

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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
UNITED WAY OF RI

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
50 VALLEY STREET

City or town, state or province, country, and ZIP or foreign postal code
PROVIDENCE, RI 029092459

D Employer identification number
05-0276059

E Telephone number
(401) 444-0600

G Gross receipts \$ 24,589,716

F Name and address of principal officer:
CORTNEY NICOLATO
50 VALLEY STREET
PROVIDENCE, RI 029092459

H(a) Is this a group return for 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.LIVEUNITEDRI.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1926

M State of legal domicile: RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CHANGING LIVES AND STRENGTHENING OUR COMMUNITY, TOGETHER. WE BELIEVE THAT RHODE ISLANDERS WANT TO DO BETTER FOR THEMSELVES, AND THAT BY WORKING TOGETHER WE CAN MAKE A DIFFERENCE IN OUR COMMUNITY.

2 Check this box 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)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	86
6 Total number of volunteers (estimate if necessary)	4,034
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	16,799,931	18,903,886
9 Program service revenue (Part VIII, line 2g)	87,173	96,032
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	321,597	449,431
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,500	2,557
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,215,201	19,451,906
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,867,632	9,104,972
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,031,495	5,747,677
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,522,804		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,408,444	2,345,098
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,307,571	17,197,747
19 Revenue less expenses. Subtract line 18 from line 12	-92,370	2,254,159
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	23,285,964	24,638,111
21 Total liabilities (Part X, line 26)	9,385,493	8,350,867
22 Net assets or fund balances. Subtract line 21 from line 20	13,900,471	16,287,244

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: 2020-12-09

CORTNEY NICOLATO PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-12-09
Check if self-employed PTIN: P00044033

Firm's name: ▶ SANSIVERI KIMBALL & CO LLP Firm's EIN: ▶ 05-0255779

Firm's address: ▶ 50 HOLDEN STREET Phone no. (401) 331-0500
PROVIDENCE, RI 02908

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE HELP PEOPLE. BECAUSE EVERYONE NEEDS HELP SOMETIMES, WE HELP PEOPLE. UNITED WAY HELPS CHILDREN FALL IN LOVE WITH LEARNING, AND WE HELP FAMILIES WITH THE ESSENTIALS. WE SUPPORT PROGRAMS THAT OFFER TRAINING AND EDUCATION THAT LEAD TO BETTER JOBS AND CAREERS. AND, WE PROVIDE EVERYONE WITH ONE NUMBER TO CALL, 211. WHETHER THE NEED IS CHILDCARE, HEALTH INSURANCE, OR TAX PREPARATION, HELP STARTS WITH A HUMAN CONNECTION AT UNITED WAY 211 IN RHODE ISLAND.

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 \$ 4,871,906 including grants of \$ 4,871,906) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 4,233,066 including grants of \$ 4,233,066) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ 2,673,697 including grants of \$) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 1,397,188 including grants of \$) (Revenue \$)

\$1,133,273 TO SUPPORT THE COMMUNITY INVESTMENT GRANTS, PUBLIC POLICY ADVOCACY AND LABOR RELATIONS PROGRAMS. STAFF COSTS ARE PRIMARILY FOR ADMINISTERING AND MONITORING THE COMMUNITY INVESTMENT OUTCOMES FOR THE GRANTS AWARDED FROM THE COMMUNITY IMPACT FUND.\$263,915 TO SUPPORT THE ADVOCACY AND VOLUNTEER WORK OF UNITED WAY OF RI. OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT WWW.UWRI.ORG/VOLUNTEER.

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

4e Total program service expenses 13,175,857

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
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? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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? If "Yes," complete Schedule D, Part I	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
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? If "Yes," complete Schedule D, Part VI	Yes	
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? If "Yes," complete Schedule D, Part VII		No
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? If "Yes," complete Schedule D, Part VIII		No
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? If "Yes," complete Schedule D, Part IX	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
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)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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? If "Yes," complete Schedule F, Parts I and IV		No
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? If "Yes," complete Schedule F, Parts II and IV		No
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? If "Yes," complete Schedule F, Parts III and IV		No
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? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 16 main rows (2a-16) and multiple sub-rows (a, b, c, etc.). Includes questions about employee reporting, federal employment tax returns, business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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:

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	662,607	0	96,686

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

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,451,906
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,197,747
3	Revenue less expenses. Subtract line 2 from line 1	3	2,254,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,900,471
5	Net unrealized gains (losses) on investments	5	132,615
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,287,244

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 05-0276059

Name: UNITED WAY OF RHODE ISLAND INC

Form 990 (2019)

Form 990, Part III, Line 4a:

\$1,261,198 IN DONOR INVESTMENTS FOR THE 2019-2020 ANNUAL UNITED WAY CAMPAIGN WHERE THE DONORS RECOMMEND THAT THEIR GIFTS BE DISBURSED THROUGH UNITED WAY OF RI TO SPECIFIC 501 (C) (3) AGENCIES. \$3,610,708 IN DONOR INVESTMENTS FOR APPROXIMATELY 600 LEADERSHIP DONORS (GIFTS OF \$1,000 OR MORE) WHO CHOOSE TO DIRECT THEIR GIFTS TO THEIR UNITED WAY OF RHODE ISLAND MYFUND ACCOUNT (DONOR ADVISED ACCOUNT). THESE LEADERSHIP DONORS THEN MADE RECOMMENDATIONS TO UNITED WAY OF RI DURING THE FISCAL YEAR REQUESTING GIFTS TO BE DIRECTED TO 501 (C) (3) AGENCIES.

Form 990, Part III, Line 4b:

\$2,068,950 IN DONOR CONTRIBUTIONS TO THE COMMUNITY IMPACT FUND AND AN ADDITIONAL \$758,689 OF OPPORTUNITY GRANTS AND FEE FOR SERVICE GRANTS OF \$404,659 WERE GRANTED TO ADDRESS RHODE ISLAND'S MORE PRESSING NEEDS RELATED TO THE COVID-19 RELIEF FUND IN FY2020. \$471,938 IN DONOR, CORPORATE AND GOVERNMENT CONTRIBUTIONS TO THE COMMUNITY IMPACT FUND WERE GRANTED TO AGENCIES TO SUPPORT THE HASBRO AND WOMEN UNITED SUMMER LEARNING INITIATIVE. \$179,548 IN DONOR CONTRIBUTIONS TO THE RI GOOD NEIGHBOR ENERGY FUND WERE GRANTED TO 7 AGENCIES IN THE YEAR ENDED 6/30/2020 TO PROVIDE ENERGY ASSISTANCE TO THOSE IN NEED. \$227,000 IN GRANTS WAS AWARDED TO SUPPORT THE VOLUNTARY INCOME TAX ASSISTANCE PROGRAM. DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED ON OUR WEBSITE AT WWW.UWRI.ORG

Form 990, Part III, Line 4c:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MS CORTNEY NICOLATO PRESIDENT & CEO	37.50	X		X				271,233	0	21,125
MS MICHELE LEDERBERG BOARD CHAIR	1.00	X		X				0	0	0
MS ROBERTA BUTLER VICE CHAIR	1.00	X		X				0	0	0
MR ALDEN ANDERSON VICE CHAIR	1.00	X		X				0	0	0
MS JAYNE DONEGAN BOARD MEMBER	1.00	X						0	0	0
MS MARCELA BETANCUR BOARD MEMBER	1.00	X						0	0	0
MS LYSA TEAL TREASURER	1.00	X		X				0	0	0
MR BRIAN CARROLL BOARD MEMBER	1.00	X						0	0	0
MS PAOLA FERNANDEZ VICE CHAIR	1.00	X		X				0	0	0
MR JUNIOR JABBIE BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR DOLPH JOHNSON BOARD MEMBER	1.00	X						0	0	0
MS WENDY KAGAN BOARD MEMBER	1.00	X						0	0	0
MR ROBERT KENT BOARD MEMBER	1.00	X						0	0	0
MR ANTHONY MANGIARELLI BOARD MEMBER	1.00	X						0	0	0
MR JOSEPH PIERIK BOARD MEMBER	1.00	X						0	0	0
MS TERRI MONJAR SECRETARY	1.00	X		X				0	0	0
MR GREGG PERRY BOARD MEMBER	1.00	X						0	0	0
MS BETSEY PURINTON BOARD MEMBER	1.00	X						0	0	0
MR CHRISTOPHER SABITONI BOARD MEMBER	1.00	X						0	0	0
MR FRANK SANCHEZ BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR WILLIAM TSONOS BOARD MEMBER	1.00	X						0	0	0
MR TERENCE SOBOLEWSKI BOARD MEMBER	1.00	X						0	0	0
MS MARY ANN CANAVAN EVP & CHIEF FINANCIAL OFFICER	37.50			X				61,663	0	9,694
MS ANGELA BANNERMAN ANKOMA EVP & COMMUNITY IMPACT DIRECTOR	37.50					X		122,701	0	22,914
MS LYNN CORWIN SVP & DIRECTOR OF STRATEGIC PLANNING	37.50					X		101,704	0	22,500
MS SANDRA CONNORS EVP & DIRECTOR OF MARKETING	37.50					X		105,306	0	20,453

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF RHODE ISLAND INC

Employer identification number
05-0276059

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	18,369,007	17,819,844	17,933,087	16,863,414	18,949,357	89,934,709
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	18,369,007	17,819,844	17,933,087	16,863,414	18,949,357	89,934,709
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) . . .						22,791,372
6 Public support. Subtract line 5 from line 4.						67,143,337

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	18,369,007	17,819,844	17,933,087	16,863,414	18,949,357	89,934,709
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	12,943	118,442	176,190	213,182	149,525	670,282
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.). . .	30,802	11,154	17,781	6,500	2,557	68,794
11 Total support. Add lines 7 through 10						90,673,785
12 Gross receipts from related activities, etc. (see instructions)					12	1,841,351

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	74.050 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	93.460 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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>		
	1		
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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	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 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2015 AMOUNT: \$ 30,802. 2016 AMOUNT: \$ 11,154. 2017 AMOUNT: \$ 17,781. 2018 AMOUNT: \$ 6,500. 2019 AMOUNT: \$ 2,557.

SCHEDULE C
(Form 990 or 990-EZ)

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

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization UNITED WAY OF RHODE ISLAND INC	Employer identification number 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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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 (grass roots lobbying)	8,420	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	8,420	
d Other exempt purpose expenditures	17,150,937	
e Total exempt purpose expenditures (add lines 1c and 1d)	17,159,357	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

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? Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	150,638	58,246	8,005	8,420	225,309
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	142,739	8,246	8,005	8,420	167,410

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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.**

Name of the organization
UNITED WAY OF RHODE ISLAND INC

Employer identification number
05-0276059

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	597	
2 Aggregate value of contributions to (during year)	4,539,134	
3 Aggregate value of grants from (during year)	4,682,674	
4 Aggregate value at end of year	2,267,734	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **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? **Yes** **No**

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

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

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

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a** If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 4.840 %
- b** Permanent endowment ▶ 95.160 %
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	No	No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 05-0276059

Name: UNITED WAY OF RHODE ISLAND INC

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DONATED SERVICES 10,187.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	AMOUNTS DESIGNATED BY DONORS 4,871,906.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DONATED SERVICES 10,187.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AMOUNTS DESIGNATED BY DONORS 4,871,906.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

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

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	<p>FOR FISCAL YEAR ENDED JUNE 30, 2020, UNITED WAY OF RI DISTRIBUTED PROGRAM GRANTS AND DONOR DESIGNATIONS TOTALING APPROXIMATELY \$9,105,000 TO 501(C)3 AGENCIES (AGENCIES) IN THE UNITED STATES. INCLUDED IN THIS TOTAL ARE PAYMENTS TO ALL AGENCIES, INCLUDING THOSE THAT RECEIVED \$5,000 OR MORE IN PAYMENTS. IN SEVERAL INSTANCES, AGENCIES RECEIVED BOTH DONOR DESIGNATIONS AND PROGRAM GRANT FUNDING. FOR PROGRAM GRANT FUNDING, UNITED WAY OF RI APPLIES A TRANSPARENT OPEN INVITATION AND BID PROCESS PRIOR TO AWARDING FUNDING TO AGENCIES. THERE IS AN OPEN APPLICATION PROCESS THAT INCLUDES THE EXPLANATION OF THE PROPOSED USE AND EXPECTED RESULTS FROM THE USE OF THE FUNDS. THE APPLICATIONS ARE REVIEWED BY A COMMITTEE COMPRISED OF COMMUNITY LEADERS AND UNITED WAY OF RI STAFF. DURING THIS PROCESS, THE COMMITTEE REVIEWS THE PROPOSALS AND DETERMINES THOSE THAT WILL PROVIDE THE BEST RETURN ON INVESTMENT FOR THE COMMUNITY. AGENCIES THAT APPLY ARE NOT ONLY REVIEWED FOR THEIR PROPOSAL, BUT ALSO A FINANCIAL REVIEW OF THE AGENCY IS COMPLETED BY THE COMMITTEE TO GAIN A LEVEL OF ASSURANCE THAT THE AWARDED AGENCIES WILL FOLLOW SOUND FISCAL POLICIES. RECOMMENDATIONS BY THE COMMITTEE ARE PRESENTED TO THE UNITED WAY OF RI BOARD OF DIRECTORS WHO THEN VOTE AND HAVE FINAL AUTHORIZATION ON AWARDING PROGRAM GRANTS. AGENCIES THAT ARE AWARDED PROGRAM GRANTS ARE REQUIRED TO SIGN A WRITTEN CONTRACT WITH UNITED WAY OF RI WHICH STIPULATES THE TERMS AND CONDITIONS OF THE PROGRAM GRANT. GRANTEEES ARE REQUIRED TO PROVIDE UNITED WAY OF RI WITH SEMI-ANNUAL REPORTS THAT SHOW HOW THE FUNDING WAS UTILIZED AND REPORT ON THE OUTCOMES ACHIEVED. THESE AGENCIES ARE ALSO REQUIRED TO PROVIDE A FINAL REPORT TO UNITED WAY OF RI. THE FINAL REPORT VERIFIES THAT ALL FUNDS HAVE BEEN USED FOR THE INTENDED PURPOSES AND AN ASSESSMENT IS COMPLETED OF THE ACTUAL RESULTS ACHIEVED COMPARED TO THE PROPOSED RESULTS IN THE INITIAL APPLICATION AND SIGNED PROGRAM GRANT CONTRACT. FOR BOTH PROGRAM GRANTS AND DONOR DESIGNATIONS, BEFORE UNITED WAY OF RI DISBURSES ANY FUNDS TO AGENCIES, THE AGENCIES ARE FIRST SCREENED BY UNITED WAY OF RI TO VERIFY 1) THE AGENCY IS AN IRS CODE SEC. 501(C)3 NON PROFIT AND 2) THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.</p>

Additional Data

Software ID:
Software Version:
EIN: 05-0276059
Name: UNITED WAY OF RHODE ISLAND INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
134 COLLABORATIVE 134 MATHEWSON STREET PROVIDENCE, RI 02903	05-0512660	501C3	11,545				DONOR DESIGNATION /PROGRAM GRANT
ACE MENTOR PROGRAM OF AMERICA INC 1501 CHERRY ST PHILADELPHIA, PA 19102	51-0465877	501C3	10,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET STE 100 PROVIDENCE, RI 02903	22-2543833	501C3	75,000				DONOR DESIGNATION
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET STE 100 PROVIDENCE, RI 02903	22-2543833	501C3	14,514				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS PROJECT RHODE ISLAND A DIVISION OF FAMILY SERVICE OF RI PO BOX 6688 PROVIDENCE, RI 02940	05-0258858	501C3	5,378				DONOR DESIGNATION /PROGRAM GRANT
ALSAC ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501C3	7,905				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMER CANCER SOCIETY - NE DIV 931 JEFFERSON BLVD STE 3004 WARWICK, RI 028862233	13-1788491	501C3	14,399				DONOR DESIGNATION
AMERICAN CANCER SOCIETY REGIONAL PROCESSING CENTER 3 SPEEN STREET FRAMINGHAM, MA 01701	13-1788491	501C3	5,131				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION INC 125 BROAD ST NEW YORK, NY 10033	13-3871360	501C3	5,250				DONOR DESIGNATION
AMERICAN HEART ASSOCIATION SOUTHERN NEW ENGLAND 1 STATE STREET STE 200 PROVIDENCE, RI 029085005	13-5613797	501C3	16,317				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS RI CHAPTER 101 NIANTIC AVENUE SUITE A PROVIDENCE, RI 02907	53-0196605	501C3	15,899				DONOR DESIGNATION
AMERICAN RED CROSS RI CHAPTER 105 GANO STREET PROVIDENCE, RI 02906	53-0196605	501C3	5,140				DONOR DESIGNATION

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

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AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501C3	132,750				DONOR DESIGNATION /PROGRAM GRANT
ANIMAL RESCUE RHODE ISLAND PO BOX 458 WAKEFIELD, RI 028800458	05-0282432	501C3	7,119				DONOR DESIGNATION

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

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APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE STE 2 BOSTON, MA 021293740	04-6001677	501C3	5,379				DONOR DESIGNATION
ARC OF BLACKSTONE VALLEYTHE 500 PROSPECT STREET SUITE 203 PAWTUCKET, RI 02860	05-0300152	501C3	11,226				DONOR DESIGNATION /PROGRAM GRANT

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

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ARC OF BRISTOL COUNTY 25 THURBER BLVD SMITHFIELD, RI 02917	04-2281165	501C3	20,450				DONOR DESIGNATION /PROGRAM GRANT
ARTHRITIS FOUNDATION SNE CHPTR RHODE ISLAND BRANCH 2374 POST ROAD STE 211 WARWICK, RI 02886	58-1341679	501C3	7,042				DONOR DESIGNATION

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

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ARTS FOUNDATION OF CAPE COD 396 MAIN STREET SUITE 10 HYANNIS, MA 02601	04-2961772	501C3	6,230				DONOR DESIGNATION
AS220 95 MATHEWSON STREET 204 PROVIDENCE, RI 02903	22-2754566	501C3	9,255				DONOR DESIGNATION /PROGRAM GRANT

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

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ASPCATHE AMERICAN SOCIETY FOR PREVENTN OF CRUELTY TO ANIMALS 424 EAST 92ND STREET 1ST FLOOR NEW YORK, NY 10018	13-1623829	501C3	5,631				DONOR DESIGNATION
AUTISM PROJECT OF RI 1516 ATWOOD AVENUE JOHNSTON, RI 02919	05-0512037	501C3	5,832				DONOR DESIGNATION

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

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BABSON COLLEGE 231 FOREST STREET BABSON PARK, MA 02457	04-2103544	501C3	63,175				DONOR DESIGNATION
BABSON COLLEGE FOUNDATION 231 FOREST STREET BABSON PARK, MA 02457	04-2103544	501C3	10,000				DONOR DESIGNATION

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

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BETHANY HOME OF RI 111 SOUTH ANGELL STREET PROVIDENCE, RI 02906	05-0258941	501C3	40,000				DONOR DESIGNATION
BETTER LIVES RHODE ISLAND PO BOX 5639 PROVIDENCE, RI 02903	22-2672825	501C3	76,987				DONOR DESIGNATION

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

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BIKE NEWPORT 62 BROADWAY NEWPORT, RI 02840	06-0646973	501C3	10,225				DONOR DESIGNATION
BLACKSTONE VALLEY COMMUNITY ACTION 32 GOFF AVENUE PAWTUCKET, RI 02860	05-0312991	501C3	75,029				DONOR DESIGNATION /PROGRAM GRANT

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

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BLACKSTONE VALLEY EMERGENCY FOOD CENTER 75 BENEFIT STREET PAWTUCKET, RI 02861	05-0460226	501C3	20,000				DONOR DESIGNATION
BLITHEWOLD INC 101 FERRY ROAD BRISTOL, RI 02809	05-0503407	501C3	13,675				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOKS ARE WINGS 1005 MAIN STREET SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501C3	34,372				DONOR DESIGNATION
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501C3	5,310				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON COLLEGE LAW SCHOOL FUND OFFICE OF ALUMNI RELATIONS & DEVELOPMENT 885 CENTRE STREET NEWTON, MA 024591100	04-2103545	501C3	5,150				DONOR DESIGNATION
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	04-2103545	501C3	9,838				DONOR DESIGNATION

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

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BOY SCOUTS OF AMERICA NARRAGANSETT COUNCIL PO BOX 14777 EAST PROVIDENCE, RI 02914	05-0308384	501C3	21,188				DONOR DESIGNATION
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN ST PROVIDENCE, RI 02903	05-0258929	501C3	33,550				DONOR DESIGNATION

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

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BOYS TOWN NEW ENGLAND 58 FLANAGAN ROAD PORTSMOUTH, RI 02871	20-0655240	501C3	129,153				DONOR DESIGNATION /PROGRAM GRANT
BOYSGIRLS CLUB WARWICK PO BOX 8938 WARWICK, RI 02888	05-6019193	501C3	9,550				DONOR DESIGNATION

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

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BOYSGIRLS CLUB NORTHERN RI 1 JAMES J MCKEE HIGHWAY CUMBERLAND, RI 02864	05-0280121	501C3	6,131				DONOR DESIGNATION /PROGRAM GRANT
BOYSGIRLS CLUB PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 028604003	05-0258924	501C3	9,065				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYSGIRLS CLUBS NEWPORT COUNTY 95 CHURCH STREET NEWPORT, RI 028403143	05-0281572	501C3	12,649				DONOR DESIGNATION
BOYSGIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	05-0258929	501C3	8,029				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAKTHROUGH PROVIDENCE CO THE WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906	05-0259101	501C3	5,338				DONOR DESIGNATION
BROWN ALPERT MEDICAL SCHOOL GIFT CASHIER BOX 1877 PROVIDENCE, RI 02912	05-0258809	501C3	10,450				DONOR DESIGNATION

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

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BROWN UNIVERSITY PO BOX J PROVIDENCE, RI 02912	05-0258809	501C3	28,331				DONOR DESIGNATION
BROWN UNIVERSITY ANNUAL FUND GIFT RECORDINGBROWN UNIV PO BOX 1976 PROVIDENCE, RI 02912	05-0258809	501C3	7,825				DONOR DESIGNATION

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

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BROWN UNIVERSITY CASHIER'S OFFICE PO BOX 1911 PROVIDENCE, RI 02912	05-0258809	501C3	20,100				DONOR DESIGNATION
BROWN UNIVERSITY SPORTS FDTN PO BOX 1925 PROVIDENCE, RI 02912	05-0390989	501C3	8,000				DONOR DESIGNATION

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

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BROWNRISD HILLEL FOUNDATION 80 BROWN STREET PROVIDENCE, RI 02906	05-6019146	501C3	5,100				DONOR DESIGNATION
BRYANT UNIVERSITY DEVELOPMENT OFFICE 1150 DOUGLAS PIKE SMITHFIELD, RI 029179963	05-0258810	501C3	38,500				DONOR DESIGNATION

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

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BRYANT UNIVERSITY DEVELOPMENT OFFICE 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	05-0258810	501C3	9,815				DONOR DESIGNATION
BUILDING FUTURES 1 ACORN STREET PROVIDENCE, RI 02903	81-3939129	501C3	30,000				DONOR DESIGNATION /PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTTON HOLE 1 BUTTON HOLE DRIVE SUITE 1 PROVIDENCE, RI 029095750	05-0497481	501C3	13,821				DONOR DESIGNATION
BUZZARDS BAY COALITION INC 114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501C3	5,400				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALL OFF YOUR OLD TIRED ETHICS-RI (COYOTE-RI) 10 DAVOL SQUARE SUITE 100 PROVIDENCE, RI 02903	47-3739141	501C3	20,000				DONOR DESIGNATION
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 954020446	94-2494324	501C3	9,423				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTERBURY SCHOOL FDTN 101 ASPETUCK AVENUE NEW MILFORD, CT 06776	31-1125105	501C3	20,500				DONOR DESIGNATION
CAPITAL CITY COMMUNITY CENTERS 25 DANFORTH STREET PROVIDENCE, RI 02908	05-0259090	501C3	25,194				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL GOOD FUND THE 22 A STREET PROVIDENCE, RI 02907	80-0348382	501C3	50,000				DONOR DESIGNATION /PROGRAM GRANT
CATHOLIC CHARITY FUND APPEAL STEWARDSHIP & DEVELOP OFFICE ONE CATHEDRAL SQUARE PROVIDENCE, RI 029033695	05-6014313	501C3	87,514				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES OF RI 1 CATHEDRAL SQ PROVIDENCE, RI 02903	05-0258854	501C3	30,500				DONOR DESIGNATION
CCRI FOUNDATION 1762 LOUISQUISSET PIKE LINCOLN, RI 02865	05-0394214	501C3	6,117				DONOR DESIGNATION

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CENTER FOR RECONCILIATION 275 NORTH MAIN STREET PROVIDENCE, RI 02903	30-0876926	501C3	12,500				DONOR DESIGNATION
CENTER FOR RESILIENCE 249 MANTON AVENUE PROVIDENCE, RI 02909	45-4438981	501C3	10,218				DONOR DESIGNATION /PROGRAM GRANT

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

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CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET CENTRAL FALLS, RI 02863	05-0459947	501C3	66,359				DONOR DESIGNATION /PROGRAM GRANT
CHILD & FAMILY SERVICE NEWPORT 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501C3	8,700				DONOR DESIGNATION /PROGRAM GRANT

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CHILDREN'S FRIEND & SVSC (RI) 153 SUMMER ST PROVIDENCE, RI 029034011	05-0258819	501C3	27,436				DONOR DESIGNATION /PROGRAM GRANT
CHRISTOPHER & DANA REEVE FOUNDATION (NJ) 636 MORRIS TURNPIKE SUITE 3A SHORT HILLS, NJ 07078	22-2939536	501C3	15,000				DONOR DESIGNATION

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CITIZENS CHARITABLE FOUNDATION 10 TRIPPS LANE RTL 125 RIVERSIDE, RI 02915	20-2302039	501C3	30,800				DONOR DESIGNATION
CITTA PO BOX 471 NEW YORK, NY 10013	22-3609679	501C3	5,000				DONOR DESIGNATION

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

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CITY YEAR PROVIDENCE 275 WESTMINSTER STREET SUITE 500 PROVIDENCE, RI 02903	22-2882549	501C3	7,090				DONOR DESIGNATION
CLINICA ESPERANZA HOPE CLINIC 188 VALLEY STREET SUITE 424 PROVIDENCE, RI 02909	26-1714340	501C3	36,234				DONOR DESIGNATION /PROGRAM GRANT

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

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COLLECTIVE PEACE DALEPEACE DALE REVITALIZATION 1220 KINGSTOWN ROAD SOUTH KINGSTOWN, RI 02879	84-4048141	501C3	25,000				DONOR DESIGNATION /PROGRAM GRANT
COLLEGE CRUSADE OF RITHE 134 THURBERS AVENUE STE 111 PROVIDENCE, RI 02905	22-3031765	501C3	58,131				DONOR DESIGNATION /PROGRAM GRANT

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

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COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501C3	10,350				DONOR DESIGNATION /PROGRAM GRANT
COLLEGE VISIONS 131 WASHINGTON STREET SUITE 205 PROVIDENCE, RI 02903	27-2344723	501C3	38,141				DONOR DESIGNATION /PROGRAM GRANT

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

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COMMEMORATIVE AIR FORCE PO BOX 764769 DALLAS, TX 75237	74-1484491	501C3	25,036				DONOR DESIGNATION
COMMUNITY 2000 EDUCATION FDTN PO BOX 1161 CHARLESTOWN, RI 028130903	05-0511235	501C3	10,100				DONOR DESIGNATION

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COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE 518 HARTFORD AVENUE PROVIDENCE, RI 02909	46-1472304	501C3	61,217				DONOR DESIGNATION /PROGRAM GRANT
COMMUNITY CARE ALLIANCE 800 CLINTON STREET WOONSOCKET, RI 028950856	05-0312278	501C3	103,688				DONOR DESIGNATION /PROGRAM GRANT

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COMMUNITY COLLEGE OF RI 400 EAST AVENUE WARWICK, RI 02886	05-0353872	501C3	15,000				DONOR DESIGNATION
COMMUNITY HEALTH CHARITIES 1199 NORTH FAIRFAX STE 600 ALEXANDRIA, VA 22314	13-6167225	501C3	9,160				DONOR DESIGNATION

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COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	22-2485332	501C3	56,376				DONOR DESIGNATION
COMPREHENSIVE COMMUNITY ACTION 311 DORIC AVE CRANSTON, RI 02910	05-6018801	501C3	80,886				DONOR DESIGNATION /PROGRAM GRANT

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CONNECTING FOR CHILDREN & FAMILIES 46 HOPE STREET WOONSOCKET, RI 02895	05-0475365	501C3	171,277				DONOR DESIGNATION /PROGRAM GRANT
CONTECH MEDICAL INC 99 HARTFORD AVENUE PROVIDENCE, RI 02909	05-0433038	501C3	12,285				DONOR DESIGNATION

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CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501C3	125,621				DONOR DESIGNATION
CYBERCRIME SUPPORT NETWORK 2232 S MAIN STREET 422 ANN ARBOR, MI 481036938	82-1013947	501C3	15,454				DONOR DESIGNATION

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CYSTIC FIBROSIS FOUNDATION MASSACHUSETTS & RI 220 NORTH MAIN STREET STE 104 NATICK, MA 01760	13-1930701	501C3	8,632				DONOR DESIGNATION
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 022059889	04-2263040	501C3	13,200				DONOR DESIGNATION

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DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BOSTON, MA 02115	04-2263040	501C3	17,293				DONOR DESIGNATION
DANA FARBER CANCER INSTITUTE LYMPHOMA CENTER 220 SUNRISE AVENUE SUITE 204 PALM BEACH, FL 33480	04-2263040	501C3	25,000				DONOR DESIGNATION

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DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037553555	02-0222111	501C3	9,434				DONOR DESIGNATION
DENTAL LIFELINE NETWORK 1800 15TH STREET STE 100 DENVER, CO 80202	84-6129064	501C3	10,000				DONOR DESIGNATION

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DIOCESE OF PROVIDENCE OFFICE OF STEWARDSHIP & DEVELOPMENT ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	53-0196617	501C3	23,845				DONOR DESIGNATION
DISCOVERY COUNSELING CENTER 115-A TOWN AND COUNTRY DRIVE DANVILLE, CA 94526	94-1705971	501C3	10,000				DONOR DESIGNATION

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DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET 16TH FL NEW YORK, NY 10006	13-3433452	501C3	6,528				DONOR DESIGNATION
DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY 61 MAIN STREET WAKEFIELD, RI 02879	05-0377538	501C3	35,400				DONOR DESIGNATION /PROGRAM GRANT

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DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY 61 MAIN STREET WAKEFIELD, RI 02879	05-0377538	501C3	7,012				DONOR DESIGNATION /PROGRAM GRANT
DORCAS INTERNATIONAL INSTITUTE OF RI 645 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-0258886	501C3	21,196				DONOR DESIGNATION /PROGRAM GRANT

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DOWNCITY DESIGN 425 WEST FOUNTAIN STREET UNIT 110 PROVIDENCE, RI 02903	27-1125644	501C3	6,130				DONOR DESIGNATION /PROGRAM GRANT
EARTH SHARE OF NEW ENGLAND 7735 OLD GEORGETOWN RD 900 BETHESDA, MD 20814	52-1601960	501C3	6,221				DONOR DESIGNATION

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EAST BAY COMMUNITY ACTION 19 BROADWAY NEWPORT, RI 02840	05-0310024	501C3	20,400				DONOR DESIGNATION
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501C3	16,095				DONOR DESIGNATION

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EASTER SEALS RI 320 PHILLIPS STREET NORTH KINGSTOWN, RI 02852	26-0833287	501C3	20,525				DONOR DESIGNATION
ECONOMIC PROGRESS INSTITUTE 600 MT PLEASANT AVENUE 9 PROVIDENCE, RI 029089980	32-0295517	501C3	78,787				DONOR DESIGNATION

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EDESIA INC 550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852	26-0359866	501C3	23,767				DONOR DESIGNATION /PROGRAM GRANT
ELIZABETH BUFFUM CHACE HOUSE PO BOX 9476 WARWICK, RI 02889	05-0384053	501C3	8,624				DONOR DESIGNATION

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ENTERPRISE COMMUNITY PARTNERS ONE WHITEHALL STREET NEW YORK, NY 10004	52-1231931	501C3	8,000				DONOR DESIGNATION
FEDERAL HILL HOUSE ASSN 9 COURTLAND STREET PROVIDENCE, RI 029091597	05-0258871	501C3	100,455				DONOR DESIGNATION /PROGRAM GRANT

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FEEDING AMERICA 35 EAST WACKER DRIVE STE 2000 CHICAGO, IL 60601	36-3673599	501C3	21,736				DONOR DESIGNATION
FISHER HOUSE OF BOSTON ONE FOX HILL DRIVE WALPOLE, MA 02801	26-0190895	501C3	12,800				DONOR DESIGNATION

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FOGARTY CENTER THE 310 MAPLE AVENUE SUITE 102 BARRINGTON, RI 02806	04-2936360	501C3	8,473				DONOR DESIGNATION
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501C3	47,915				DONOR DESIGNATION /PROGRAM GRANT

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FRIENDS OF BARNSTABLE HARBOR PO BOX 248 BARNSTABLE, MA 02630	26-4133541	501C3	5,000				DONOR DESIGNATION
FUERZA LABORAL 131 CLAY STREET SUITE 101 CENTRAL FALLS, RI 02863	20-5428607	501C3	70,000				DONOR DESIGNATION /PROGRAM GRANT

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GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907	22-3001721	501C3	52,097				DONOR DESIGNATION /PROGRAM GRANT
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVE WARWICK, RI 02886	05-0300724	501C3	10,353				DONOR DESIGNATION

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

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GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 303849616	52-1273585	501C3	8,323				DONOR DESIGNATION
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION 249 ROOSEVELT AVE STE 201 PAWTUCKET, RI 02860	13-4283582	501C3	13,349				DONOR DESIGNATION

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GRANITE UNITED WAY 22 CONCORD STREET FL 2 MANCHESTER, NH 03101	02-6006033	501C3	5,065				DONOR DESIGNATION
GRATEFUL FOR GODS PROVIDENCE 1 CATHEDRAL SQ PROVIDENCE, RI 02903	82-2033025	501C3	17,846				DONOR DESIGNATION

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GROW SMART RHODE ISLAND 144 WESTMINSTER STREET SUITE 303 PROVIDENCE, RI 02903	05-0499148	501C3	5,849				DONOR DESIGNATION
GUATEMISION 31 CONGRESS STREET PAWTUCKET, RI 02860	84-2156663	501C3	20,000				DONOR DESIGNATION

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HABITAT FOR HUMANITY WEST BAY & NORTHERN RI PO BOX 6743 WARWICK, RI 028876743	05-0458404	501C3	8,425				DONOR DESIGNATION
HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 02940	22-2700013	501C3	9,915				DONOR DESIGNATION

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HAMILTON HOUSE 276 ANGELL STREET PROVIDENCE, RI 02906	23-7188201	501C3	58,500				DONOR DESIGNATION
HASBRO CHILDREN'S HOSPITAL DEVELOPMENT OFFICE PO BOX H PROVIDENCE, RI 02903	05-0493219	501C3	13,410				DONOR DESIGNATION

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HASBRO CHILDREN'S HOSPITAL LIFESPAN DEVELOPMENT OFFICE PO BOX H PROVIDENCE, RI 02901	05-0493219	501C3	37,622				DONOR DESIGNATION
HIGH MOUNTAIN INSTITUTE PO BOX 970 LEADVILLE, CO 80461	84-1306470	501C3	5,150				DONOR DESIGNATION

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HISTORIC FRANKLIN METCALF FARM PRESERVATION PO BOX 7943 CUMBERLAND, RI 02864	30-0600450	501C3	20,220				DONOR DESIGNATION
HOPE HOSPICE & PALLIATIVE CARE RHODE ISLAND 1085 NORTH MAIN STREET PROVIDENCE, RI 02904	51-0192422	501C3	28,137				DONOR DESIGNATION

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HOPEHEALTH HOSPICE & PALLIATIVE CARE 1085 NORTH MAIN STREET PROVIDENCE, RI 02904	51-0192422	501C3	5,150				DONOR DESIGNATION
HOUSING NETWORK OF RI 1070 MAIN STREET SUITE 202 PAWTUCKET, RI 02860	05-0465216	501C3	30,125				DONOR DESIGNATION /PROGRAM GRANT

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HUB THEATRE COMPANY OF BOSTON INC 150 SAINT PAUL STREET 103 BROOKLINE, MA 02446	46-1283093	501C3	25,000				DONOR DESIGNATION
INDEPENDENT CHARITIES OF AMER 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3067804	501C3	21,548				DONOR DESIGNATION

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INSTITUTE FOR ETHNOMEDICINE INC 3214 NORTH UNIVERSITY AVENUE 316 PROVO, UT 84604	20-1829529	501C3	5,000				DONOR DESIGNATION
INSTITUTE FOR LABOR STUDIES & RESEARCH 1540 PONTIAC AVENUE CRANSTON, RI 02920	05-0387211	501C3	5,453				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 101681289	13-5660870	501C3	11,097				DONOR DESIGNATION
JAMESTOWN PHILOMENIAN LIBRARY 26 NORTH ROAD JAMESTOWN, RI 02835	81-4769485	501C3	5,000				DONOR DESIGNATION

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

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JEFFREY OSBORNE FOUNDATION 19241 BALLINGER STREET NORTHRIDGE, CA 91324	46-0925456	501C3	8,100				DONOR DESIGNATION
JEWISH ALLIANCE OF GREATER RI 401 ELMGROVE AVENUE PROVIDENCE, RI 02906	27-4127671	501C3	95,178				DONOR DESIGNATION

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JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904	82-2962600	501C3	11,276				DONOR DESIGNATION
JIMMY FUNDDANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FL BROOKLINE, MA 02445	04-2263040	501C3	12,762				DONOR DESIGNATION

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JOHNSON & WALES UNIVERSITY OFFICE OF DEVELOPMENT 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903	05-0306206	501C3	5,531				DONOR DESIGNATION /PROGRAM GRANT
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501C3	24,754				DONOR DESIGNATION /PROGRAM GRANT

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

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JONNYCAKE CENTER OF WESTERLY 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501C3	61,216				DONOR DESIGNATION /PROGRAM GRANT
JUNIOR ACHIEVEMENT USA 1 EDUCATION WAY COLORADO SPRINGS, CO 80906	84-1267604	501C3	7,949				DONOR DESIGNATION

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JUPITER INLET FOUNDATION INC 5500 MILITARY TRL JUPITER, FL 33458	82-2482200	501C3	5,000				DONOR DESIGNATION
KEY PROGRAM 623 ATWELLS AVENUE PROVIDENCE, RI 02909	04-2539878	501C3	10,000				DONOR DESIGNATION

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KINGS CATHEDRAL 1860 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0496649	501C3	6,000				DONOR DESIGNATION
LASALLE ACADEMY DEVELOPMENT OFFICEALUMNI 612 ACADEMY AVENUE PROVIDENCE, RI 02908	05-0449426	501C3	14,668				DONOR DESIGNATION

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

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LATINO PUBLIC RADIO 1246 CRANSTON STREET CRANSTON, RI 02920	20-5823948	501C3	20,000				DONOR DESIGNATION
LEADERSHIP RHODE ISLAND 1570 WESTMINSTER ST FL 1 PROVIDENCE, RI 029091805	22-2570460	501C3	20,847				DONOR DESIGNATION

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

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LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501C3	93,055				DONOR DESIGNATION
LOCAL INITIATIVES SUPPORT CORPORATION RI 146 CLIFFORD STREET PROVIDENCE, RI 02903	13-3030229	501C3	37,859				DONOR DESIGNATION

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LOVING HEARTS OUTREACH 1902 WEST MAIN STREET WASHINGTON, MO 63090	43-1820641	501C3	5,000				DONOR DESIGNATION
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501C3	59,235				DONOR DESIGNATION /PROGRAM GRANT

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MAKE A WISH FOUNDATION MA & RI 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	22-2867371	501C3	20,810				DONOR DESIGNATION
MALTESER INTERNATIONAL 1011 FIRST AVENUE SUITE 1322 NEW YORK, NY 10022	26-3701623	501C3	5,000				DONOR DESIGNATION

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

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MANTON AVENUE PROJECT PO BOX 982 PROVIDENCE, RI 02901	06-1725016	501C3	20,410				DONOR DESIGNATION /PROGRAM GRANT
MARGARET STERLING COOK FDTN PO BOX 14 HOPE, RI 028310014	20-2604143	501C3	13,000				DONOR DESIGNATION

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

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MARMION ACADEMY 1000 BUTTERFIELD ROAD AURORA, IL 605029743	36-2258521	501C3	5,000				DONOR DESIGNATION
MARTIN LUTHER KING CENTER 20 DR MARCUS WHEATLAND BLVD NEWPORT, RI 028402097	05-0271882	501C3	95,720				DONOR DESIGNATION

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MCAULEY HOUSE 622 ELMWOOD AVE PROVIDENCE, RI 02907	05-0440470	501C3	8,911				DONOR DESIGNATION /PROGRAM GRANT
MCLEAN HOSPITAL 115 MILL STREET MAIL STOP 126 BELMONT, MA 02478	04-2697981	501C3	6,444				DONOR DESIGNATION

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MEALS ON WHEELS OF RI 70 BATH ST PROVIDENCE, RI 02908	05-0340723	501C3	78,660				DONOR DESIGNATION
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501C3	87,086				DONOR DESIGNATION /PROGRAM GRANT

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MENTOR RHODE ISLAND 2065 WARWICK AVENUE UNIT 1 WARWICK, RI 02889	05-0443260	501C3	6,550				DONOR DESIGNATION
MIRIAM HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0493219	501C3	23,834				DONOR DESIGNATION

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MOSES BROWN SCHOOL 250 LLOYD AVE PROVIDENCE, RI 02906	05-0258906	501C3	34,254				DONOR DESIGNATION
MOUNT HOPE NEIGHBORHOOD ASSOCIATION 199 CAMP STREET PROVIDENCE, RI 02906	22-2599257	501C3	25,000				DONOR DESIGNATION

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MT HOPE COMMUNITY BAPTIST CHURCH 734 HOPE STREET PROVIDENCE, RI 02906	05-0414434	501C3	5,000				DONOR DESIGNATION
NAACP LEGAL DEFENSE & EDUCATION FUND 40 RECTOR STREET 5TH FLOOR NEW YORK, NY 100061738	13-1655255	501C3	6,250				DONOR DESIGNATION

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NANTUCKET COTTAGE HOSPITAL 57 PROSPECT ST NANTUCKET, MA 02554	04-2103823	501C3	10,000				DONOR DESIGNATION
NARRAGANSETT BAY COMMISSION ONE SERVICE ROAD PROVIDENCE, RI 02905	06-1471715	501C3	8,384				DONOR DESIGNATION

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NARROWS CENTER FOR THE ARTS 16 ANAWAN STREET FALL RIVER, MA 02721	31-1654074	501C3	5,400				DONOR DESIGNATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NEW ENGLAND CHAPTER 101A FIRST AVENUE SUITE 6 WALTHAM, MA 024511105	04-2178884	501C3	5,851				DONOR DESIGNATION

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NATURE CONSERVANCY (RI) THE 159 WATERMAN STREET PROVIDENCE, RI 02906	53-0242652	501C3	38,370				DONOR DESIGNATION
NEW BEGINNINGS INC 323 RATHBUN STREET WOONSOCKET, RI 02895	82-3031983	501C3	30,000				DONOR DESIGNATION

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NEW BRIDGES FOR HAITIAN SUCCESS 242 PRAIRIE AVENUE 3 PROVIDENCE, RI 02905	46-2853080	501C3	25,000				DONOR DESIGNATION
NEW URBAN ARTS 705 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0498654	501C3	7,584				DONOR DESIGNATION

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NEWPORT ART MUSEUM 76 BELLEVUE AVENUE NEWPORT, RI 02840	05-0258803	501C3	13,227				DONOR DESIGNATION
NEWPORT COMMUNITY SCHOOL 55 BROADWAY NEWPORT, RI 02840	20-2302875	501C3	35,000				DONOR DESIGNATION

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NEWPORT HOSPITAL PO BOX H PROVIDENCE, RI 02901	05-0493219	501C3	6,025				DONOR DESIGNATION
NEWPORT HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0493219	501C3	25,951				DONOR DESIGNATION

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NEWPORT PARTNERSHIPS FOR FAMILIES 31 JOHN CLARKE ROAD NEWPORT, RI 02842	30-0946766	501C3	64,722				DONOR DESIGNATION /PROGRAM GRANT
NH LEARNING SOLUTIONS 1415 FARMINTON ROAD LIVONIA, MI 48154	47-4290504	501C3	7,000				DONOR DESIGNATION

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NORTH KINGSTOWN EXETER ANIMAL PROTECTION LEAGUE INC PO BOX 83 NORTH KINGSTOWN, RI 02852	05-0317567	501C3	7,123				DONOR DESIGNATION
NORTH KINGSTOWN FOOD PANTRY 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501C3	40,876				DONOR DESIGNATION

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NORTHERN RHODE ISLAND FOOD PANTRY PO BOX 7833 CUMBERLAND, RI 02864	45-5042619	501C3	30,504				DONOR DESIGNATION
NORTON MUSEUM OF ART 1451 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401	59-0624432	501C3	5,000				DONOR DESIGNATION

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OCEAN COMMUNITY UNITED THEATRE INC PO BOX 384 WESTERLY, RI 02891	46-3579526	501C3	10,000				DONOR DESIGNATION
OLNEYVILLE NEIGHBORHOOD ASSN PO BOX 8 PROVIDENCE, RI 02909	83-0434706	501C3	58,333				DONOR DESIGNATION /PROGRAM GRANT

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ONE NEIGHBORHOOD BUILDERS 66 CHAFFEE ST PROVIDENCE, RI 02909	22-3010422	501C3	23,550				DONOR DESIGNATION /PROGRAM GRANT
OUR LADY OF MERCY CHURCH 65 THIRD STREET EAST GREENWICH, RI 02818	05-0258922	501C3	13,425				DONOR DESIGNATION

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OUTREACH PROGRAM 93 WHIFFLETREE LANE MARSHFIELD, MA 02050	20-0636360	501C3	34,340				DONOR DESIGNATION
PALM BEACH POLICE FOUNDATION PO BOX 242 PALM BEACH, FL 33480	83-0462654	501C3	5,050				DONOR DESIGNATION

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PAN MASS CHALLENGE TO BENEFIT DANA FARBERJIMMY FUND 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912	501C3	15,250				DONOR DESIGNATION
PENNFIELD SCHOOL 110 SANDY POINT AVENUE PORTSMOUTH, RI 02871	23-7131751	501C3	5,000				DONOR DESIGNATION

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PHILIP HULITAR IN-PATIENT CTR CO HOPE HOSPICE & PALLIATIVE CARE OF RHODE I 1085 NORTH MAIN STREET PROVIDENCE, RI 02906	51-0192422	501C3	10,025				DONOR DESIGNATION
PHYLLIS SIPERSTEINTAMARISK ASSISTED LIVING 3 SHALOM DRIVE WARWICK, RI 02886	03-0475508	501C3	40,000				DONOR DESIGNATION

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PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVENUE NEW HAVEN, CT 06511	06-0263565	501C3	19,608				DONOR DESIGNATION
POTTER LEAGUE FOR ANIMALS 87 OLIPHANT LANE MIDDLETOWN, RI 02842	05-0301553	501C3	29,539				DONOR DESIGNATION

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PRESERVATION SOCIETY NEWPORT DEVELOPMENT OFFICE 424 BELLEVUE AVENUE NEWPORT, RI 02840	05-0252708	501C3	17,300				DONOR DESIGNATION
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501C3	9,100				DONOR DESIGNATION

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PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 028632835	05-0380608	501C3	12,012				DONOR DESIGNATION /PROGRAM GRANT
PROJECT WEBER 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501C3	35,760				DONOR DESIGNATION /PROGRAM GRANT

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PROVIDENCE AFTER SCHOOL ALLIANCE 81 CARPENTER STREET PROVIDENCE, RI 02903	26-0319193	501C3	12,350				DONOR DESIGNATION
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501C3	16,567				DONOR DESIGNATION

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PROVIDENCE ART CLUB 11 THOMAS STREET PROVIDENCE, RI 02903	05-0302383	501C3	7,500				DONOR DESIGNATION
PROVIDENCE CENTER 300 RICHMOND STREET PROVIDENCE, RI 02903	05-0316969	501C3	27,374				DONOR DESIGNATION

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PROVIDENCE CHILDRENS FILM FESTIVAL INC PO BOX 6724 PROVIDENCE, RI 02940	27-0917644	501C3	5,600				DONOR DESIGNATION
PROVIDENCE CHILDRENS MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501C3	5,779				DONOR DESIGNATION

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PROVIDENCE COLLEGE ATHLETICS PROVIDENCE COLLEGE ALUMNI HALL PROVIDENCE, RI 02918	05-0258932	501C3	9,600				DONOR DESIGNATION
PROVIDENCE COLLEGE DEVELOPMENT OFFICE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501C3	28,395				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE COLLEGE OFFICE INSTITUTIONAL ADVANCE HARKINS HALL 108 PROVIDENCE, RI 029180001	05-0258932	501C3	52,850				DONOR DESIGNATION
PROVIDENCE COMMUNITY LIBRARY PO BOX 9267 PROVIDENCE, RI 02940	36-4640304	501C3	18,825				DONOR DESIGNATION /PROGRAM GRANT

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

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PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	05-0377244	501C3	7,276				DONOR DESIGNATION
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903	05-0283958	501C3	17,050				DONOR DESIGNATION

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

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PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501C3	14,600				DONOR DESIGNATION /PROGRAM GRANT
PROVIDENCE RESCUE MISSION PO BOX 72753 PROVIDENCE, RI 029079909	05-0503326	501C3	7,799				DONOR DESIGNATION

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

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REACH OUT & READ INC 89 SOUTH STREET SUITE 201 BOSTON, MA 021112678	04-3481253	501C3	15,000				DONOR DESIGNATION /PROGRAM GRANT
READING HOLIDAY PROJECT INC 214 EAST 117TH ST APT 4D NEW YORK, NY 10035	46-4377279	501C3	26,500				DONOR DESIGNATION

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

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REFOCUS INC 45 GREELEY ST PROVIDENCE, RI 02904	05-0394380	501C3	45,000				DONOR DESIGNATION
REFUGEE DEVELOPMENT CENTER INC 340 LOCKWOOD ST PROVIDENCE, RI 02907	47-3515841	501C3	21,300				DONOR DESIGNATION

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

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RHODE ISLAND COALITION AGAINST VIOLENCE (RICADV) 422 POST ROAD 102 WARWICK, RI 02888	05-0384580	501C3	20,550				DONOR DESIGNATION /PROGRAM GRANT
RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	22-2604963	501C3	201,300				DONOR DESIGNATION /PROGRAM GRANT

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

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RHODE ISLAND FREE CLINIC INC 655 BROAD STREET PROVIDENCE, RI 02907	05-0501276	501C3	111,920				DONOR DESIGNATION /PROGRAM GRANT
RHODE ISLAND HISPANIC CHAMBER OF COMMERCE 1955 WESTMINSTER STREET 2ND FLR STE B PROVIDENCE, RI 02909	81-2701009	501C3	8,333				DONOR DESIGNATION

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

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RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0493219	501C3	8,400				DONOR DESIGNATION
RHODE ISLAND PHILHARMONIC & MUSIC SCHOOL 667 WATERMAN AVENUE EAST PROVIDENCE, RI 029141712	05-0267451	501C3	19,160				DONOR DESIGNATION

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

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RHODE ISLAND PRIDE INC 1055 WESTMINSTER STREET PROVIDENCE, RI 02901	22-3180790	501C3	24,834				DONOR DESIGNATION
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501C3	34,230				DONOR DESIGNATION

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

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RHODE ISLAND SCHOOL FOR PROGRESSIVE EDUCATION 166 VALLEY STREET BUILDING 6M SUITE 103 PROVIDENCE, RI 02909	82-0605219	501C3	12,500				DONOR DESIGNATION /PROGRAM GRANT
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-6016675	501C3	6,040				DONOR DESIGNATION

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

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RI COALITION FOR THE HOMELESS 1070 MAIN STREET SUITE 202 PAWTUCKET, RI 02860	22-2894547	501C3	33,561				DONOR DESIGNATION /PROGRAM GRANT
RI COLLEGE FOUNDATION 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 029081991	05-6049721	501C3	15,000				DONOR DESIGNATION

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

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RI COMMUNITY FOOD BANK 200 NIANTIC AVENUE PROVIDENCE, RI 02907	05-0395601	501C3	201,795				DONOR DESIGNATION
RI COMMUNITY FOOD BANK 200 NIANTIC AVE PROVIDENCE, RI 02907	05-0395601	501C3	59,909				DONOR DESIGNATION

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

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RI FOUNDATION STARKWEATHER & SHEPLEY FUND ONE UNION STATION PROVIDENCE, RI 02903	22-2604963	501C3	6,833				DONOR DESIGNATION /PROGRAM GRANT
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0493219	501C3	6,850				DONOR DESIGNATION

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

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RI INSTITUTE FOR LABOR STUDIES & RESEARCH 1540 PONTIAC AVENUE SUITE A CRANSTON, RI 02920	05-0387211	501C3	5,050				DONOR DESIGNATION /PROGRAM GRANT
RI KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501C3	75,957				DONOR DESIGNATION

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

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RI LEGAL SERVICES INC 56 PINE ST SUITE 400 PROVIDENCE, RI 029032819	05-0318596	501C3	8,439				DONOR DESIGNATION
RI RIGHT TO LIFE EDUCATION FND 266 SMITH STREET PROVIDENCE, RI 02908	55-0905006	501C3	10,000				DONOR DESIGNATION

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

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RI ZOOLOGICAL SOCIETY ROGER WILLIAMS PARK ZOO 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073659	05-6016675	501C3	6,116				DONOR DESIGNATION
RICARES 134 MATHEWSON STREET 3RD FLOOR PROVIDENCE, RI 02903	90-0613502	501C3	75,500				DONOR DESIGNATION

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RISD MUSEUM THE 224 BENEFIT STREET PROVIDENCE, RI 029032723	05-0383432	501C3	10,000				DONOR DESIGNATION
RISE-RHODE ISLANDERS SPONSORING EDUCATION 11 S ANGELL STREET PROVIDENCE, RI 029065206	06-1470525	501C3	15,078				DONOR DESIGNATION

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RIVERZEDGE ARTS PROJECT 196 SECOND AVENUE WOONSOCKET, RI 02895	13-4206227	501C3	15,465				DONOR DESIGNATION
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809	05-0277222	501C3	75,000				DONOR DESIGNATION

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RONALD MCDONALD HOUSE - PROV 45 GAY STREET PROVIDENCE, RI 02905	05-0434218	501C3	52,100				DONOR DESIGNATION
SAIL NEWPORT 72 FORT ADAMS DRIVE NEWPORT, RI 02840	22-2560625	501C3	5,725				DONOR DESIGNATION

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SAINT ELIZABETH HOME EAST GREENWICH 1 SAINT ELIZABETHS WAY EAST GREENWICH, RI 02818	05-0457342	501C3	50,500				DONOR DESIGNATION
SAINT MARY STAR OF THE SEA ROMAN CATHOLIC CHURCH 864 POINT JUDITH ROAD NARRAGANSETT, RI 02882	05-0298326	501C3	5,000				DONOR DESIGNATION

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

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SALVATION ARMY - PROVIDENCE RHODE ISLAND STATE OFFICE 34 COMMERCIAL STREET PROVIDENCE, RI 02905	13-5562351	501C3	11,720				DONOR DESIGNATION
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501C3	83,716				DONOR DESIGNATION /PROGRAM GRANT

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SARGENT REHABILITATION CENTER 800 QUAKER LANE WARWICK, RI 02818	05-0258936	501C3	6,347				DONOR DESIGNATION
SAVE THE BAY 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501C3	30,242				DONOR DESIGNATION

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SECRET ANGELS SOCIETY P O BOX 12 HOPE, RI 02831	90-0731736	501C3	5,000				DONOR DESIGNATION
SEGUE INSTITUTE FOR LEARNING 361 COWDEN STREET CENTRAL FALLS, RI 02863	26-4751210	501C3	10,000				DONOR DESIGNATION

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

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SHEILA C SKIP NOWELL LEADERSHIP ACADEMY 133 DELAINE STREET PROVIDENCE, RI 02909	46-2385806	501C3	18,200				DONOR DESIGNATION
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE STE 100 PROVIDENCE, RI 02903	26-0163730	501C3	232,832				DONOR DESIGNATION /PROGRAM GRANT

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SOJOURNER HOUSE INC 386 SMITH ST PROVIDENCE, RI 02908	05-0370419	501C3	12,837				DONOR DESIGNATION
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501C3	20,349				DONOR DESIGNATION

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SOUTH COUNTY HEALTH OFFICE OF DEVELOPMENT 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0259093	501C3	11,800				DONOR DESIGNATION
SOUTH COUNTY HOSPITAL 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0259093	501C3	11,600				DONOR DESIGNATION

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SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVE WAKEFIELD, RI 02879	05-0445136	501C3	12,000				DONOR DESIGNATION
SOUTHPOINTE CHRISTIAN CHURCH 2000 PETTACONSETT AVE WARWICK, RI 02888	45-3065348	501C3	8,100				DONOR DESIGNATION

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SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 029071031	05-0394224	501C3	58,122				DONOR DESIGNATION /PROGRAM GRANT
SPCA - RHODE ISLAND 186 AMARAL STREET RIVERSIDE, RI 02915	05-0262716	501C3	10,664				DONOR DESIGNATION

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

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SPECIAL OLYMPICS-RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501C3	21,191				DONOR DESIGNATION
SPECTRUM THEATRE ENSEMBLE 299 BROADWAY PROVIDENCE, RI 02903	83-2563658	501C3	6,000				DONOR DESIGNATION

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

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SQUASH BUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	04-3330698	501C3	28,500				DONOR DESIGNATION
ST ADALBERTS 866 ATWELLS AVENUE PROVIDENCE, RI 02909	05-0258963	501C3	10,119				DONOR DESIGNATION

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501C3	5,990				DONOR DESIGNATION
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501C3	20,366				DONOR DESIGNATION

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

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ST MARY ACADEMY BAY VIEW ANNUAL GIVING OFFICE 3070 PAWTUCKET AVE SUITE 2 RIVERSIDE, RI 02915	05-0263792	501C3	24,255				DONOR DESIGNATION
ST MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501C3	13,744				DONOR DESIGNATION

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ST PATRICK'S ACADEMY 244 SMITH ST PROVIDENCE, RI 02908	05-6000057	501C3	9,282				DONOR DESIGNATION
ST EDWARDS FOOD & WELLNESS CENTER 1001 BRANCH AVENUE PROVIDENCE, RI 02904	20-2178919	501C3	5,408				DONOR DESIGNATION

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

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ST MARTIN'S EPISCOPAL CHURCH 50 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0260679	501C3	37,700				DONOR DESIGNATION
ST MARY'S CHURCH 12 WILLIAMS STREET NEWPORT, RI 02840	05-0516181	501C3	9,100				DONOR DESIGNATION

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SUCCESS TRAINING CENTER 500 DYER AVE CRANSTON, RI 02920	05-0514883	501C3	15,000				DONOR DESIGNATION
TAP-IN PO BOX 252 BARRINGTON, RI 02806	22-2481382	501C3	5,250				DONOR DESIGNATION

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TEACH FOR AMERICA RHODE ISLAND 166 VALLEY STEET BLDG 6M STE 105 PROVIDENCE, RI 02909	13-3541913	501C3	5,550				DONOR DESIGNATION
TEEN CHALLENGE RHODE ISLAND 572 ELMWOOD AVENUE PROVIDENCE, RI 02907	04-2401399	501C3	10,100				DONOR DESIGNATION

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TEMPLE BETH-EL 70 ORCHARD AVE PROVIDENCE, RI 02906	05-0264805	501C3	10,957				DONOR DESIGNATION
THE COVE CENTER INC 610 MANTON AVENUE PROVIDENCE, RI 02909	05-0419116	501C3	10,852				DONOR DESIGNATION

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THE KING'S CATHEDRAL 1860 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0496649	501C3	5,000				DONOR DESIGNATION
THE TOMORROW FUND RHODE ISLAND HOSPITAL CAMPUS PROVIDENCE, RI 02903	05-0450569	501C3	6,900				DONOR DESIGNATION

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THOMPSON ECUMENICAL EMPOWERMENT GROUP INC PO BOX 664 NORTH GROSVENORDALE, CT 06255	06-1240584	501C3	6,000				DONOR DESIGNATION
THOMPSON ISLAND OUTWARD BOUND PO BOX 127 BOSTON, MA 021270002	04-3027900	501C3	12,500				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THRIVE BEHAVIORAL CENTER 2756 POST ROAD SUITE 100 WARWICK, RI 02886	51-0189278	501C3	14,623				DONOR DESIGNATION
TIDES FAMILY SERVICES 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229	501C3	31,697				DONOR DESIGNATION /PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOMORROW FUND RI HOSPITAL CAMPUS 593 EDDY STREET PROVIDENCE, RI 029034947	05-0450569	501C3	15,251				DONOR DESIGNATION
TOWN OF PALM BEACH UNITED WAY INC 44 COCOANUT ROW SUITE M201 PALM BEACH, FL 33480	59-6037885	501C3	10,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI COUNTY COMM ACTION 1126 HARTFORD AVENUE JOHNSTON, RI 02919	05-0351121	501C3	27,306				DONOR DESIGNATION /PROGRAM GRANT
TRI-COUNTY COMMUNITY ACTION AGENCY 11 EMANUEL STREET NORTH PROVIDENCE, RI 02911	05-0309695	501C3	15,000				DONOR DESIGNATION /PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501C3	29,143				DONOR DESIGNATION
UCAP 75 CARPENTER STREET PROVIDENCE, RI 02903	05-0448102	501C3	5,100				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UFCW LOCAL 328 CHARITABLE FDTN 278 SILVER SPRING STREET PROVIDENCE, RI 02904	20-0678926	501C3	5,435				DONOR DESIGNATION
UNITED WAY OF CENTRAL & NE CT PO BOX 150434 HARTFORD, CT 06106	06-0646653	501C3	9,059				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 770075813	74-1167964	501C3	9,391				DONOR DESIGNATION
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103	23-1556045	501C3	7,508				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MASS BAY & MERRIMACK VALLEY 51 SLEEPER STREET BOSTON, MA 022101208	04-2382233	501C3	25,852				DONOR DESIGNATION
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE 30TH FLOOR CHICAGO, IL 60604	30-0200478	501C3	6,240				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAYMONADNOCK 23 CENTER STREET KEENE, NH 03431	02-0236885	501C3	7,088				DONOR DESIGNATION
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-0714775	501C3	10,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO FDTN PO BOX 17126 DENVER, CO 80203	84-6049811	501C3	6,000				DONOR DESIGNATION
UNIVERSITY OF WISCONSIN LA CROSSE FOUNDATION INC 615 EAST AVE N LA CROSSE, WI 54601	39-1145116	501C3	8,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF RI DEVELOPMENT FUND 246 PRAIRIE AVENUE PROVIDENCE, RI 02905	05-0258939	501C3	5,600				DONOR DESIGNATION
URI FOUNDATION GIFT PROCESSING 79 UPPER COLLEGE RD KINGSTON, RI 028810488	05-6014351	501C3	48,626				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK ROAD STE 375 PHOENIX, AZ 85018	86-0104419	501C3	6,377				DONOR DESIGNATION
VILLAGE COMMON OF RI 276 ANGELL STREET PROVIDENCE, RI 02906	47-3675451	501C3	7,118				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARM (WESTERLY AREA REST MEAL) 56 SPRUCE STREET WESTERLY, RI 02891	22-2887878	501C3	5,129				DONOR DESIGNATION
WATERFIRE - PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612	501C3	18,600				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE SHARE HOPE 624 MAIN STREET WARREN, RI 02885	27-1933460	501C3	52,027				DONOR DESIGNATION
WEST END COMMUNITY CENTER 109 BUCKLIN STREET PROVIDENCE, RI 02907	51-0201816	501C3	8,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTBAY COMMUNITY ACTION INC 205 BUTTONWOODS AVE WARWICK, RI 02886	05-0311985	501C3	21,331				DONOR DESIGNATION
WESTERLY AREA REST MEALS WARM 56 SPRUCE STREET WESTERLY, RI 02891	22-2887878	501C3	5,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERLY HOSPITAL FOUNDATION DEVELOPMENT OFFICE 25 WELLS STREET WESTERLY, RI 02891	05-0508064	501C3	10,100				DONOR DESIGNATION
WGBH ONE GUEST STREET BOSTON, MA 02135	04-3312069	501C3	10,850				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WGBH ONE GUEST STREET BOSTON, MA 02135	04-3312069	501C3	5,395				DONOR DESIGNATION
WHAT IF FOUNDATION 1569 SOLANO AVENUE 192 BERKELEY, CA 94707	91-2121669	501C3	5,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELER SCHOOL THE DEVELOPMENT OFFICE 216 HOPE STREET PROVIDENCE, RI 02906	05-0259101	501C3	8,333				DONOR DESIGNATION
WHITTINSVILLE CHRISTIAN SCHOOL 279 LINWOOD AVENUE WHITTINSVILLE, MA 015882397	04-6004402	501C3	7,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILBURY THEATRE GROUP 40 SONOMA COURT PROVIDENCE, RI 02909	46-0614227	501C3	17,550				DONOR DESIGNATION
WILLIAM A FARRELL & ASSOCIATES LLC PO BOX 25432 PROVIDENCE, RI 02905	27-4512178	501C3	12,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOLF SCHOOLTHE 215 FERRIS AVENUE EAST PROVIDENCE, RI 02916	05-0506471	501C3	6,200				DONOR DESIGNATION
WOMAN DEVELOPMENT INSTITUTE 599 BROAD STREET PROVIDENCE, RI 02907	45-3829924	501C3	10,100				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN & INFANTS HOSPITAL DEVELOPMENT FOUNDATION 101 DUDLEY STREET PROVIDENCE, RI 02905	22-2885815	501C3	5,100				DONOR DESIGNATION
WOMEN'S REFUGEE CARE 570 BROAD STREET STE 103 PROVIDENCE, RI 02907	47-4084932	501C3	30,270				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOONASQUATUCKET RIVER WATERSHED COUNCIL 45 EAGLE STREET SUITE 202 PROVIDENCE, RI 02909	05-0519694	501C3	26,425				DONOR DESIGNATION /PROGRAM GRANT
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501C3	6,054				DONOR DESIGNATION /PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YEAR UP RHODE ISLAND PO BOX 412812 BOSTON, MA 022412812	04-3534407	501C3	66,894				DONOR DESIGNATION
YMCA BAYSIDE (BARRINGTON) 21 PEACE STREET PROVIDENCE, RI 02907	05-0258878	501C3	5,095				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA CRANSTON 21 PEACE STREET PROVIDENCE, RI 02907	05-0258878	501C3	86,702				DONOR DESIGNATION /PROGRAM GRANT
YMCA OF GREATER PROVIDENCE 21 PEACE STREET 6TH FLOOR PROVIDENCE, RI 02907	05-0258878	501C3	10,500				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF NEWPORT COUNTY 792 VALLEY ROAD NEWPORT, RI 02842	05-0258916	501C3	7,018				DONOR DESIGNATION
YMCA-OCEAN COMMUNITY 95 HIGH STREET WESTERLY, RI 02891	05-0268126	501C3	17,723				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG VOICES PO BOX 5853 PROVIDENCE, RI 02903	42-2103674	501C3	16,196				DONOR DESIGNATION
YOUTH IN ACTION INC 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230	501C3	18,101				DONOR DESIGNATION /PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFEE STREET PROVIDENCE, RI 02909	81-3957029	501C3	5,600				DONOR DESIGNATION /PROGRAM GRANT
YWCA RHODE ISLAND 514 BLACKSTONE ST WOONSOCKET, RI 02895	05-0310596	501C3	34,686				DONOR DESIGNATION /PROGRAM GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF RHODE ISLAND INC

Employer identification number
05-0276059

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification 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 (e.g., maid, chauffeur, chef)		
<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 idemnification 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 (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 are not listed on Form 990, Part VII.

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

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

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.

Return Reference	Explanation
PART I, LINE 3	FOR THE PROCESS FOR DETERMINING THE ANNUAL COMPENSATION AND BENEFITS FOR THE PRESIDENT AND CEO AT UNITED WAY IS DESCRIBED IN DETAIL IN PART VI (GOVERNANCE), QUESTION #15A.
SCHEDULE J, PART II - COMPENSATION FOR PRESIDENT AND CEO	THE COMPENSATION INFORMATION REPORTED IN PART II WAS BASED ON CALENDAR YEAR 2019 PER IRS FORM INSTRUCTIONS SO THAT IT ALL ALIGNS WITH W-2 AND FORM 941 DATA SEPARATELY REPORTED TO THE IRS.
SCHEDULE J, PART II COLUMN D	NON-TAXABLE BENEFITS REPORTED INCLUDE MEDICAL INSURANCE, DENTAL INSURANCE, LIFE AND LONG TERM DISABILITY INSURANCE AND COMPANY MATCH ON THE 403(B) RETIREMENT PLAN CONTRIBUTIONS. THESE NON-TAXABLE BENEFITS ARE THE SAME THAT ARE OFFERED TO ALL UNITED WAY OF RI EMPLOYEES.
SCHEDULE J, PART II COLUMN E	TOTAL COMPENSATION THIS YEAR WAS BASED ON CALENDAR YEAR 2019 DATA.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF RHODE ISLAND INC

Employer identification number
05-0276059

Part I Types of Property

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

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

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.

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.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

UNITED WAY OF RHODE ISLAND INC

Employer identification number

05-0276059

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	SERVICE GRANTS OF \$404,659 WERE GRANTED TO ADDRESS RHODE ISLAND'S MORE PRESSING NEEDS RELATED TO THE COVID-19 RELIEF FUND IN FY2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>THE AUDIT COMMITTEE IS THE BOARD COMMITTEE RESPONSIBLE FOR THE ANNUAL DETAIL REVIEW OF THE AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR UNITED WAY OF RI. THE AUDIT COMMITTEE IS RESPONSIBLE TO ENSURE THAT MANAGEMENT HAS COMPLETED ITS FORM 990 TO FULLY COMPLY WITH IRS REGULATIONS AND THAT THE PRESENTATION OF THE AUDITED REPORTS FAIRLY PRESENT IN ALL MATERIAL RESPECTS THE FINANCIAL CONDITION AND OPERATIONAL RESULTS OF UNITED WAY OF RI. EXECUTIVE MANAGEMENT IS RESPONSIBLE FOR THE ACTUAL RESULTS. THE AUDIT COMMITTEE MET WITH MANAGEMENT AND ITS CPA FIRM, SANSIVERI, KIMBALL & CO., LLP (SKC) TO REVIEW THE AUDIT REPORT AND AUDITED FINANCIAL STATEMENTS AND RECEIVE A DETAILED PRESENTATION BY MANAGEMENT. THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE WITH MANAGEMENT AND SKC. THE AUDIT COMMITTEE MEMBERS ASKED QUESTIONS PERTAINING TO THE COMPLETED FORM 990. THE AUDIT COMMITTEE THEN VOTED AND RECOMMENDED THAT THE FINAL FORM 990 BE ADOPTED. IN ADDITION TO PROVIDING EACH MEMBER OF THE BOARD OF DIRECTORS WITH A COPY OF THE FINAL FORM 990, PRIOR TO ITS IRS FILING, A FORMAL SUMMARY WAS GIVEN TO THE BOARD OF DIRECTORS BY MANAGEMENT WITH SPECIAL ATTENTION TO PART VI (GOVERNANCE, MANAGEMENT AND DISCLOSURE). ONCE THE FORM 990 IS FILED WITH THE IRS, MANAGEMENT WILL POST AN ELECTRONIC COPY OF ITS AUDITED FINANCIAL STATEMENTS, FORM 990 AND CEO/CFO FINANCIAL STATEMENT CERTIFICATION DOCUMENT ON ITS WEBSITE (WWW.UWRI.ORG) FOR PUBLIC INSPECTION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED ANNUALLY TO COMPLETE A WRITTEN CONFLICT OF INTEREST FORM DISCLOSING ALL POTENTIAL CONFLICTS OR DUALITIES OF INTEREST. THE EMPLOYEE OR BOARD MEMBER IS REQUIRED TO SIGN AND RETURN THE FORM TO THE STAFF ETHICS OFFICER. ONCE ALL SAID FORMS ARE COLLECTED BY THE STAFF ETHICS OFFICER, THEY ARE THEN REVIEWED BY THE ETHICS COMMITTEE (THREE BOARD MEMBER VOLUNTEERS) TO INSURE COMPLIANCE WITH THE POLICY. ANY EXCEPTIONS TO UNITED WAY OF RI POLICY ARE ADDRESSED BY THE ETHICS COMMITTEE WITH THE EMPLOYEE OR BOARD MEMBER INVOLVED, THESE EXCEPTIONS ARE DOCUMENTED IN WRITTEN MEMORANDUM. AFTER THIS ANNUAL PROCESS IS COMPLETED, THE ETHICS COMMITTEES CHAIR THEN REPORTS OUT IN SUMMARY TO THE BOARD OF DIRECTORS AT A REGULARLY SCHEDULED BOARD MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>FORM 990, PART VI, SECTION B, LINE 15A BOARD OF DIRECTORS OVERSIGHT. CEO PERFORMANCE AND COMPENSATION IS OVERSEEN BY THE COMPENSATION AND BENEFITS COMMITTEE OF THE BOARD. SPECIFIC RECOMMENDATIONS RELATED TO COMPENSATION ARE MADE BY THE COMPENSATION AND BENEFITS COMMITTEE WHICH IS COMPOSED OF BOARD MEMBERS, STAFF AND VOLUNTEERS. RECOMMENDATIONS ARE PUT FORWARD TO THE ENTIRE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL IN EXECUTIVE SESSION OF THE BOARD OF DIRECTORS WITHOUT STAFF PRESENT. COMPARATIVE SALARY DATA: THE COMPENSATION AND BENEFITS COMMITTEE IS PROVIDED WITH CEO SALARY INFORMATION OF MORE THAN TEN COMPARABLE ORGANIZATIONS, CAPTURING NATIONAL, REGIONAL AND LOCAL COMPENSATION DATA FOR SIMILARLY-SIZED ORGANIZATIONS. PERFORMANCE-BASED SYSTEM: CEO PERFORMANCE IS ANNUALLY ASSESSED BY THE COMPENSATION AND BENEFITS COMMITTEE AND PRESENTED TO THE FULL BOARD OF DIRECTORS IN EXECUTIVE SESSION (AS NOTED ABOVE, COMPENSATION DECISIONS ARE OVERSEEN BY THE SAME GROUP). ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ABLE TO PROVIDE WRITTEN INPUT ON THE CEO'S PERFORMANCE. THE CEO HAS DOCUMENTED GOALS AND OBJECTIVES ON WHICH PERFORMANCE IS BASED, PLUS DOCUMENTED DETAIL THAT GUIDES THE AWARD OF A BONUS, IF ANY. THE DISCUSSION AND BONUS AWARD ARE DOCUMENTED TO SUPPORT IMPLEMENTATION. FORM 990, PART VI, SECTION B, LINE 15B THE SALARY DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WAS REVIEWED BY INDEPENDENT PERSONS (COMPENSATION COMMITTEE). COMPENSATION SALARY DATA: THE COMPENSATION COMMITTEE REVIEWS COMPENSATION DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION. COMPENSATION DATA IS OBTAINED FROM COMPARABLE SIZED ORGANIZATIONS CONSISTENT WITH THE CEO DATA MENTIONED ABOVE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UNITED WAY OF RI MAKES AVAILABLE ON ITS OWN WEBSITE THE ANNUAL AUDITED FINANCIAL STATEMENT S. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS BY WHICH THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE ANNUAL AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM DID NOT CHANGE FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF RHODE ISLAND INC

Employer identification number

05-0276059

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 50 VALLEY LAND CONDOMINIUM 50 VALLEY ST PROVIDENCE, RI 029092459 47-0984891	LAND-ONLY CONDOMINIUM ASSOCIATION	RI	UNITED WAY OF RHODE ISLAND INC	C				Yes	

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

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

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
SCHEDULE R, PART IV - DESCRIPTION OF RELATED ORGANIZATION	50 VALLEY LAND CONDOMINIUM ("THE ASSOCIATION") IS AN UNINCORPORATED CONDOMINIUM MANAGEMENT ASSOCIATION PURSUANT TO RHODE ISLAND LAW. THE ASSOCIATION FILED IRS FORM 8832 ELECTING TO BE TAXED AS A CORPORATION FOR INCOME TAX PURPOSES. THE ASSOCIATION MANAGES TWO LAND-ONLY CONDOMINIUM UNITS CONSISTING OF PARKING FACILITIES. THE UNITED WAY OF RI IS A MEMBER OF THE ASSOCIATION AND A UNIT OWNER OF ONE OF THE LAND-ONLY CONDOMINIUM UNITS.

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