANK OLEAN CENTER 101 AIRPORT ROAD WESTERLY, RI 02891	05-0311198	501(C)(3)	6,874.	0.			DONOR DESIGNATION/GRANT
FRANKLIN COUNTY UNITED WAY 301 WEST FRONT STREET WASHINGTON, MO 63090	43-1124878	501(C)(3)	6,200.	0.			DONOR DESIGNATION/GRANT
FRIENDS OF DARTMOUTH 6083 ALUMNI GYMNASIUM HANOVER, NH 03755	04-3391555	501(C)(3)	6,500.	0.			DONOR DESIGNATION/GRANT
FRIENDS OF TOWNIE ATHLETICS P.O. BOX 16521 RUMFORD, RI 02916	26-4173798	501(C)(3)	7,500.	0.			DONOR DESIGNATION/GRANT
FRIENDS WAY 765 WEST SHORE ROAD WARWICK, RI 02889	05-0504841	501(C)(3)	5,148.	0.			DONOR DESIGNATION/GRANT
FUND FFOR UCAP 75 CARPENTER STREET PROVIDENCE, RI 02903	26-0656828	501(C)(3)	7,000.	0.			DONOR DESIGNATION/GRANT
GENERATION CITIZEN 115 BROADWAY 5TH FLOOR NEW YORK, NY 10006	27-2039522	501(C)(3)	7,000.	0.			DONOR DESIGNATION/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
GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907	22-3001721	501(C)(3)	52,269.	0.			DONOR DESIGNATION/GRANT
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724	501(C)(3)	32,316.	0.			DONOR DESIGNATION/GRANT
GIRLS ON THE RUN RHODE ISLAND P. O. BOX 72787 PROVIDENCE, RI 02818	45-3061488	501(C)(3)	6,133.	0.			DONOR DESIGNATION/GRANT
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 11A BLACKSTONE VALLEY PLACE - LINCOLN, RI 02865	13-4283582	501(C)(3)	5,844.	0.			DONOR DESIGNATION/GRANT
GOOD NEIGHBORS INC 55 TURNER AVENUE RIVERSIDE, RI 02915	05-0455668	501(C)(3)	19,160.	0.			DONOR DESIGNATION/GRANT
GRANITE UNITED WAY 22 CONCORD STREET FLOOR 2 MANCHESTER, NH 03101	02-6006033	501(C)(3)	9,483.	0.			DONOR DESIGNATION/GRANT
GRANTMAKERS COUNCIL OF RHODE ISLAND - 50 VALLEY STREET - PROVIDENCE, RI 02909	27-0059468	501(C)(3)	5,102.	0.			DONOR DESIGNATION/GRANT
HABITAT FOR HUMANITY WEST BAY P. O. BOX 6743 WARWICK, RI 02887-6743	05-0458404	501(C)(3)	8,735.	0.			DONOR DESIGNATION/GRANT
HARLEM GROWN 127 W 127TH STREET, ROOM 418 NEW YORK, NY 10027	27-4250636	501(C)(3)	20,000.	0.			DONOR DESIGNATION/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
HAUS OF CODEC 53 BROAD ST. P.O. BOX 23360 PROVIDENCE, RI 02903	87-1199109	501(C)(3)	5,070.	0.			DONOR DESIGNATION/GRANT
HAWK MOUNTAIN SANCTUARY ASSOCIATION - 1700 HAWK MOUNTAIN RD - KEMPTON, PA 19529	23-1392700	501(C)(3)	15,000.	0.			DONOR DESIGNATION/GRANT
HEART OF FLORIDA UNITED WAY INC 1940 CANNERY WAY ORLANDO, FL 32804	59-0808854	501(C)(3)	5,919.	0.			DONOR DESIGNATION/GRANT
HERITAGE FLIGHT FOUNDATION 353 GREENHAVEN RD PAWCATUCK, CT 06379	94-3451504	501(C)(3)	144,000.	0.			DONOR DESIGNATION/GRANT
HIGHER GROUND INTERNATIONAL 250 PRAIRIE AVENUE PROVIDENCE, RI 02905	11-3842652	501(C)(3)	44,155.	0.			DONOR DESIGNATION/GRANT
HIGHLANDER CHARTER SCHOOL 42 LEXINGTON AVENUE PROVIDENCE, RI 02907	05-0517389	501(C)(3)	15,315.	0.			DONOR DESIGNATION/GRANT
HOPE & MAIN 691 MAIN STREET WARREN, RI 02885	27-2917974	501(C)(3)	38,020.	0.			DONOR DESIGNATION/GRANT
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	69,425.	0.			DONOR DESIGNATION/GRANT
HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039	06-0647018	501(C)(3)	11,000.	0.			DONOR DESIGNATION/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	501(C)(3)	37,550.	0.			DONOR DESIGNATION/GRANT
HOUSING NETWORK OF RHODE ISLAND 1070 MAIN STREET - SUITE 304 PAWTUCKET, RI 02860	05-0465216	501(C)(3)	38,885.	0.			DONOR DESIGNATION/GRANT
INSTITUTE FOR LABOR STUDIES & RESEARCH - 1540 PONTIAC AVENUE - SUITE A - CRANSTON, RI 02920	05-0387211	501(C)(3)	8,682.	0.			DONOR DESIGNATION/GRANT
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	7,800.	0.			DONOR DESIGNATION/GRANT
JEFFREY OSBORNE FOUNDATION P. O. BOX 9521 PROVIDENCE, RI 02904	46-0925456	501(C)(3)	18,000.	0.			DONOR DESIGNATION/GRANT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	44,188.	0.			DONOR DESIGNATION/GRANT
JOE ANDRUZZI FOUNDATION INC. 49 PLAIN STREET, #500 NORTH ATTLEBOROUGH, MA 02760	26-2017043	501(C)(3)	52,725.	0.			DONOR DESIGNATION/GRANT
JUNIOR ACHIEVEMENT OF RHODE ISLAND 3205 POST ROAD #7549 WARWICK, RI 02886	05-0263443	501(C)(3)	5,535.	0.			DONOR DESIGNATION/GRANT
JUSTICE ASSISTANCE 1540 PONTIAC AVENUE CRANSTON, RI 02920	05-0379917	501(C)(3)	56,698.	0.			DONOR DESIGNATION/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
KENT CENTER FOR HUMAN & ORGANIZATIONAL DEVELOPMENT, INC. (THRIVE BEHAVIORAL HEAL - 2756 POST ROAD, SUITE 100 - WARWICK, RI	51-0189278	501(C)(3)	6,022.	0.			DONOR DESIGNATION/GRANT
KING'S CATHEDRAL 225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903	05-0496649	501(C)(3)	13,148.	0.			DONOR DESIGNATION/GRANT
LASALLE ACADEMY 612 ACADEMY AVE PROVIDENCE, RI 02908	05-0258897	501(C)(3)	7,750.	0.			DONOR DESIGNATION/GRANT
LATINO POLICY INSTITUTE 24 CORLISS STREET UNIT 41151 PROVIDENCE, RI 02904	92-0658298	501(C)(3)	45,175.	0.			DONOR DESIGNATION/GRANT
LATINO PUBLIC RADIO 1246 CRANSTON STREET CRANSTON, RI 02920	20-5823948	501(C)(3)	20,000.	0.			DONOR DESIGNATION/GRANT
LEADERSHIP RHODE ISLAND 188 VALLEY STREET, BUILDING 3L - SUITE 131 - PROVIDENCE, RI 02909-1805	22-2570460	501(C)(3)	24,156.	0.			DONOR DESIGNATION/GRANT
LIFESPAN FOUNDATION 167 POINT ST PROVIDENCE, RI 02903	05-0493219	501(C)(3)	406,298.	0.			DONOR DESIGNATION/GRANT
LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501(C)(3)	26,929.	0.			DONOR DESIGNATION/GRANT
LOOKING UPWARDS, INC. 438 EAST MAIN ROAD MIDDLETOWN, RI 02842	05-0376075	501(C)(3)	7,943.	0.			DONOR DESIGNATION/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
LUNG CANCER RESEARCH FOUNDATION 501 7TH AVENUE SUITE 230 NEW YORK, NY 10018	14-1935776	501(C)(3)	7,252.	0.			DONOR DESIGNATION/GRANT
MADDIE POTTS FOUNDATION P.O. BOX 539 HOPE VALLEY, RI 02832	82-3605410	501(C)(3)	5,978.	0.			DONOR DESIGNATION/GRANT
MAKE-A-WISH FOUNDATION MA & RI 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	22-2867371	501(C)(3)	16,585.	0.			DONOR DESIGNATION/GRANT
MAKE-A-WISH NORTH TEXAS 16803 DALLAS PARKWAY, SUITE 100 ADDISON, TX 75001	75-1889666	501(C)(3)	50,000.	0.			DONOR DESIGNATION/GRANT
MAN UP INC. 80 WASHINGTON STREET, RM 429 PROVIDENCE, RI 02903	46-2667817	501(C)(3)	37,570.	0.			DONOR DESIGNATION/GRANT
MANTON AVENUE PROJECT 55 PUTNAM STREET PROVIDENCE, RI 02909	06-1725016	501(C)(3)	50,385.	0.			DONOR DESIGNATION/GRANT
MCAULEY HOUSE 622 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-0440470	501(C)(3)	7,347.	0.			DONOR DESIGNATION/GRANT
MEALS ON WHEELS OF RI 70 BATH STREET PROVIDENCE, RI 02908	05-0340723	501(C)(3)	10,821.	0.			DONOR DESIGNATION/GRANT
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	28,837.	0.			DONOR DESIGNATION/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
MIDDLEBURY COLLEGE OLDE COURTHOUSE, 5 COURT STREET MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	100,000.	0.			DONOR DESIGNATION/GRANT
MILAGROS PROJECT 80 MAIN STREET MANVILLE, RI 02838	87-4481728	501(C)(3)	37,590.	0.			DONOR DESIGNATION/GRANT
MINI ENTREPRENEURS OF RHODE ISLAND 76 METROPOLITAN PARK DRIVE RIVERSIDE, RI 02915	88-4421847	501(C)(3)	50,000.	0.			DONOR DESIGNATION/GRANT
MIRIAM HOSPITAL FOUNDATION P. O. BOX H PROVIDENCE, RI 02901	05-0377502	501(C)(3)	86,083.	0.			DONOR DESIGNATION/GRANT
MOSES BROWN SCHOOL FOUNDATION 250 LLOYD AVENUE PROVIDENCE, RI 02906-2398	23-7067506	501(C)(3)	10,950.	0.			DONOR DESIGNATION/GRANT
MOUNT HOPE COMMUNITY BAPTIST CHURCH - 734 HOPE ST - PROVIDENCE, RI 02906	05-0414434	501(C)(3)	22,148.	0.			DONOR DESIGNATION/GRANT
MOUNT HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906-2508	05-0502405	501(C)(3)	37,562.	0.			DONOR DESIGNATION/GRANT
MOUNT HOPE NEIGHBORHOOD ASSOCIATION - 199 CAMP STREET - PROVIDENCE, RI 02906	22-2599257	501(C)(3)	10,250.	0.			DONOR DESIGNATION/GRANT
NANTUCKET LAND AND WATER COUNCIL INC. - P.O. BOX 502 - NANTUCKET, MA 02554	51-0180597	501(C)(3)	12,500.	0.			DONOR DESIGNATION/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
NARRAGANSETT COUNCIL - BOY SCOUTS OF AMERICA - 223 SCITUATE AVENUE - CRANSTON, RI 02920	05-0308384	501(C)(3)	29,693.	0.			DONOR DESIGNATION/GRANT
NARROWS CENTER FOR ARTS 16 ANAWAN STREET FALL RIVER, MA 02721	31-1654074	501(C)(3)	5,250.	0.			DONOR DESIGNATION/GRANT
NATIONAL KIDNEY FOUNDATION OF RI & MA - 30 EAST 33RD STREET - NEW YORK, NY 10016	13-1673104	501(C)(3)	7,633.	0.			DONOR DESIGNATION/GRANT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 3RD AVE FL 3 - NEW YORK, NY 10017-3211	13-5661935	501(C)(3)	9,450.	0.			DONOR DESIGNATION/GRANT
NATURE CONSERVANCY 159 WATERMAN STREET PROVIDENCE, RI 02906	53-0242652	501(C)(3)	22,688.	0.			DONOR DESIGNATION/GRANT
NEW ENGLAND LABORERS APPRENTICESHIP ADVANCEMENT FUND - 226 S MAIN ST - PROVIDENCE, RI 02903	03-0466664	501(C)(3)	15,000.	0.			DONOR DESIGNATION/GRANT
NEW URBAN ARTS 705 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0498654	501(C)(3)	41,058.	0.			DONOR DESIGNATION/GRANT
NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD NEWPORT, RI 02842	30-0946766	501(C)(3)	134,108.	0.			DONOR DESIGNATION/GRANT
NORTH KINGSTOWN FOOD PANTRY 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501(C)(3)	7,799.	0.			DONOR DESIGNATION/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
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501(C)(3)	10,000.	0.			DONOR DESIGNATION/GRANT
OCEAN COMMUNITY UNITED THEATRE INC. - P. O. BOX 384 - WESTERLY, RI 02891	46-3579526	501(C)(3)	20,095.	0.			DONOR DESIGNATION/GRANT
OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 02891	05-0268126	501(C)(3)	27,786.	0.			DONOR DESIGNATION/GRANT
OLNEYVILLE NEIGHBORHOOD ASSOCIATION - 122 MANTON AVENUE, BOX 8, SUITE 611 - PROVIDENCE, RI 02909	83-0434706	501(C)(3)	50,000.	0.			DONOR DESIGNATION/GRANT
ONE NEIGHBORHOOD BUILDERS 66 CHAFFEE STREET PROVIDENCE, RI 02909	22-3010422	501(C)(3)	37,655.	0.			DONOR DESIGNATION/GRANT
OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909	52-2374370	501(C)(3)	37,500.	0.			DONOR DESIGNATION/GRANT
OPERATION STAND DOWN RHODE ISLAND 1010 HARTFORD AVENUE JOHNSTON, RI 02919	05-0475772	501(C)(3)	5,870.	0.			DONOR DESIGNATION/GRANT
OUR REDEEMER LUTHERAN CHURCH 54 CEDAR SWAMP ROAD SMITHFIELD, RI 02917	05-0436315	501(C)(3)	5,500.	0.			DONOR DESIGNATION/GRANT
OUTREACH INC. 301 CENTER STREET PO BOX 361 UNION, IA 50258	20-0636360	501(C)(3)	28,490.	0.			DONOR DESIGNATION/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
PAN-MASSACHUSETTS CHALLENGE, INC. 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	32,434.	0.			DONOR DESIGNATION/GRANT
PAWTUCKET CENTRAL FALLS DEVELOPMENT CORPORATION - 204 BROAD STREET - PAWTUCKET, RI 02860	22-3241611	501(C)(3)	31,405.	0.			DONOR DESIGNATION/GRANT
PAWTUCKET SOUP KITCHEN P. O. BOX 3102 PAWTUCKET, RI 02861	05-0475296	501(C)(3)	8,493.	0.			DONOR DESIGNATION/GRANT
PLAN INTERNATIONAL, USA 235 PROMENADE STREET, SUITE 600 PROVIDENCE, RI 02908	13-5661832	501(C)(3)	6,810.	0.			DONOR DESIGNATION/GRANT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - ATTN: ONLINE SERVICES P.O. BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	17,420.	0.			DONOR DESIGNATION/GRANT
POTTER LEAGUE FOR ANIMALS 87 OLIPHANT LANE MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	11,562.	0.			DONOR DESIGNATION/GRANT
PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501(C)(3)	23,000.	0.			DONOR DESIGNATION/GRANT
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	7,395.	0.			DONOR DESIGNATION/GRANT
PROGRESO LATINO, INC. 626 BROAD STREET CENTRAL FALLS, RI 02863-2835	05-0380608	501(C)(3)	49,253.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT WEBER/RENEW 45 WILLARD AVENUE PROVIDENCE, RI 02905	46-0964136	501(C)(3)	6,295.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501(C)(3)	6,461.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE COLLEGE FOUNDATION 549 RIVER AVENUE PROVIDENCE, RI 02918-0001	05-0258932	501(C)(3)	28,044.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE COMMUNITY LIBRARY P. O. BOX 9267 PROVIDENCE, RI 02940	36-4640304	501(C)(3)	45,250.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE HOUSE INC 2050 WEST 32 STREET CLEVELAND, OH 44113	34-1336325	501(C)(3)	5,725.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903	05-0283958	501(C)(3)	13,850.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE PROMISE TWO REGENCY PLAZA, SUITE 4 PROVIDENCE, RI 02903	47-1918920	501(C)(3)	59,179.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	37,450.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE REVOLVING FUND INC. 372 WEST FOUNTAIN STREET PROVIDENCE, RI 02903	05-0386411	501(C)(3)	50,270.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE STUDENT UNION 769 WESTMINSTER STREET PROVIDENCE, RI 02903	45-5052229	501(C)(3)	39,940.	0.			DONOR DESIGNATION/GRANT
REENTRY CAMPUS PROGRAM 1 EMPIRE STREET, SUITE 219 PROVIDENCE, RI 02903	82-2962618	501(C)(3)	37,600.	0.			DONOR DESIGNATION/GRANT
REFUGEE DREAM CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	89,185.	0.			DONOR DESIGNATION/GRANT
REFUGEE YOUTH SOLIDARITY THROUGH EDUCATION - 127 BURNETT STREET - PROVIDENCE, RI 02907	92-0282647	501(C)(3)	37,950.	0.			DONOR DESIGNATION/GRANT
RELEVANT RADIO 680 BARCLAY BOULEVARD LINCOLNSHIRE, IL 60069-4328	39-2003067	501(C)(3)	5,282.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND BUSINESS DEVELOPMENT INSTITUTE INC - 232 SMITH STREET - PROVIDENCE, RI 02908	47-1151685	501(C)(3)	50,000.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND CENTER FOR THE BOOK 100 OCHRE POINT AVENUE NEWPORT, RI 02840	82-5478418	501(C)(3)	21,590.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND CHURCH OF CHRIST DBA CHRIST COMMUNITY CHURCH - 224 WOODWARD ROAD - PROVIDENCE, RI 02904-1055	05-0417441	501(C)(3)	16,250.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND COALITION FOR THE HOMELESS - 225 DYER STREET, 2ND FLOOR - PROVIDENCE, RI 02903	22-2894547	501(C)(3)	38,144.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	547,033.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND COMMUNITY FOUNDATION, INC. - ONE UNION STATION - PROVIDENCE, RI 02903	22-2604963	501(C)(3)	129,360.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND FOR COMMUNITY AND JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501(C)(3)	43,385.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND FREE CLINIC 655 BROAD STREET PROVIDENCE, RI 02907	05-0501276	501(C)(3)	29,934.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND HISPANIC CHAMBER OF COMMERCE - 1955 WESTMINISTER STREET, 2ND FLOOR - PROVIDENCE, RI 02909	81-2701009	501(C)(3)	7,500.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND KIDS COUNT, INC. ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501(C)(3)	50,915.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	5,548.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914-1712	05-0267451	501(C)(3)	24,001.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND PUBLIC RADIO, DBA, THE PUBLIC'S RADIO - ONE UNION STATION - PROVIDENCE, RI 02903	05-0498502	501(C)(3)	16,655.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND ZOOLOGICAL SOCIETY (ROGER WILLIAMS PARK ZOO) - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-6016675	501(C)(3)	5,500.	0.			DONOR DESIGNATION/GRANT
RI BLACK HERITAGE SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906	51-0189067	501(C)(3)	50,225.	0.			DONOR DESIGNATION/GRANT
RI CENTER FOR JUSTICE 1 EMPIRE PLAZA, SUITE 410 PROVIDENCE, RI 02903	46-5295722	501(C)(3)	10,679.	0.			DONOR DESIGNATION/GRANT
RI SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 155 PLAN WAY - WARWICK, RI 02886	05-0262716	501(C)(3)	8,105.	0.			DONOR DESIGNATION/GRANT
RISD MUSEUM OF ART 224 BENEFIT STREET PROVIDENCE, RI 02903	05-0258956	501(C)(3)	10,550.	0.			DONOR DESIGNATION/GRANT
RISE-RHODE ISLANDERS SPONSORING EDUCATION - 11 S. ANGELL STREET - PROVIDENCE, RI 02906-5206	06-1470525	501(C)(3)	17,798.	0.			DONOR DESIGNATION/GRANT
RIVERZEDGE ARTS 196 SECOND AVENUE WOONSOCKET, RI 02895	13-4206227	501(C)(3)	38,086.	0.			DONOR DESIGNATION/GRANT
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809-2921	05-0277222	501(C)(3)	35,733.	0.			DONOR DESIGNATION/GRANT
RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY STREET - PROVIDENCE, RI 02905	22-2760752	501(C)(3)	59,871.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT ELIZABETH COMMUNITY 2364 POST ROAD, SUITE 100 WARWICK, RI 02886	05-0258998	501(C)(3)	7,025.	0.			DONOR DESIGNATION/GRANT
SAINT MARTIN'S EPISCOPAL CHURCH 50 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0260679	501(C)(3)	20,000.	0.			DONOR DESIGNATION/GRANT
SAINT MARY ACADEMY - BAY VIEW 3070 PAWTUCKET AVENUE RIVERSIDE, RI 02915	05-0263792	501(C)(3)	6,501.	0.			DONOR DESIGNATION/GRANT
SALVATION ARMY 386 BROAD STREET PROVIDENCE, RI 02905	13-5562351	501(C)(3)	16,428.	0.			DONOR DESIGNATION/GRANT
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	66,292.	0.			DONOR DESIGNATION/GRANT
SANDRA FEINSTEIN-GAMM THEATRE (GAMM THEATRE) - 1245 JEFFERSON BOULEVARD . - WARWICK, RI 02886	22-2797284	501(C)(3)	10,496.	0.			DONOR DESIGNATION/GRANT
SARAS WISH FOUNDATION 23 ASH LN AMHERST, MA 01002	04-3364034	501(C)(3)	7,500.	0.			DONOR DESIGNATION/GRANT
SARCOMA FOUNDATION OF AMERICA INC. P. O. BOX 98160 WASHINGTON, DC 20090-7166	52-2275294	501(C)(3)	5,100.	0.			DONOR DESIGNATION/GRANT
SAVE THE BAY 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	39,077.	0.			DONOR DESIGNATION/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
SCHOLARSHIP FOUNDATION OF EAST PROVIDENC - P. O. BOX 154438 - EAST PROVIDENCE, RI 02915	23-7007104	501(C)(3)	5,438.	0.			DONOR DESIGNATION/GRANT
SHULTZS GUEST HOUSE SERVICES INC. 7 BURGESS LANE DEDHAM, MA 02026	47-2697761	501(C)(3)	50,000.	0.			DONOR DESIGNATION/GRANT
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE - SUITE 100 PROVIDENCE, RI 02903	26-0163730	501(C)(3)	5,778.	0.			DONOR DESIGNATION/GRANT
SOJOURN COLLEGIATE MINISTRY INC. 539 W. COMMERCE STREET DALLAS, TX 75208	20-5378781	501(C)(3)	7,300.	0.			DONOR DESIGNATION/GRANT
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	108,330.	0.			DONOR DESIGNATION/GRANT
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	9,406.	0.			DONOR DESIGNATION/GRANT
SOUTH COUNTY HEALTH 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0259093	501(C)(3)	7,500.	0.			DONOR DESIGNATION/GRANT
SOUTH COUNTY HEALTH FOUNDATION 100 KENYON AVENUE WAKEFIELD, RI 02879	85-4028860	501(C)(3)	7,200.	0.			DONOR DESIGNATION/GRANT
SOUTHPOINTE CHRISTIAN CHURCH 200 PETTACONSETT AVENUE. WARWICK, RI 02888	45-3065348	501(C)(3)	18,900.	0.			DONOR DESIGNATION/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
SOUTHSIDE COMMUNITY LAND TRUST 404 BROAD STREET PROVIDENCE, RI 02907	05-0394224	501(C)(3)	5,687.	0.			DONOR DESIGNATION/GRANT
SPECIAL OLYMPICS RHODE ISLAND, INC. - 370 GEORGE WASHINGTON HIGHWAY - SMITHFIELD, RI 02917	05-0377867	501(C)(3)	17,414.	0.			DONOR DESIGNATION/GRANT
SPENCER EDUCATIONAL FOUNDATION P.O. BOX 23613 NEW YORK, NY 10087	58-1420617	501(C)(3)	25,000.	0.			DONOR DESIGNATION/GRANT
ST. JUDE CHILDRENS RESEARCH HOSPITAL INC - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	18,334.	0.			DONOR DESIGNATION/GRANT
ST. PATRICK ACADEMY 244 SMITH STREET PROVIDENCE, RI 02908	05-0348697	501(C)(3)	9,170.	0.			DONOR DESIGNATION/GRANT
ST. RAPHAEL ACADEMY 123 WALCOTT STREET PAWTUCKET, RI 02860	05-0259066	501(C)(3)	8,522.	0.			DONOR DESIGNATION/GRANT
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	9,492.	0.			DONOR DESIGNATION/GRANT
TEACH FOR AMERICA INC P.O. BOX 411139 BOSTON, MA 02241-1139	13-3541913	501(C)(3)	6,100.	0.			DONOR DESIGNATION/GRANT
THE FOGARTY CENTER 310 MAPLE AVENUE, SUITE 102 BARRINGTON, RI 02806	04-2936360	501(C)(3)	7,827.	0.			DONOR DESIGNATION/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 IRELAND FUNDS AMERICA 10 POST OFFICE SQUARE, SUITE N950 BOSTON, MA 02109	25-1306992	501(C)(3)	17,000.	0.			DONOR DESIGNATION/GRANT
THE JONNYCAKE CENTER INC. 22 KERSEY ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	20,454.	0.			DONOR DESIGNATION/GRANT
THE PLACE 2550 THE PLACE CIRCLE CUMMING, GA 30040	58-2355072	501(C)(3)	50,000.	0.			DONOR DESIGNATION/GRANT
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	39,141.	0.			DONOR DESIGNATION/GRANT
THE TOMORROW FUND 593 EDDY STREET - POB BUILDING - SU PROVIDENCE, RI 02903	05-0450569	501(C)(3)	20,575.	0.			DONOR DESIGNATION/GRANT
TIDES FAMILY SERVICES, INC. 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229	501(C)(3)	5,008.	0.			DONOR DESIGNATION/GRANT
TOMAUQUAG INDIAN MEMORIAL MUSEUM 390 A SUMMIT ROAD EXETER, RI 02822	05-0352796	501(C)(3)	39,367.	0.			DONOR DESIGNATION/GRANT
TOWN OF PALM BEACH UNITED WAY INC. 44 COCOANUT ROW, SUITE M201 PALM BEACH, FL 33480	59-0637885	501(C)(3)	10,000.	0.			DONOR DESIGNATION/GRANT
TRADES UP INITIATIVE 57 ROLFE SQUARE PO BOX 10058 CRANSTON, RI 02910	93-3539884	501(C)(3)	7,455.	0.			DONOR DESIGNATION/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
TRI-COUNTY COMMUNITY ACTION AGENCY 11 EMANUEL STREET NORTH PROVIDENCE, RI 02911	05-0309695	501(C)(3)	43,274.	0.			DONOR DESIGNATION/GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	6,433.	0.			DONOR DESIGNATION/GRANT
TRUSTEES OF DARTMOUTH COLLEGE GIFT RECORDING OFFICER 6066 DEVELOPING OFFICE - HANOVER, NH 03755	02-0222111	501(C)(3)	11,000.	0.			DONOR DESIGNATION/GRANT
TRUSTEES OF THE COLLEGE OF THE HOLY CROSS - 1 COLLEGE STREET - WORCESTER, MA 01610	04-2103558	501(C)(3)	12,700.	0.			DONOR DESIGNATION/GRANT
UNITED CHURCH OF CHRIST BENEFICENT CHURCH - 300 WEYBOSSET STREET - PROVIDENCE, RI 02903	05-0258894	501(C)(3)	5,050.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653	501(C)(3)	5,936.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF COASTAL AND WESTERN CONNECTICUT INC. - 301 MAIN STREET SUITE 2-5 - DANBURY, CT 06710	06-0646577	501(C)(3)	8,124.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF GREATER ATLANTA, INC. - 40 COURTLAND STREET NE #300 - ATLANTA, GA 30303	58-0566194	501(C)(3)	9,154.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF GREATER FALL RIVER, INC. - P. O. BOX 2550 - FALL RIVER, MA 02722-2550	04-2104026	501(C)(3)	5,881.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, INC. - 225 WEST VINE STREET - MILWAUKEE, WI 53212-3935	39-0806190	501(C)(3)	5,318.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103	23-1556045	501(C)(3)	7,151.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF MASSACHUSETTS BAY, INC. - 9 CHANNEL CENTER STREET - SUITE 500 - BOSTON, MA 02210	04-2382233	501(C)(3)	23,199.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE - 30TH FLOOR CHICAGO, IL 60604	30-0200478	501(C)(3)	10,295.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF NORTH CENTRAL MASS, INC. - 649 JOHN FITCH HIGHWAY - FITCHBURG, MA 01420	04-2233021	501(C)(3)	5,800.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF SANTA CRUZ COUNTY P. O. BOX 1458 CAPITOLA, CA 95010	94-1422471	501(C)(3)	8,692.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF SUMMIT & MEDINA 37 NORTH HIGH STREET SUITE A AKRON, OH 44308	34-1169257	501(C)(3)	5,162.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF THE BAY AREA 550 KEARNEY STREET - SUITE 1000 SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	9,795.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL ROAD, SUITE 420 - VIENNA, VA 22182	53-0234290	501(C)(3)	8,544.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WASHINGTON COUNTY P. O. BOX 304 WEST BEND, WI 53095	23-7281696	501(C)(3)	9,615.	0.			DONOR DESIGNATION/GRANT
UNITED WAY SUNCOAST, INC. 5201 WEST KENNEDY BOULEVARD - SUITE TAMPA, FL 33609-1820	59-3725701	501(C)(3)	5,239.	0.			DONOR DESIGNATION/GRANT
UNIVERSITY OF HARTFORD 200 BLOMFIELD AVENUE WEST HARTFORD, CT 06117-9950	06-0731360	501(C)(3)	10,000.	0.			DONOR DESIGNATION/GRANT
UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMNI ENGAGEMENT - 79 UPPER COLLEGE RD - KINGSTON, RI 02881	05-6014351	501(C)(3)	23,712.	0.			DONOR DESIGNATION/GRANT
UNIVERSITY OF WISCONSIN - LA CROSSE FOUNDATION INC - 615 EAST AVENUE N - LA CROSSE, WI 54601	39-1145116	501(C)(3)	10,000.	0.			DONOR DESIGNATION/GRANT
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD - SUITE 37 PHOENIX, AZ 85018	86-0104419	501(C)(3)	5,096.	0.			DONOR DESIGNATION/GRANT
VERMONT FOODBANK 33 PARKER ROAD BARRE, VT 05641	22-3021942	501(C)(3)	8,295.	0.			DONOR DESIGNATION/GRANT
WATERFIRE PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612	501(C)(3)	12,416.	0.			DONOR DESIGNATION/GRANT
WELLBEING COLLABORATIVE PO BOX 780 WYOMING, RI 02891	85-1167847	501(C)(3)	75,000.	0.			DONOR DESIGNATION/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
WELLESLEY COLLEGE FOUNDATION 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	19,847.	0.			DONOR DESIGNATION/GRANT
WESTBAY COMMUNITY ACTION, INC. 487 JEFFERSON BOULEVARD WARWICK, RI 02886	05-0311985	501(C)(3)	32,181.	0.			DONOR DESIGNATION/GRANT
WESTERLY AREA REST MEALS WARM INC. (WARM CENTER) - 56 SPRUCE STREET - WESTERLY, RI 02891	22-2887878	501(C)(3)	16,054.	0.			DONOR DESIGNATION/GRANT
WGBH MUSIC INC. ONE GUEST STREET BOSTON, MA 02135	04-3312069	501(C)(3)	25,505.	0.			DONOR DESIGNATION/GRANT
WHAT IF FOUNDATION 1569 SOLANO AVENUE #192 BERKELEY, CA 94707	91-2121669	501(C)(3)	5,475.	0.			DONOR DESIGNATION/GRANT
WOMEN & INFANTS DEVELOPMENT FOUNDATION - 200 BUTLER DRIVE - PROVIDENCE, RI 02906	22-2885815	501(C)(3)	18,940.	0.			DONOR DESIGNATION/GRANT
WOMEN'S FUND OF RHODE ISLAND 222 CHESTNUT STREET - 1ST FLOOR PROVIDENCE, RI 02903	06-1741539	501(C)(3)	15,712.	0.			DONOR DESIGNATION/GRANT
WOMEN'S RESOURCE CENTER P. O. BOX 3204 NEWPORT, RI 02840	05-0381031	501(C)(3)	6,664.	0.			DONOR DESIGNATION/GRANT
WOMXN PROJECT EDUCATION FUND P. O. BOX 335 WAKEFIELD, RI 02880-0458	84-4357887	501(C)(3)	15,020.	0.			DONOR DESIGNATION/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
WOOD RIVER HEALTH SERVICES, INC. 823 MAIN STREET HOPE VALLEY, RI 02832	05-0378071	501(C)(3)	5,564.	0.			DONOR DESIGNATION/GRANT
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501(C)(3)	52,177.	0.			DONOR DESIGNATION/GRANT
YANKEE GOLDEN RETRIEVER RESCUE INC 110 CHAPIN ROAD HUDSON, MA 01749	04-2857191	501(C)(3)	8,050.	0.			DONOR DESIGNATION/GRANT
YMCA OF GREATER PROVIDENCE 33 BROAD STREET - SUITE 303 PROVIDENCE, RI 02903	05-0258878	501(C)(3)	9,760.	0.			DONOR DESIGNATION/GRANT
YOUNG VOICES 204 WESTMINSTER STREET, SUITE 2A PROVIDENCE, RI 02903	43-2103674	501(C)(3)	44,625.	0.			DONOR DESIGNATION/GRANT
YOUTH IN ACTION, INC. 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230	501(C)(3)	45,600.	0.			DONOR DESIGNATION/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:

GRANTS AND DESIGNATIONS TOTALING \$8,718,537 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 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

Part IV	Supplemental Information
----------------	---------------------------------

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 THE AGENCY IS AN IRS CODE SEC. 501(C)3 PUBLIC CHARITY.

SCHEDULE J
(Form 990)

(Rev. December 2024)
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

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 checked="" 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

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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 AND CEO	(i)	290,244.	28,901.	0.	8,870.	27,850.	355,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT BUSH CHIEF STRATEGY & OPERATIONS OFFICER	(i)	188,293.	12,000.	0.	0.	27,144.	227,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LARRY WARNER CHIEF IMPACT & EQUITY OFFICER	(i)	168,792.	12,000.	0.	3,600.	2,157.	186,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARY ANN CANAVAN CHIEF FINANCIAL OFFICER	(i)	153,552.	2,000.	0.	4,788.	18,857.	179,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KYLE BENNETT CHIEF OF STAFF & PUBLIC AFFAIRS OFFI	(i)	132,404.	2,000.	0.	6,200.	21,799.	162,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1B:

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

PART I, LINE 3:

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

SCHEDULE J, PART II - COMPENSATION FOR PRESIDENT AND CEO

THE COMPENSATION INFORMATION REPORTED IN PART II WAS BASED ON REPORTING
CALENDAR YEAR PER IRS FORM INSTRUCTIONS SO THAT IT ALL ALIGNS WITH 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
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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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	58	903,088.	FAIR 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 on 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
33		

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

Schedule M (Form 990) 2024

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.

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

MEMBERS OF THE BOARD OF DIRECTORS ARE ABLE TO PROVIDE WRITTEN INPUT ON THE CEO'S PERFORMANCE. THE CEO HAS DOCUMENTED GOALS AND OBJECTIVES ON WHICH PERFORMANCE IS BASED, IN ADDITION TO DOCUMENTED DETAIL THAT GUIDES THE AWARD OF A BONUS, IF ANY. THE DISCUSSION AND BONUS AWARD ARE DOCUMENTED TO SUPPORT IMPLEMENTATION.

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

THE SALARY DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS REVIEWED BY INDEPENDENT PERSONS (COMPENSATION COMMITTEE).

COMPENSATION SALARY DATA: THE COMPENSATION COMMITTEE REVIEWS COMPENSATION DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION. COMPENSATION DATA IS OBTAINED FROM COMPARABLE-SIZED ORGANIZATIONS CONSISTENT WITH THE CEO COMPENSATION PROCESS.

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

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

(Rev. January 2025)

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

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

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

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

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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.

[illegible]