

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

Form 990

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.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: UNITED WAY OF RHODE ISLAND, INC. D Employer identification number: 05-0276059
E Telephone number: 401-444-0600
G Gross receipts \$: 24,848,117.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.UNITEDWAYRI.ORG
K Form of organization:
L Year of formation: 1926
M State of legal domicile: RI

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net assets.

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.

Signature of officer: CORTNEY M. NICOLATO, PRESIDENT & CEO
Preparer: SANDY ROSS
Firm: KAHN, LITWIN, RENZA & CO., LTD.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY'S MISSION IS UNITING OUR COMMUNITY AND RESOURCES TO BUILD RACIAL EQUITY AND OPPORTUNITIES FOR ALL RHODE ISLANDERS.

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

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

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

4a (Code: ) (Expenses \$ 5,884,422. including grants of \$ 5,884,422. ) (Revenue \$ ) COMMUNITY IMPACT FUND GRANTS \$4,672,443 TO SUPPORT THE COMMUNITY THROUGH GRANTS TO NONPROFIT AGENCIES IN RHODE ISLAND HELPING TO IMPROVE THE RESULTS OF CHILDREN IN SCHOOL, IMPROVING ACCESS TO AFFORDABLE AND SAFE HOUSING, AND DECREASING FOOD INSECURITY; \$567,862 TO ENABLE SUMMER LEARNING; \$352,346 FOR ENERGY ASSISTANCE; AND, \$291,771 FOR VOLUNTARY INCOME TAX ASSISTANCE TO HELP LOWER INCOME RESIDENTS GET THE HIGHEST TAX REFUND POSSIBLE. DETAILS ON OUR COMMUNITY IMPACT WORK CAN BE VIEWED ON OUR WEBSITE AT WWW.UNITEDWAYRI.ORG.

4b (Code: ) (Expenses \$ 11,412,502. including grants of \$ 2,416,422. ) (Revenue \$ ) COMMUNITY IMPACT PROGRAM: \$7,945,864 TO PROVIDE RESOURCES TO HELP SOLVE COMPELLING SOCIAL AND EDUCATIONAL NEEDS IN RI, COMPLETE RESEARCH AND ANALYTICS OF THOSE NEEDS, AND ADMINISTER GRANTS; \$1,469,962 TO RUN THE 2-1-1 CALL CENTER IN RI, ANSWERING OVER 200,000 CALLS FOR THOSE IN NEED; \$1,373,414 TO PROVIDE POINT FOR SENIORS & DISABILITY SERVICES, AS CONTRACTED WITH RI OFFICE OF HEALTHY AGING; \$401,912 TO SUPPORT THE ADVOCACY WORK; \$221,350 TO ENABLE VOLUNTEERS THROUGHOUT RI; INFORMATION ON OUR VOLUNTEER WORK AND OPPORTUNITIES CAN BE FOUND AT WWW.UNITEDWAYRI.ORG/VOLUNTEER.

4c (Code: ) (Expenses \$ 5,155,661. including grants of \$ 5,155,661. ) (Revenue \$ ) DONOR DESIGNATIONS AND MY FUND \$873,964 IN DONOR INVESTMENTS FOR THE ANNUAL UNITED WAY CAMPAIGN WHERE THE DONORS RECOMMEND THAT THEIR GIFTS BE DISBURSED THROUGH UNITED WAY OF RI TO SPECIFIC 501(C)(3) AGENCIES. \$4,281,697 IN DONOR INVESTMENTS FOR APPROXIMATELY 525 LEADERSHIP DONORS WHO CHOOSE TO DIRECT THEIR GIFTS TO THEIR UNITED WAY OF RHODE ISLAND MYFUND ACCOUNT (DONOR ADVISED FUND). THESE LEADERSHIP DONORS THEN MADE RECOMMENDATIONS TO UNITED WAY OF RI DURING THE FISCAL YEAR REQUESTING GIFTS TO BE DIRECTED TO 501 (C)(3) AGENCIES. TO LEARN MORE ABOUT DONOR DIRECTED GIVING, PLEASE VISIT OUR WEBSITE AT WWW.UNITEDWAYRI.ORG.

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

4e Total program service expenses 22,452,585.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CORTNEY NICOLATO - 401-444-0600
50 VALLEY STREET, PROVIDENCE, RI 02909

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CORTNEY NICOLATO PRESIDENT AND CEO	37.50	X		X				303,873.	0.	31,875.
(2) ROBERT BUSH CHIEF STRATEGY & OPERATIONS OFFICER	37.50			X				178,654.	0.	22,765.
(3) IDREES OLANREWAJU AJAKAIYE CHIEF DEVELOPMENT OFFICER	37.50					X		166,266.	0.	23,972.
(4) LARRY WARNER CHIEF IMPACT & EQUITY OFFICER	37.50				X			170,549.	0.	4,958.
(5) MARY ANN CANAVAN CHIEF FINANCIAL OFFICER	37.50			X				144,471.	0.	20,637.
(6) LYNN CORWIN EXECUTIVE ADVISOR, STRATEGY	37.50				X			125,728.	0.	31,155.
(7) ROBERT HANCOCK SR. DIR OF MARKETING AND COMMUNICATI	37.50				X			100,699.	0.	26,769.
(8) DONNA KANE CONTROLLER	37.50				X			113,298.	0.	9,905.
(9) JESSICA BARRY SR. DIR. OF DONOR RELATIONS	37.50				X			102,743.	0.	3,554.
(10) DOLPH JOHNSON BOARD CHAIR	1.00	X		X				0.	0.	0.
(11) BARBARA CHERNOW TREASURER	1.00	X		X				0.	0.	0.
(12) CHRISTOPHER SABITONI SECRETARY (AS OF 8/23)	1.00	X		X				0.	0.	0.
(13) ANTHONY BOTELHO VICE CHAIR (AS OF 10/23)	1.00	X		X				0.	0.	0.
(14) JAYNE DONEGAN VICE CHAIR	1.00	X		X				0.	0.	0.
(15) PAOLA FERNANDEZ VICE CHAIR	1.00	X		X				0.	0.	0.
(16) JUNIOR JABBIE VICE CHAIR	1.00	X		X				0.	0.	0.
(17) GREGG PERRY VICE CHAIR	1.00	X		X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SEAN ROGERS VICE CHAIR (AS OF 10/23)	1.00	X		X				0.	0.	0.
(19) RAMONA ROYAL VICE CHAIR (AS OF 3/24)	1.00	X		X				0.	0.	0.
(20) ALDEN ANDERSON DIRECTOR (TO 9/23)	1.00	X		X				0.	0.	0.
(21) DAVID BONENBERGER DIRECTOR (TO 2/24)	1.00	X						0.	0.	0.
(22) BRIAN CARROLL DIRECTOR (TO 6/24)	1.00	X						0.	0.	0.
(23) WES COTTER DIRECTOR	1.00	X						0.	0.	0.
(24) JOANNE DALY DIRECTOR	1.00	X						0.	0.	0.
(25) JAMES GALLOWAY DIRECTOR (TO 2/24)	1.00	X						0.	0.	0.
(26) COURTNEY HAWKINS DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,406,281.	0.	175,590.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,406,281.	0.	175,590.

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 10

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRAVE RIVER SOLUTIONS INC, 875 CENTERVILLE ROAD BLDG 3, WARWICK, RI 02886	IT SERVICES	342,283.
APERIO PHILANTHROPY LLC 360 FURMAN STREET #339, BROOKLYN, NY 11201	FUNDRAISING CONSULTANTS	266,396.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	5,539,552.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	16,834,993.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 757,341.				
	<b>h Total.</b> Add lines 1a-1f .....		22,374,545.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		661,433.			661,433.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	1,243,036.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	781,418.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	461,618.				
	<b>d</b> Net gain or (loss) .....		461,618.			461,618.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	812900	510,315.	510,315.		
	<b>b</b> FISCAL SPONSORSHIP FEE		812900	58,788.	58,788.		
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			569,103.			
<b>12 Total revenue.</b> See instructions .....			24,066,699.	569,103.	0.	1,123,051.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	13,456,505.	13,456,505.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	748,871.	416,652.	297,976.	34,243.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	6,047,308.	5,016,696.	467,608.	563,004.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	70,785.	56,098.	4,497.	10,190.
<b>9</b> Other employee benefits .....	852,077.	550,831.	264,229.	37,017.
<b>10</b> Payroll taxes .....	458,046.	319,961.	97,295.	40,790.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	67,801.	4,375.	63,426.	
<b>c</b> Accounting .....	66,600.		66,600.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	50,504.		50,504.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,196,161.	825,759.		370,402.
<b>12</b> Advertising and promotion .....	415,836.	284,391.	2,062.	129,383.
<b>13</b> Office expenses .....	352,505.	235,640.	91,696.	25,169.
<b>14</b> Information technology .....	367,164.	359,171.	7,993.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	318,751.	246,797.	64,206.	7,748.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	602,066.	320,756.	59,851.	221,459.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	156,576.	127,895.	28,681.	
<b>23</b> Insurance .....	108,832.	103,344.	5,488.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> UNITED WAY WORLDWIDE DU	136,000.	100,187.	25,991.	9,822.
<b>b</b> MISCELLANEOUS	105,895.	27,527.	77,939.	429.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	25,578,283.	22,452,585.	1,676,042.	1,449,656.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	754,590.	<b>1</b>	277,792.
	<b>2</b> Savings and temporary cash investments .....	7,585,242.	<b>2</b>	9,552,740.
	<b>3</b> Pledges and grants receivable, net .....	886,013.	<b>3</b>	897,153.
	<b>4</b> Accounts receivable, net .....	1,565,308.	<b>4</b>	1,194,614.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	168,424.	<b>9</b>	255,158.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,421,880.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,575,740.	2,683,548.	<b>10c</b> 2,846,140.
	<b>11</b> Investments - publicly traded securities .....	7,375,823.	<b>11</b>	8,993,701.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	913,263.	<b>12</b>	968,116.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,388,388.	<b>15</b>	6,854,470.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	28,320,599.	<b>16</b>	31,839,884.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,677,967.	<b>17</b>	2,890,972.
	<b>18</b> Grants payable .....	1,303,927.	<b>18</b>	623,058.
	<b>19</b> Deferred revenue .....	944,898.	<b>19</b>	4,296,069.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,793,298.	<b>23</b>	1,748,542.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,720,090.	<b>26</b>	9,558,641.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	15,695,544.	<b>27</b>	14,921,608.
	<b>28</b> Net assets with donor restrictions .....	6,904,965.	<b>28</b>	7,359,635.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	22,600,509.	<b>32</b>	22,281,243.
<b>33</b> Total liabilities and net assets/fund balances .....	28,320,599.	<b>33</b>	31,839,884.	

Form 990 (2023)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	24,066,699.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	25,578,283.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,511,584.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	22,600,509.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,192,318.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	22,281,243.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2023)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18,903,886.	42,247,231.	21,537,676.	19,476,989.	22,374,545.	124,540,327.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	18,903,886.	42,247,231.	21,537,676.	19,476,989.	22,374,545.	124,540,327.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						9,057,652.
<b>6 Public support.</b> Subtract line 5 from line 4.						115,482,675.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	18,903,886.	42,247,231.	21,537,676.	19,476,989.	22,374,545.	124,540,327.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	198,102.	1,976,423.	356,611.	290,428.	661,433.	3,482,997.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,557.	659,803.	588,009.	530,229.	569,103.	2,349,701.
<b>11 Total support.</b> Add lines 7 through 10						130,373,025.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.58	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	88.73	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

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

Multiple horizontal lines for supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	83,915.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	83,915.													
<b>d</b> Other exempt purpose expenditures .....	22,368,670.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	22,452,585.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	99,539.	61,712.	73,688.	83,915.	318,854.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	99,539.	61,712.	73,688.		234,939.

Schedule C (Form 990) 2023



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

**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."**

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

**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.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (Yes/No questions).

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.

Form with sections 1a-1b and 2. 1a: Footnote for public service. 1b: Amounts for art collection (Revenue, Assets). 2: Amounts for financial gain (Revenue, Assets).

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	913,263.	884,077.	978,149.	6,440,301.	6,604,069.
b Contributions					
c Net investment earnings, gains, and losses	92,921.	66,686.	-58,277.	260,663.	114,737.
d Grants or scholarships					
e Other expenditures for facilities and programs	38,068.	37,500.	35,795.	42,609.	278,505.
f Administrative expenses				5,680,206.	
g End of year balance	968,116.	913,263.	884,077.	978,149.	6,440,301.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
  - b Permanent endowment .0000 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   | X   |    |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		488,000.		488,000.
b Buildings		3,368,502.	1,332,279.	2,036,223.
c Leasehold improvements				
d Equipment		1,277,873.	1,157,893.	119,980.
e Other		287,505.	85,568.	201,937.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,846,140.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	6,854,470.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,854,470.

**Part X Other Liabilities**

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

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

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	20,248,223.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,192,318.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	74,480.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,266,798.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	18,981,425.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	50,504.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	5,034,770.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	5,085,274.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	24,066,699.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	20,567,489.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	74,480.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	74,480.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	20,493,009.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	50,504.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	5,034,770.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	5,085,274.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	25,578,283.

**Part XIII Supplemental Information**

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

PART V, LINE 4:

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

PART X, LINE 2:

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

**Part XIII** Supplemental Information (continued)

THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT

STATUS AT BOTH THE STATE AND FEDERAL LEVELS.

THE ORGANIZATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO

MONITOR THE ACTIVITIES OF TAX EXEMPT ENTITIES. THESE TAX RETURNS ARE

SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR A PERIOD OF

THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY HAS NO TAX

EXAMINATIONS IN PROGRESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSES DESIGNATED BY DONORS 5,034,770.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSES DESIGNATED BY DONORS 5,034,770.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A LEADERSHIP JOURNEY P. O. BOX 29163 PROVIDENCE, RI 02909	82-4304890		6,297.	0.			DONOR DESIGNATION/GRANT
A WISH COME TRUE INC. 6 JEFFERSON DRIVE COVENTRY, RI 02816	05-0398808		7,956.	0.			DONOR DESIGNATION/GRANT
ACCESSPOINT RI P.O. BOX 20130 CRANSTON, RI 02920	05-6015153		13,220.	0.			DONOR DESIGNATION/GRANT
ACE MENTOR PROGRAM OF AMERICA INC. 1501 CHERRY ST PHILADELPHIA, PA 19102	51-0465877		10,000.	0.			DONOR DESIGNATION/GRANT
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET SUITE 100 PROVIDENCE, RI 02903	22-2543833		7,167.	0.			DONOR DESIGNATION/GRANT
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION (ARI - 151 BROADWAY - SUITE 305 - PROVIDENCE, RI 02903	81-4458558		78,351.	0.			DONOR DESIGNATION/GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 276.
- 3 Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - MA/NH CHAPTER - 320 NEVADA STREET, SUITE 201 - NEWTON, MA 02460	13-3039601		5,711.	0.			DONOR DESIGNATION/GRANT
ALZHEIMER'S ASSOCIATION RI CHAPTER 245 WATERMAN STREET SUITE 306 PROVIDENCE, RI 02906	05-0445962		24,474.	0.			DONOR DESIGNATION/GRANT
ALZHEIMER'S DISEASE RESEARCH FOUNDATION DBA CURE ALZHEIMER'S - 34 WASHINGTON STREET - SUITE 310 - WELLESLEY HILLS, MA 02481	52-2396428		11,588.	0.			DONOR DESIGNATION/GRANT
AMERICAN CANCER SOCIETY NEW ENGLAND DIV. - 3 SPEEN STREET - FRAMINGHAM, MA 01701	13-1788491		17,498.	0.			DONOR DESIGNATION/GRANT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF RI - 128 DORRANCE STREET - SUITE 400 - PROVIDENCE, RI 02903	23-7039364		6,571.	0.			DONOR DESIGNATION/GRANT
AMERICAN HEART ASSOCIATION SOUTHERN N E - 1 STATE STREET, SUITE 200 - PROVIDENCE, RI 02908-5005	13-5613797		15,467.	0.			DONOR DESIGNATION/GRANT
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218		30,162.	0.			DONOR DESIGNATION/GRANT
ANDRADE-FAXON CHARITIES FOR CHILDREN - P. O. BOX 3305 - SOUTH ATTLEBORO, MA 02703	05-0476331		6,250.	0.			DONOR DESIGNATION/GRANT
ANIMAL RESCUE RHODE ISLAND 506B CURTIS CORNER ROAD WAKEFIELD, RI 02880-0458	05-0282432		5,520.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF HARTFORD 134 FARMINGTON AVENUE HARTFORD, CT 06105	06-0646669		5,693.	0.			DONOR DESIGNATION/GRANT
ARTHRITIS FOUNDATION - NATIONAL OFFICE (DBM) - P.O. BOX 96280 - WASHINGTON, DC 20077	58-1341679		6,675.	0.			DONOR DESIGNATION/GRANT
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917	05-0265675		6,596.	0.			DONOR DESIGNATION/GRANT
BEAUTIFUL DAY 66 BENEFIT STREET PROVIDENCE, RI 02904	45-4946110		79,478.	0.			DONOR DESIGNATION/GRANT
BIG BROTHERS & BIG SISTERS OF RHODE ISLAND - 188 VALLEY STREET, SUITE 125 - PROVIDENCE, RI 02909-2464	22-2606942		6,822.	0.			DONOR DESIGNATION/GRANT
BLITHEWOLD INC. 101 FERRY ROAD BRISTOL, RI 02809	05-0503407		16,725.	0.			DONOR DESIGNATION/GRANT
BOOKS ARE WINGS 1005 MAIN STREET - SUITE 711B PAWTUCKET, RI 02860	27-0045877		22,331.	0.			DONOR DESIGNATION/GRANT
BOSTON CHILDRENS HOSPITAL TRUST 401 PARK DRIVE, SUITE 602 BOSTON, MA 02215	04-2774441		72,629.	0.			DONOR DESIGNATION/GRANT
BOSTON COLLEGE LAW SCHOOL FUND 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02167	04-2103545		11,554.	0.			DONOR DESIGNATION/GRANT

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BOYS & GIRLS CLUB OF NEWPORT COUNTY INC. - 95 CHURCH STREET - NEWPORT, RI 02840-3143	05-0281572		17,910.	0.			DONOR DESIGNATION/GRANT
BOYS & GIRLS CLUB OF NORTHERN RHODE ISLAND - P. O. BOX 7505 - CUMBERLAND, RI 02864	05-0280121		6,961.	0.			DONOR DESIGNATION/GRANT
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860-4003	05-0258924		5,316.	0.			DONOR DESIGNATION/GRANT
BOYS & GIRLS CLUB WANSKUCK 550 BRANCH AVENUE PROVIDENCE, RI 02904	05-0258929		17,396.	0.			DONOR DESIGNATION/GRANT
BROWN UNIVERSITY 164 ANGELL STREET PROVIDENCE, RI 02912	05-0258809		66,750.	0.			DONOR DESIGNATION/GRANT
BROWN UNIVERSITY FOUNDATION P. O. BOX 1877 PROVIDENCE, RI 02912	05-0390989		10,255.	0.			DONOR DESIGNATION/GRANT
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917-9963	05-0258810		16,348.	0.			DONOR DESIGNATION/GRANT
BUILDING FUTURES 1 ACORN STREET PROVIDENCE, RI 02903	81-3939129		50,000.	0.			DONOR DESIGNATION/GRANT
BUTLER HOSPITAL FOUNDATION 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	45-4530540		8,100.	0.			DONOR DESIGNATION/GRANT

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BUTTON HOLE 1 BUTTONHOLD DR PROVIDENCE, RI 02909	05-0497481		13,492.	0.			DONOR DESIGNATION/GRANT
CALL OFF YOUR OLD TIRED ETHICS-RI (COYOTE-RI) - 10 DAVOL SQUARE - SUITE 100 - PROVIDENCE, RI 02903	47-3739141		75,012.	0.			DONOR DESIGNATION/GRANT
CAPE VERDEAN AMERICAN COMMUNITY 120 HIGH STREET PAWTUCKET, RI 02860	05-0476404		75,000.	0.			DONOR DESIGNATION/GRANT
CATHOLIC CHARITY FUND, INC. ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903-3695	05-6014313		71,716.	0.			DONOR DESIGNATION/GRANT
CENTER FOR HEALTH & JUSTINCE AT LIFESPAN FOUNDATION - 167 POINT ST - PROVIDENCE, RI 02903	05-0493219		75,000.	0.			DONOR DESIGNATION/GRANT
CENTER FOR WOMEN & ENTERPRISE, INC 44 SCHOOL STREET ROOM 200 BOSTON, MA 02108	04-3256236		50,000.	0.			DONOR DESIGNATION/GRANT
CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET CENTRAL FALLS, RI 02863	05-0459947		102,451.	0.			DONOR DESIGNATION/GRANT
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819		15,933.	0.			DONOR DESIGNATION/GRANT
CHRIST CHURCH 61 CEDAR AVENUE, UNIT 6 EAST GREENWICH, RI 02818	05-0450728		5,750.	0.			DONOR DESIGNATION/GRANT

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CHRISTOPHER & DANA REEVE FOUNDATION - 636 MORRIS TURNPIKE, SUITE 3A - SHORT HILLS, NJ 07078	22-2939536		10,000.	0.			DONOR DESIGNATION/GRANT
CITY YEAR INC. 287 COLUMBUS AVENUE BOSTON, MA 02116	22-2882549		11,569.	0.			DONOR DESIGNATION/GRANT
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 44193	34-0714585		40,000.	0.			DONOR DESIGNATION/GRANT
COGGESHALL FARM MUSEUM INC 1 COLT DRIVE BRISTOL, RI 02809	23-7378777		9,000.	0.			DONOR DESIGNATION/GRANT
COLLEGE UNBOUND 325 PUBLIC STREET PROVIDENCE, RI 02905-2340	46-2470807		61,115.	0.			DONOR DESIGNATION/GRANT
COLLEGE VISIONS 180 WESTMINSTER STREET SUITE 203 PROVIDENCE, RI 02903	27-2344723		80,040.	0.			DONOR DESIGNATION/GRANT
COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304		170,988.	0.			DONOR DESIGNATION/GRANT
COMMUNITY CARE ALLIANCE 800 CLINTON STREET WOONSOCKET, RI 02895	05-0312278		195,712.	0.			DONOR DESIGNATION/GRANT
COMMUNITY COLLEGE OF RHODE ISLAND FOUNDATION - 400 EAST AVENUE - WARWICK, RI 02886	05-0353872		10,315.	0.			DONOR DESIGNATION/GRANT

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COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	22-2485332		13,534.	0.			DONOR DESIGNATION/GRANT
COMPREHENSIVE COMMUNITY ACTION PROGRAM INC - 311 DORIC AVENUE - CRANSTON, RI 02910	05-6018801		47,298.	0.			DONOR DESIGNATION/GRANT
CONNECTING FOR CHILDREN & FAMILIES, INC. - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365		160,845.	0.			DONOR DESIGNATION/GRANT
CONTEMPORARY THEATER COMPANY 327 MAIN STREET WAKEFIELD, RI 02879	20-4955082		7,700.	0.			DONOR DESIGNATION/GRANT
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094		142,673.	0.			DONOR DESIGNATION/GRANT
CYSTIC FIBROSIS FOUNDATION - MA & RI CHAPTER - 220 NORTH MAIN STREET - SUITE 104 - NATICK, MA 01760	13-1930701		30,379.	0.			DONOR DESIGNATION/GRANT
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2263040		43,534.	0.			DONOR DESIGNATION/GRANT
DARE - DIRECT ACTION FOR RIGHTS AND EQUALITY - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763		125,587.	0.			DONOR DESIGNATION/GRANT
DENTAL LIFELINE NETWORK 1800 15TH STREET, SUITE 100 DENVER, CO 80202	84-6129064		6,100.	0.			DONOR DESIGNATION/GRANT

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DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	53-0196617		10,377.	0.			DONOR DESIGNATION/GRANT
DIVERSITY TALKS 22 PARSONAGE STREET PROVIDENCE, RI 02903	82-3543360		75,000.	0.			DONOR DESIGNATION/GRANT
DOCTORS WITHOUT BORDERS USA (DBM) P.O. BOX 5030 HAGERSTOWN, MD 21741-5023	13-3433452		19,383.	0.			DONOR DESIGNATION/GRANT
DONALD BRODERICK MEMORIAL SCHOLARSHIP FUND - 4513 MANHATTAN COLLEGE PARKWAY - BRONX, NY 10471	13-1740468		6,250.	0.			DONOR DESIGNATION/GRANT
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND INC - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886		26,499.	0.			DONOR DESIGNATION/GRANT
DOWNCITY DESIGN 370 CRANSTON STREET PROVIDENCE, RI 02907	27-1125644		77,004.	0.			DONOR DESIGNATION/GRANT
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024		42,534.	0.			DONOR DESIGNATION/GRANT
EAST BAY COMMUNITY ACTION PROGRAM 654 GREEN END AVENUE MIDDLETOWN, RI 02842	05-0401367		77,305.	0.			DONOR DESIGNATION/GRANT
EAST BAY FOOD PANTRY INC. 532 WOOD STREET BRISTOL, RI 02809	26-4757945		18,755.	0.			DONOR DESIGNATION/GRANT

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EASTERN INDIGENOUS RESEARCH INSTITUTE NONPROFIT CORPORATION - 39 NOYES STREET - WARWICK, RI 02886	85-3066895		8,000.	0.			DONOR DESIGNATION/GRANT
ECONOMIC PROGRESS INSTITUTE 600 MOUNT PLEASANT AVENUE #9 PROVIDENCE, RI 02908	32-0295517		82,896.	0.			DONOR DESIGNATION/GRANT
EDESIA INC. 550 ROMANO VINEYA ROAD WAY NORTH KINGSTOWN, RI 02852	26-0359866		17,571.	0.			DONOR DESIGNATION/GRANT
EMPOWERMENT FACTORY 999 MAIN STREET UNIT 707 PAWTUCKET, RI 02860	81-0682337		5,806.	0.			DONOR DESIGNATION/GRANT
FAMILY SERVICE OF RHODE ISLAND P. O. BOX 6688 PROVIDENCE, RI 02940	05-0258858		9,770.	0.			DONOR DESIGNATION/GRANT
FARM FRESH RHODE ISLAND 10 SIMS AVENUE - UNIT 103 PROVIDENCE, RI 02909	20-4625643		11,760.	0.			DONOR DESIGNATION/GRANT
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909-1597	05-0258871		206,088.	0.			DONOR DESIGNATION/GRANT
FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION - FRD STATION P. O. BOX 220 - NEW YORK, NY 10150	13-3859563		5,150.	0.			DONOR DESIGNATION/GRANT
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797		106,626.	0.			DONOR DESIGNATION/GRANT

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FRANK OLEAN CENTER 101 AIRPORT ROAD WESTERLY, RI 02891	05-0311198		7,061.	0.			DONOR DESIGNATION/GRANT
FRANKLIN COUNTY UNITED WAY 301 WEST FRONT STREET WASHINGTON, MO 63090	43-1124878		7,500.	0.			DONOR DESIGNATION/GRANT
FRIENDS OF DARTMOUTH 6083 ALUMNI GYMNASIUM HANOVER, NH 03755	04-3391555		6,500.	0.			DONOR DESIGNATION/GRANT
FRIENDS OF NEWPORT SKATE PARK 36 WASHINGTON STREET NEWPORT, RI 02840	84-2597187		75,000.	0.			DONOR DESIGNATION/GRANT
FRIENDS OF TOWNIE ATHLETICS P.O. BOX 16521 RUMFORD, RI 02916	26-4173798		8,000.	0.			DONOR DESIGNATION/GRANT
GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907	22-3001721		78,916.	0.			DONOR DESIGNATION/GRANT
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724		59,833.	0.			DONOR DESIGNATION/GRANT
GIRLS ON THE RUN RHODE ISLAND P. O. BOX 72787 PROVIDENCE, RI 02818	45-3061488		5,913.	0.			DONOR DESIGNATION/GRANT
GLOBAL SCIENCE ENVIROTECH INC. 955-C DYER AVENUE, APARTMENT 80 CRANSTON, RI 02920	46-3784641		23,308.	0.			DONOR DESIGNATION/GRANT

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HABITAT FOR HUMANITY - SOUTH COUNTY - 1555 SHANNOCK ROAD - CHARLESTOWN, RI 02813	05-0450845		7,196.	0.			DONOR DESIGNATION/GRANT
HABITAT FOR HUMANITY OF RHODE ISLAND-GREATER PROVIDENCE INC - P.O. BOX 603394 - PROVIDENCE, RI 02906-0794	05-0432730		5,342.	0.			DONOR DESIGNATION/GRANT
HABITAT FOR HUMANITY WEST BAY P. O. BOX 6743 WARWICK, RI 02887-6743	05-0458404		11,125.	0.			DONOR DESIGNATION/GRANT
HARLEM GROWN 127 W 127TH STREET, ROOM 418 NEW YORK, NY 10027	27-4250636		10,000.	0.			DONOR DESIGNATION/GRANT
HAWK MOUNTAIN SANCTUARY ASSOCIATION - 1700 HAWK MOUNTAIN RD - KEMPTON, PA 19529	23-1392700		5,500.	0.			DONOR DESIGNATION/GRANT
HIGHER GROUND INTERNATIONAL 250 PRAIRIE AVENUE PROVIDENCE, RI 02905	11-3842652		81,389.	0.			DONOR DESIGNATION/GRANT
HOPE & MAIN 691 MAIN STREET WARREN, RI 02885	27-2917974		75,745.	0.			DONOR DESIGNATION/GRANT
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422		35,212.	0.			DONOR DESIGNATION/GRANT
HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039	06-0647018		10,000.	0.			DONOR DESIGNATION/GRANT

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HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151		80,963.	0.			DONOR DESIGNATION/GRANT
HOUSING NETWORK OF RHODE ISLAND 1070 MAIN STREET - SUITE 304 PAWTUCKET, RI 02860	05-0465216		76,485.	0.			DONOR DESIGNATION/GRANT
INSPIRING MINDS 190 BROAD STREET 2ND FLOOR PROVIDENCE, RI 02903	05-0310175		75,983.	0.			DONOR DESIGNATION/GRANT
INSTITUTE FOR LABOR STUDIES & RESEARCH - 1540 PONTIAC AVENUE - SUITE A - CRANSTON, RI 02920	05-0387211		8,687.	0.			DONOR DESIGNATION/GRANT
INSTITUTE FOR STUDY & PRACTICE OF NONVIOLENCE - 265 OXFORD STREET - PROVIDENCE, RI 02905	05-0517863		9,358.	0.			DONOR DESIGNATION/GRANT
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168-1289	13-5660870		17,050.	0.			DONOR DESIGNATION/GRANT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVE - PROVIDENCE, RI 02906	05-0259003		11,101.	0.			DONOR DESIGNATION/GRANT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671		46,266.	0.			DONOR DESIGNATION/GRANT
JOE ANDRUZZI FOUNDATION INC. 49 PLAIN STREET, #500 NORTH ATTLEBOROUGH, MA 02760	26-2017043		54,410.	0.			DONOR DESIGNATION/GRANT

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JONNYCAKE CENTER OF WESTERLY 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687		5,274.	0.			DONOR DESIGNATION/GRANT
JUNIOR ACHIEVEMENT OF RHODE ISLAND 3205 POST ROAD #7549 WARWICK, RI 02886	05-0263443		5,268.	0.			DONOR DESIGNATION/GRANT
JUSTICE ASSISTANCE 1540 PONTIAC AVENUE CRANSTON, RI 02920	05-0379917		52,701.	0.			DONOR DESIGNATION/GRANT
KING'S CATHEDRAL 225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903	05-0496649		11,100.	0.			DONOR DESIGNATION/GRANT
LA SALLE ACADEMY 612 ACADEMY AVENUE PROVIDENCE, RI 02908	05-0449426		6,404.	0.			DONOR DESIGNATION/GRANT
LEADERSHIP RHODE ISLAND 188 VALLEY STREET, BUILDING 3L - SUITE 131 - PROVIDENCE, RI 02909-1805	22-2570460		34,523.	0.			DONOR DESIGNATION/GRANT
LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900		29,550.	0.			DONOR DESIGNATION/GRANT
LITERACY VOLUNTEER AMERICAN WASHINGTON COUNTY - P. O. BOX 245 - WESTERLY, RI 02891	05-0438937		6,938.	0.			DONOR DESIGNATION/GRANT
LOOKING UPWARDS, INC. 438 EAST MAIN ROAD MIDDLETOWN, RI 02842	05-0376075		6,749.	0.			DONOR DESIGNATION/GRANT

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LOVING HEARTS OUTREACH 1902 WEST MAIN STREET WASHINGTON, MO 63090	43-1820641		5,100.	0.			DONOR DESIGNATION/GRANT
MAKE-A-WISH FOUNDATION MA & RI 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	22-2867371		21,403.	0.			DONOR DESIGNATION/GRANT
MAKE-A-WISH NORTH TEXAS 16803 DALLAS PARKWAY, SUITE 100 ADDISON, TX 75001	75-1889666		40,000.	0.			DONOR DESIGNATION/GRANT
MAN UP INC. 80 WASHINGTON STREET, RM 429 PROVIDENCE, RI 02903	46-2667817		80,000.	0.			DONOR DESIGNATION/GRANT
MANTON AVENUE PROJECT 55 PUTNAM STREET PROVIDENCE, RI 02909	06-1725016		50,200.	0.			DONOR DESIGNATION/GRANT
MARTIN LUTHER KING COMMUNITY CENTER INC - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882		8,005.	0.			DONOR DESIGNATION/GRANT
MCAULEY HOUSE 622 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-0440470		10,404.	0.			DONOR DESIGNATION/GRANT
MEALS ON WHEELS OF RI 70 BATH STREET PROVIDENCE, RI 02908	05-0340723		18,998.	0.			DONOR DESIGNATION/GRANT
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232		36,998.	0.			DONOR DESIGNATION/GRANT

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MINI ENTREPRENEURS OF RHODE ISLAND 76 METROPOLITAN PARK DRIVE RIVERSIDE, RI 02915	88-4421847		53,575.	0.			DONOR DESIGNATION/GRANT
MIRIAM HOSPITAL FOUNDATION P. O. BOX H PROVIDENCE, RI 02901	05-0377502		26,655.	0.			DONOR DESIGNATION/GRANT
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	05-0258906		29,650.	0.			DONOR DESIGNATION/GRANT
MOUNT HOPE COMMUNITY BAPTIST CHURCH - 734 HOPE ST - PROVIDENCE, RI 02906	05-0414434		10,300.	0.			DONOR DESIGNATION/GRANT
MOUNT HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906-2508	05-0502405		75,664.	0.			DONOR DESIGNATION/GRANT
MOUNT HOPE NEIGHBORHOOD ASSOCIATION - 199 CAMP STREET - PROVIDENCE, RI 02906	22-2599257		10,045.	0.			DONOR DESIGNATION/GRANT
NARRAGANSETT COUNCIL - BOY SCOUTS OF AMERICA - 223 SCITUATE AVENUE - CRANSTON, RI 02920	05-0308384		20,396.	0.			DONOR DESIGNATION/GRANT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - CT-RI CHAPTER (DBM) - P.O. BOX 289 - CANTON, MA 02021	13-5661935		18,464.	0.			DONOR DESIGNATION/GRANT
NATURE CONSERVANCY - RI 159 WATERMAN STREET PROVIDENCE, RI 02906	53-0242652		24,616.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ENGLAND LABORERS APPRENTICESHIP ADVANCEMENT FUND - 226 S MAIN ST - PROVIDENCE, RI 02903	03-0466664		30,000.	0.			DONOR DESIGNATION/GRANT
NEW URBAN ARTS 705 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0498654		80,081.	0.			DONOR DESIGNATION/GRANT
NEWPORT COUNTY YMCA 792 VALLEY ROAD MIDDLETOWN, RI 02842	05-0258916		6,011.	0.			DONOR DESIGNATION/GRANT
NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD NEWPORT, RI 02842	30-0946766		150,000.	0.			DONOR DESIGNATION/GRANT
NEWTON COUNTRY DAY SCHOOL 785 CENTRE STREET NEWTON, MA 02458-2599	04-2541393		12,500.	0.			DONOR DESIGNATION/GRANT
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817		17,500.	0.			DONOR DESIGNATION/GRANT
OCEAN COMMUNITY UNITED THEATRE INC. - P. O. BOX 384 - WESTERLY, RI 02891	46-3579526		10,375.	0.			DONOR DESIGNATION/GRANT
OLNEYVILLE NEIGHBORHOOD ASSOCIATION - 122 MANTON AVENUE, BOX 8, SUITE 611 - PROVIDENCE, RI 02909	83-0434706		51,565.	0.			DONOR DESIGNATION/GRANT
ONE NEIGHBORHOOD BUILDERS 66 CHAFFEE STREET PROVIDENCE, RI 02909	22-3010422		76,275.	0.			DONOR DESIGNATION/GRANT

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ONWARD WE LEARN 134 THURBERS AVENUE - SUITE 111 PROVIDENCE, RI 02905	22-3031765		53,826.	0.			DONOR DESIGNATION/GRANT
OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909	52-2374370		75,000.	0.			DONOR DESIGNATION/GRANT
OPERATION STAND DOWN RHODE ISLAND 1010 HARTFORD AVENUE JOHNSTON, RI 02919	05-0475772		8,320.	0.			DONOR DESIGNATION/GRANT
OUR REDEEMER LUTHERAN CHURCH 54 CEDAR SWAMP ROAD SMITHFIELD, RI 02917	05-0436315		7,700.	0.			DONOR DESIGNATION/GRANT
OUTREACH PROGRAM 93 WHIFFLETREE LANE MARSHFIELD, MA 02050	20-0636360		25,410.	0.			DONOR DESIGNATION/GRANT
PAN MASSACHUSETTS CHALLENGE, INC. 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912		29,650.	0.			DONOR DESIGNATION/GRANT
PAWTUCKET SOUP KITCHEN P. O. BOX 3102 PAWTUCKET, RI 02861	05-0475296		8,303.	0.			DONOR DESIGNATION/GRANT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - ATTN: ONLINE SERVICES P.O. BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147		19,431.	0.			DONOR DESIGNATION/GRANT
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - P. O. BOX 4138 - WOBURN, MA 01888-9966	06-0263565		13,806.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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POTTER LEAGUE FOR ANIMALS 87 OLIPHANT LANE MIDDLETOWN, RI 02842	05-0301553		23,771.	0.			DONOR DESIGNATION/GRANT
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417		11,320.	0.			DONOR DESIGNATION/GRANT
PROGRESO LATINO, INC. 626 BROAD STREET CENTRAL FALLS, RI 02863-2835	05-0380608		91,448.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712		12,675.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE COLLEGE FOUNDATION 549 RIVER AVENUE PROVIDENCE, RI 02918-0001	05-0258932		36,463.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE COMMUNITY LIBRARY P. O. BOX 9267 PROVIDENCE, RI 02940	36-4640304		81,539.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	05-0258934		5,023.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	05-0377244		7,788.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903	05-0283958		7,777.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)



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PROVIDENCE PROMISE TWO REGENCY PLAZA, SUITE 4 PROVIDENCE, RI 02903	47-1918920		57,565.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713		7,340.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE RESCUE MISSION P. O. BOX 72753 PROVIDENCE, RI 02907-9909	05-0503326		7,590.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE REVOLVING FUND 372 WEST FOUNTAIN STREET PROVIDENCE, RI 02903	05-0386411		50,100.	0.			DONOR DESIGNATION/GRANT
PROVIDENCE STUDENT UNION 769 WESTMINSTER STREET PROVIDENCE, RI 02903	45-5052229		76,615.	0.			DONOR DESIGNATION/GRANT
READ TO SUCCEED 6 WATER VALLEY ROAD HOPE, RI 02910	74-3236898		6,550.	0.			DONOR DESIGNATION/GRANT
REENTRY CAMPUS PROGRAM 1 EMPIRE STREET, SUITE 219 PROVIDENCE, RI 02903	82-2962618		75,050.	0.			DONOR DESIGNATION/GRANT
REFUGEE DREAM CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841		76,790.	0.			DONOR DESIGNATION/GRANT
RELEVANT RADIO 680 BARCLAY BOULEVARD LINCOLNSHIRE, IL 60069-4328	39-2003067		7,692.	0.			DONOR DESIGNATION/GRANT

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RHODE ISLAND BLACK STORYTELLERS 393 BROAD STREET PROVIDENCE, RI 02907	05-0516630		6,365.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND BUSINESS DEVELOPMENT INSTITUTE - 3 REGENCY PLAZA, SUITE 3 EAST - PROVIDENCE, RI 02903	47-1151685		52,735.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND CHURCH OF CHRIST DBA CHRIST COMMUNITY CHURCH - 224 WOODWARD ROAD - PROVIDENCE, RI 02904-1055	05-0417441		16,125.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND COALITION FOR THE HOMELESS - 225 DYER STREET, 2ND FLOOR - PROVIDENCE, RI 02903	22-2894547		78,710.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANTIC AVENUE PROVIDENCE, RI 02907	05-0395601		410,060.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND FOR COMMUNITY AND JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937		77,895.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND FREE CLINIC 655 BROAD STREET PROVIDENCE, RI 02907	05-0501276		25,741.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND HERITAGE HALL OF FAME 1445 WAMPANOAG TRAIL #201 RIVERSIDE, RI 02915	03-0444687		10,000.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND HISPANIC CHAMBER OF COMMERCE - 1955 WESTMINISTER STREET, 2ND FLOOR - PROVIDENCE, RI 02909	81-2701009		6,000.	0.			DONOR DESIGNATION/GRANT

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RHODE ISLAND HOSPITAL FOUNDATION 167 POINT ST PROVIDENCE, RI 02903	05-0468736		6,725.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND KIDS COUNT, INC. ONE UNION STATION PROVIDENCE, RI 02903	06-1485449		75,570.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND LEGAL SERVICES, INC. 56 PINE ST, SUITE 400 PROVIDENCE, RI 02903-2819	05-0318596		6,617.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914-1712	05-0267451		24,995.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND PUBLIC RADIO, DBA, THE PUBLIC'S RADIO - ONE UNION STATION - PROVIDENCE, RI 02903	05-0498502		19,310.	0.			DONOR DESIGNATION/GRANT
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-6016675		6,582.	0.			DONOR DESIGNATION/GRANT
RI BLACK BUSINESS ASSOCIATION 220 SMITH STREET PROVIDENCE, RI 02908	45-1454867		5,100.	0.			DONOR DESIGNATION/GRANT
RI BLACK HERITAGE SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906	51-0189067		50,420.	0.			DONOR DESIGNATION/GRANT
RI FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	22-2604963		152,340.	0.			DONOR DESIGNATION/GRANT

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RI HOSPITAL FOUNDATION P. O. BOX H PROVIDENCE, RI 02901	05-0493219		380,097.	0.			DONOR DESIGNATION/GRANT
RI MENTORING PARTNERSHIP, INC. 2065 WARWICK AVENUE - UNIT 1 WARWICK, RI 02889	05-0443260		5,082.	0.			DONOR DESIGNATION/GRANT
RI SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 155 PLAN WAY - WARWICK, RI 02886	05-0262716		10,241.	0.			DONOR DESIGNATION/GRANT
RISE-RHODE ISLANDERS SPONSORING EDUCATION - 11 S. ANGELL STREET - PROVIDENCE, RI 02906-5206	06-1470525		13,900.	0.			DONOR DESIGNATION/GRANT
RIVERZEDGE ARTS 196 SECOND AVENUE WOONSOCKET, RI 02895	13-4206227		77,026.	0.			DONOR DESIGNATION/GRANT
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809-2921	05-0277222		101,528.	0.			DONOR DESIGNATION/GRANT
RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY STREET - PROVIDENCE, RI 02905	22-2760752		40,361.	0.			DONOR DESIGNATION/GRANT
SAINT ELIZABETH COMMUNITY 2364 POST ROAD, SUITE 100 WARWICK, RI 02886	05-0258998		6,200.	0.			DONOR DESIGNATION/GRANT
SAINT MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340		6,165.	0.			DONOR DESIGNATION/GRANT

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SALVATION ARMY 386 BROAD STREET PROVIDENCE, RI 02905	13-5562351		15,119.	0.			DONOR DESIGNATION/GRANT
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973		98,715.	0.			DONOR DESIGNATION/GRANT
SAVE THE BAY 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046		19,796.	0.			DONOR DESIGNATION/GRANT
SHULTZS GUEST HOUSE SERVICES INC. 7 BURGESS LANE DEDHAM, MA 02026	47-2697761		40,000.	0.			DONOR DESIGNATION/GRANT
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE - SUITE 100 PROVIDENCE, RI 02903	26-0163730		12,389.	0.			DONOR DESIGNATION/GRANT
SOJOURN COLLEGIATE MINISTRY INC. 539 W. COMMERCE STREET DALLAS, TX 75208	20-5378781		6,300.	0.			DONOR DESIGNATION/GRANT
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419		140,615.	0.			DONOR DESIGNATION/GRANT
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069		7,814.	0.			DONOR DESIGNATION/GRANT
SOUTH COUNTY HEALTH 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0259093		9,325.	0.			DONOR DESIGNATION/GRANT

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SOUTHERN RHODE ISLAND CONSERVATION DISTRICT - P.O. BOX 1636 - KINGSTON, RI 02881	05-0396550		85,000.	0.			DONOR DESIGNATION/GRANT
SOUTHPOINTE CHRISTIAN CHURCH 200 PETTACONSETT AVENUE. WARWICK, RI 02888	45-3065348		17,620.	0.			DONOR DESIGNATION/GRANT
SOUTHSIDE COMMUNITY LAND TRUST 404 BROAD STREET PROVIDENCE, RI 02907	05-0394224		11,023.	0.			DONOR DESIGNATION/GRANT
SPECIAL OLYMPICS RHODE ISLAND, INC. - 370 GEORGE WASHINGTON HIGHWAY - SMITHFIELD, RI 02917	05-0377867		11,661.	0.			DONOR DESIGNATION/GRANT
ST AUGUSTINE-PROVIDENCE 635 MOUNT PLEASANT AVE PROVIDENCE, RI 02908	05-0342670		16,000.	0.			DONOR DESIGNATION/GRANT
ST. JUDE CHILDRENS RESEARCH HOSPITAL INC - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		27,129.	0.			DONOR DESIGNATION/GRANT
ST. PATRICK ACADEMY 244 SMITH STREET PROVIDENCE, RI 02908	05-0348697		15,669.	0.			DONOR DESIGNATION/GRANT
STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE - SUITE B WESTERLY, RI 02891	35-2175841		6,984.	0.			DONOR DESIGNATION/GRANT
STATE OF RHODE ISLAND - RIDE 50 SERVICE AVENUE WARWICK, RI 02886	05-6000522		10,000.	0.			DONOR DESIGNATION/GRANT

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STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654		7,423.	0.			DONOR DESIGNATION/GRANT
TEACH FOR AMERICA - DONATIONS (DBM) - P.O. BOX 411139 - BOSTON, MA 02241-1139	13-3541913		6,100.	0.			DONOR DESIGNATION/GRANT
TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0264805		16,830.	0.			DONOR DESIGNATION/GRANT
TEMPLE EMANUEL 99 TAFT AVENUE PROVIDENCE, RI 02906	05-0259273		5,350.	0.			DONOR DESIGNATION/GRANT
THE FOGARTY CENTER 310 MAPLE AVENUE, SUITE 102 BARRINGTON, RI 02806	04-2936360		9,923.	0.			DONOR DESIGNATION/GRANT
THE IRELAND FUNDS AMERICA 10 POST OFFICE SQUARE, SUITE N950 BOSTON, MA 02109	25-1306992		6,400.	0.			DONOR DESIGNATION/GRANT
THE JONNYCAKE CENTER INC. - PEACE DALE - 22 KERSEY ROAD - PEACE DALE, RI 02879	05-0374356		26,239.	0.			DONOR DESIGNATION/GRANT
THE LATINO POLICY INSTITUTE 24 CORLISS STREET UNIT 41151 PROVIDENCE, RI 02904	92-0658298		140,365.	0.			DONOR DESIGNATION/GRANT
THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - 111 WEST 33RD STREET - 10TH FLOOR - NEW YORK, NY 10017	13-4141945		53,134.	0.			DONOR DESIGNATION/GRANT

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THE MILAGROS PROJECT 80 MAIN STREET MANVILLE, RI 02838	87-4481728		75,000.	0.			DONOR DESIGNATION/GRANT
THE PLACE OF FORSYTH COUNTY INC 2550 THE PLACE CIRCLE CUMMING, GA 30040	58-2355072		40,000.	0.			DONOR DESIGNATION/GRANT
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708		10,594.	0.			DONOR DESIGNATION/GRANT
THE PROVIDENCE CENTER 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969		23,388.	0.			DONOR DESIGNATION/GRANT
THE TOMORROW FUND 593 EDDY STREET - POB BUILDING - SU PROVIDENCE, RI 02903	05-0450569		23,756.	0.			DONOR DESIGNATION/GRANT
THOMPSON ISLAND OUTWARD BOUND P. O. BOX 127 BOSTON, MA 02127-0002	04-3027900		30,000.	0.			DONOR DESIGNATION/GRANT
THRIVE BEHAVIORAL HEALTH 2756 POST ROAD, SUITE 100 WARWICK, RI 02886	51-0189278		10,133.	0.			DONOR DESIGNATION/GRANT
TIDES FAMILY SERVICES 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229		10,947.	0.			DONOR DESIGNATION/GRANT
TIMES2 STEM ACADEMY 50 FILLMORE STREET PROVIDENCE, RI 02908	22-2513598		6,155.	0.			DONOR DESIGNATION/GRANT

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TOMAQUAG INDIAN MEMORIAL MUSEUM 390 A SUMMIT ROAD EXETER, RI 02822	05-0352796		76,682.	0.			DONOR DESIGNATION/GRANT
TOWN OF PALM BEACH UNITED WAY INC. 44 COCOANUT ROW, SUITE M201 PALM BEACH, FL 33480	59-6037885		10,000.	0.			DONOR DESIGNATION/GRANT
TRI-COUNTY COMMUNITY ACTION AGENCY 11 EMANUEL STREET NORTH PROVIDENCE, RI 02911	05-0309695		66,430.	0.			DONOR DESIGNATION/GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262		11,810.	0.			DONOR DESIGNATION/GRANT
TRUSTEES OF DARTMOUTH COLLEGE GIFT RECORDING OFFICER 6066 DEVELOPING OFFICE - HANOVER, NH 03755	02-0222111		6,500.	0.			DONOR DESIGNATION/GRANT
UFCW LOCAL 328 CHARITABLE FDTN. 278 SILVER SPRING STREET PROVIDENCE, RI 02904	20-0678926		5,411.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 855 MAIN STREET - 10TH FLOOR - BRIDGEPORT, CT 06604-4915	06-0864341		5,888.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF GREATER ATLANTA 40 COURTLAND STREET NE #300 ATLANTA, GA 30303	58-0566194		6,579.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF GREATER FALL RIVER, INC. - P. O. BOX 2550 - FALL RIVER, MA 02722-2550	04-2104026		6,553.	0.			DONOR DESIGNATION/GRANT

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UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY - 225 WEST VINE STREET - MILWAUKEE, WI 53212-3935	39-0806190		5,123.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF MASSACHUSETTS BAY & MERRIMACK VALLEY - 9 CHANNEL CENTER STREET - SUITE 500 - BOSTON, MA 02210	04-2382233		28,885.	0.			DONOR DESIGNATION/GRANT
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE - 30TH FLOOR CHICAGO, IL 60604	30-0200478		6,917.	0.			DONOR DESIGNATION/GRANT
UNIVERSITY OF HARTFORD 200 BLOMFIELD AVENUE WEST HARTFORD, CT 06117-9950	06-0731360		6,000.	0.			DONOR DESIGNATION/GRANT
UNIVERSITY OF RHODE ISLAND FOUNDATION - 79 UPPER COLLEGE RD - KINGSTON, RI 02881	05-6014351		30,148.	0.			DONOR DESIGNATION/GRANT
VERMONT FOODBANK 33 PARKER ROAD BARRE, VT 05641	22-3021942		13,455.	0.			DONOR DESIGNATION/GRANT
VILLAGE COMMON OF RI 245 WATERMAN STREET, SUITE 406 PROVIDENCE, RI 02906	47-3675451		7,372.	0.			DONOR DESIGNATION/GRANT
VISITING NURSE SERVICES OF NEWPORT AND BRISTOL COUNTIES - 1184 EAST MAIN ROAD - PORTSMOUTH, RI 02871	05-0258915		8,857.	0.			DONOR DESIGNATION/GRANT
WATERFIRE - PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612		9,450.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLESLEY COLLEGE FOUNDATION 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637		18,463.	0.			DONOR DESIGNATION/GRANT
WESTBAY COMMUNITY ACTION, INC. 487 JEFFERSON BOULEVARD WARWICK, RI 02886	05-0311985		44,208.	0.			DONOR DESIGNATION/GRANT
WESTERLY AREA REST MEALS (WARM CENTER) - 56 SPRUCE STREET - WESTERLY, RI 02891	22-2887878		17,875.	0.			DONOR DESIGNATION/GRANT
WGBH ONE GUEST STREET BOSTON, MA 02135	04-3312069		16,410.	0.			DONOR DESIGNATION/GRANT
WHAT IF FOUNDATION 1569 SOLANO AVENUE #192 BERKELEY, CA 94707	91-2121669		5,500.	0.			DONOR DESIGNATION/GRANT
WOLF SCHOOL 215 FERRIS AVENUE EAST PROVIDENCE, RI 02916	05-0506471		5,050.	0.			DONOR DESIGNATION/GRANT
WOMEN & INFANTS' HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905	05-0258937		13,051.	0.			DONOR DESIGNATION/GRANT
WOMEN'S FUND OF RHODE ISLAND 222 CHESTNUT STREET - 1ST FLOOR PROVIDENCE, RI 02903	06-1741539		14,508.	0.			DONOR DESIGNATION/GRANT
WOMEN'S REFUGEE CARE 570 BROAD STREET, SUITE 103 PROVIDENCE, RI 02907	47-4084932		75,652.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694		53,402.	0.			DONOR DESIGNATION/GRANT
WORLD HOPE INTERNATIONAL INC. 1330 BRADDOCK PLACE ALEXANDRIA, VA 22314	35-1985485		15,000.	0.			DONOR DESIGNATION/GRANT
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD - SUITE, 300 JACKSONVILLE, FL 32256	20-2370934		6,151.	0.			DONOR DESIGNATION/GRANT
YANKEE GOLDEN RETRIEVER RESCUE 110 CHAPIN ROAD HUDSON, MA 01749	04-2857191		8,175.	0.			DONOR DESIGNATION/GRANT
YMCA-OCEAN COMMUNITY 95 HIGH STREET WESTERLY, RI 02891	05-0268126		28,860.	0.			DONOR DESIGNATION/GRANT
YOUNG VOICES 204 WESTMINSTER STREET, SUITE 2A PROVIDENCE, RI 02903	42-2103674		80,150.	0.			DONOR DESIGNATION/GRANT
YOUTH IN ACTION 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230		78,093.	0.			DONOR DESIGNATION/GRANT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

GRANTS AND DESIGNATIONS TOTALING \$9,821,294 PROVIDED TO 501(C)3 AGENCIES IN

THE UNITED STATES. INCLUDED IN THIS TOTAL ARE PAYMENTS TO ALL AGENCIES,

INCLUDING THOSE THAT RECEIVED \$5,000 OR MORE IN PAYMENTS. IN SEVERAL

INSTANCES, AGENCIES RECEIVED BOTH DONOR DESIGNATIONS AND PROGRAM GRANT

FUNDING. FOR PROGRAM GRANT FUNDING, UNITED WAY OF RI APPLIES A TRANSPARENT

OPEN INVITATION AND BID PROCESS PRIOR TO AWARDED FUNDING TO AGENCIES.

THERE IS AN OPEN APPLICATION PROCESS THAT INCLUDES AN EXPLANATION OF THE

PROPOSED USE AND EXPECTED RESULTS FROM THE USE OF THE FUNDS. THE

**Part IV Supplemental Information**

APPLICATIONS ARE REVIEWED BY A COMMITTEE COMPRISED OF COMMUNITY LEADERS AND  
 UNITED WAY OF RI STAFF. DURING THIS PROCESS, THE COMMITTEE REVIEWS THE  
 PROPOSALS AND DETERMINES THOSE THAT WILL PROVIDE THE BEST RETURN ON  
 INVESTMENT FOR THE COMMUNITY. AGENCIES THAT APPLY ARE REVIEWED FOR THEIR  
 PROPOSAL AND A FINANCIAL REVIEW OF THE AGENCY IS COMPLETED BY THE COMMITTEE  
 TO GAIN A LEVEL OF ASSURANCE THAT THE AWARDED AGENCIES WILL FOLLOW SOUND  
 FISCAL POLICIES. RECOMMENDATIONS BY THE COMMITTEE ARE PRESENTED TO THE  
 UNITED WAY OF RI BOARD OF DIRECTORS, WHO THEN VOTE AND HAVE FINAL  
 AUTHORIZATION ON AWARDED PROGRAM GRANTS. AGENCIES THAT ARE AWARDED PROGRAM  
 GRANTS ARE REQUIRED TO SIGN A WRITTEN CONTRACT WITH UNITED WAY OF RI, WHICH  
 STIPULATES THE TERMS AND CONDITIONS OF THE PROGRAM GRANT. GRANTEEES ARE  
 REQUIRED TO PROVIDE UNITED WAY OF RI WITH SEMI-ANNUAL REPORTS THAT SHOW HOW  
 THE FUNDING WAS UTILIZED AND REPORT ON THE OUTCOMES ACHIEVED. THESE  
 AGENCIES ARE ALSO REQUIRED TO PROVIDE A FINAL REPORT TO THE UNITED WAY OF  
 RI . THE FINAL REPORT VERIFIES THAT ALL FUNDS HAVE BEEN USED FOR THE  
 INTENDED PURPOSES, AND AN ASSESSMENT IS COMPLETED OF THE ACTUAL RESULTS  
 ACHIEVED COMPARED TO THE PROPOSED RESULTS IN THE INITIAL APPLICATION AND  
 SIGNED PROGRAM GRANT CONTRACT. FOR BOTH PROGRAM GRANTS AND DONOR  
 DESIGNATIONS, BEFORE UNITED WAY OF RI DISBURSES ANY FUNDS TO AGENCIES, THE  
 AGENCIES ARE FIRST SCREENED BY UNITED WAY OF RI TO VERIFY THE AGENCY IS AN  
 IRS CODE SEC. 501(C)3 PUBLIC CHARITY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CORTNEY NICOLATO PRESIDENT AND CEO	(i)	276,084.	27,789.	0.	8,403.	23,472.	335,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT BUSH CHIEF STRATEGY & OPERATIONS OFFICER	(i)	176,654.	2,000.	0.	0.	22,765.	201,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) IDREES OLANREWAJU AJAKAIYE CHIEF DEVELOPMENT OFFICER	(i)	164,766.	1,500.	0.	0.	23,972.	190,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LARRY WARNER CHIEF IMPACT & EQUITY OFFICER	(i)	168,549.	2,000.	0.	3,488.	1,470.	175,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY ANN CANAVAN CHIEF FINANCIAL OFFICER	(i)	142,471.	2,000.	0.	4,282.	16,355.	165,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LYNN CORWIN EXECUTIVE ADVISOR, STRATEGY	(i)	123,728.	2,000.	0.	7,778.	23,377.	156,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

PART I, LINE 1B:

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

PART I, LINE 3:

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

SCHEDULE J, PART II - COMPENSATION FOR PRESIDENT AND CEO

THE COMPENSATION INFORMATION REPORTED IN PART II WAS BASED ON REPORTING  
CALENDAR YEAR PER IRS FORM INSTRUCTIONS SO THAT IT ALL ALIGNS WITH 2022  
W-2 AND FORM 941 DATA SEPARATELY REPORTED TO THE IRS.

SCHEDULE J, PART II COLUMN D:

NON-TAXABLE BENEFITS REPORTED INCLUDE MEDICAL INSURANCE, DENTAL  
INSURANCE, LIFE, AND LONG-TERM DISABILITY INSURANCE, AND COMPANY MATCH  
ON THE 403(B) RETIREMENT PLAN CONTRIBUTIONS. THESE NON-TAXABLE BENEFITS

**Part III** Supplemental Information

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

ARE THE SAME THAT ARE OFFERED TO ALL UNITED WAY OF RI EMPLOYEES.

SCHEDULE J, PART II COLUMN E:

TOTAL COMPENSATION THIS YEAR WAS BASED ON CALENDAR YEAR DATA.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	52	750,341.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( LAPTOPS )	X	15	6,000.	FAIR MARKET VALUE
26 Other ( PRIZES )	X	1	1,000.	FAIR MARKET VALUE
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF RHODE ISLAND, INC.

Employer identification number

05-0276059

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

THE AUDIT COMMITTEE IS THE BOARD COMMITTEE RESPONSIBLE FOR THE ANNUAL

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

WAY OF RI. THE AUDIT COMMITTEE IS RESPONSIBLE FOR ENSURING THAT MANAGEMENT

HAS COMPLETED ITS FORM 990 TO FULLY COMPLY WITH IRS REGULATIONS AND THAT

THE PRESENTATION OF THE AUDITED REPORTS FAIRLY PRESENT IN ALL MATERIAL

RESPECTS THE FINANCIAL CONDITION AND OPERATIONAL RESULTS OF UNITED WAY OF

RI. EXECUTIVE MANAGEMENT IS RESPONSIBLE FOR THE ACTUAL RESULTS. THE AUDIT

COMMITTEE MET WITH MANAGEMENT AND ITS CPA FIRM, KAHN, LITWIN & RENZA (KLR),

TO REVIEW THE AUDIT REPORT AND AUDITED FINANCIAL STATEMENTS AND RECEIVE A

DETAILED PRESENTATION BY MANAGEMENT. THE FORM 990 WAS REVIEWED BY THE AUDIT

COMMITTEE WITH MANAGEMENT AND KLR. THE AUDIT COMMITTEE MEMBERS ASKED

QUESTIONS PERTAINING TO THE COMPLETED FORM 990. THE AUDIT COMMITTEE THEN

VOTES AND RECOMMENDS THAT THE FINAL FORM 990 BE SUBMITTED. IN ADDITION TO

PROVIDING EACH MEMBER OF THE BOARD OF DIRECTORS WITH A COPY OF THE FINAL

FORM 990, PRIOR TO ITS IRS FILING, A FORMAL SUMMARY IS GIVEN TO THE BOARD

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

MANAGEMENT AND DISCLOSURE). ONCE THE FORM 990 IS FILED WITH THE IRS,

MANAGEMENT POSTS AN ELECTRONIC COPY OF ITS AUDITED FINANCIAL STATEMENTS,

FORM 990 AND CEO/CFO FINANCIAL STATEMENT CERTIFICATION DOCUMENT ON ITS

WEBSITE ([WWW.UNITEDWAYRI.ORG](http://WWW.UNITEDWAYRI.ORG)) FOR PUBLIC INSPECTION.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED ANNUALLY TO COMPLETE A WRITTEN

CONFLICT OF INTEREST FORM DISCLOSING ALL POTENTIAL CONFLICTS OR DUALITIES

OF INTEREST. THE EMPLOYEE OR BOARD MEMBER IS REQUIRED TO SIGN AND RETURN

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization UNITED WAY OF RHODE ISLAND, INC.	Employer identification number 05-0276059
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THE FORM TO THE STAFF ETHICS OFFICER. ONCE ALL SAID FORMS ARE COLLECTED BY

THE STAFF ETHICS OFFICER, THEY ARE THEN REVIEWED BY THE ETHICS COMMITTEE

(THREE BOARD MEMBER VOLUNTEERS) TO ENSURE COMPLIANCE WITH THE POLICY. ANY

EXCEPTIONS TO UNITED WAY OF RI POLICY ARE ADDRESSED BY THE ETHICS COMMITTEE

WITH THE EMPLOYEE OR BOARD MEMBER INVOLVED; THESE EXCEPTIONS ARE DOCUMENTED

IN A WRITTEN MEMORANDUM. AFTER THIS ANNUAL PROCESS IS COMPLETED, THE ETHICS

COMMITTEE CHAIR THEN REPORTS OUT IN SUMMARY TO THE BOARD OF DIRECTORS AT A

REGULARLY SCHEDULED BOARD MEETING.

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

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

BOARD OF DIRECTORS OVERSIGHT, CEO PERFORMANCE AND COMPENSATION IS OVERSEEN

BY THE COMPENSATION AND BENEFITS COMMITTEE OF THE BOARD. SPECIFIC

RECOMMENDATIONS RELATED TO COMPENSATION ARE MADE BY THE COMPENSATION AND

BENEFITS COMMITTEE WHICH IS COMPOSED OF BOARD MEMBERS, STAFF, AND

VOLUNTEERS. RECOMMENDATIONS ARE PUT FORWARD TO THE ENTIRE BOARD OF

DIRECTORS FOR DISCUSSION AND APPROVAL IN AN EXECUTIVE SESSION OF THE BOARD

OF DIRECTORS WITHOUT STAFF PRESENT.

COMPARATIVE SALARY DATA: THE COMPENSATION AND BENEFITS COMMITTEE IS

PROVIDED WITH CEO SALARY INFORMATION OF MORE THAN TEN COMPARABLE

ORGANIZATIONS, CAPTURING NATIONAL, REGIONAL, AND LOCAL COMPENSATION DATA

FOR SIMILARLY SIZED ORGANIZATIONS. PERFORMANCE-BASED SYSTEM: CEO

PERFORMANCE IS ANNUALLY ASSESSED BY THE COMPENSATION AND BENEFITS COMMITTEE

AND PRESENTED TO THE FULL BOARD OF DIRECTORS IN AN EXECUTIVE SESSION (AS

NOTED ABOVE, COMPENSATION DECISIONS ARE OVERSEEN BY THE SAME GROUP). ALL

MEMBERS OF THE BOARD OF DIRECTORS ARE ABLE TO PROVIDE WRITTEN INPUT ON THE

CEO'S PERFORMANCE. THE CEO HAS DOCUMENTED GOALS AND OBJECTIVES ON WHICH

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

PERFORMANCE IS BASED, IN ADDITION TO DOCUMENTED DETAIL THAT GUIDES THE  
 AWARD OF A BONUS, IF ANY. THE DISCUSSION AND BONUS AWARD ARE DOCUMENTED TO  
 SUPPORT IMPLEMENTATION.

FORM 990, PART VI, SECTION B, LINE 15B:  
 THE SALARY DATA FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS  
 REVIEWED BY INDEPENDENT PERSONS (COMPENSATION COMMITTEE).

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

FORM 990, PART VI, SECTION C, LINE 19:  
 UNITED WAY OF RI MAKES AVAILABLE ON ITS OWN WEBSITE THE ANNUAL AUDITED  
 FINANCIAL STATEMENTS. AS OF THIS FILING, UNITED WAY OF RI HAS AN ELECTRONIC  
 VERSION OF ITS FINANCIAL STATEMENTS FOR ITS THREE MOST CURRENT FISCAL YEARS  
 FOR PUBLIC INSPECTION AND PRINT. UNITED WAY OF RI AT THIS TIME DOES NOT  
 FORMALLY MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENT OR CONFLICT OF  
 INTEREST POLICY.

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <p align="center">UNITED WAY OF RHODE ISLAND, INC.</p>	Employer identification number <p align="center">05-0276059</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
50 VALLEY LAND CONDOMINIUM - 47-0984891 50 VALLEY ST PROVIDENCE, RI 02909-2459	LAND-ONLY CONDOMINIUM	RI	UNITED WAY OF RHODE ISLAND, INCE	C CORP	0.	0.	70.00%	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

