Public Inspection Copy
Return of Organization Exempt From Income Tax

A For the 2020 calendar year, or tax year beginning and ending

B Name of organization

THE RHODE ISLAND COMMUNITY FOUNDATION

C Employer identification number

22-2604963

D Date

07/12/22

E Signature of officer

JENNIFER REID, CFO

F Name and address of principal officer

NEIL STEINBERG

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

PROVIDENCE, RI 02903

H Gross receipts

201,403,177.

I Tax-exempt status

501(c)(3)

J Form of organization

Corporation

K Website

RIFOUNDATION.ORG

L Year of formation

1916

M State of legal domicile

RI

Part I Summary

1 Briefly describe the organization’s mission or most significant activities:

WE ARE A COMMUNITY FOUNDATION DEDICATED TO MEETING THE NEEDS OF THE PEOPLE OF RHODE ISLAND.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

13

4 Number of independent voting members of the governing body (Part VI, line 1b)

13

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)

51

6 Total number of volunteers (estimate if necessary)

250

7a Total unrelated business revenue from Part VIII, column (C), line 12

-546,850.

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

0.

8 Contributions and grants (Part VIII, line 1h)

46,718,203.

9 Program service revenue (Part VIII, line 2g)

66,239,823.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

43,141,725.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

35,203,033.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

501,298.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

388,451.

14 Benefits paid to or for members (Part IX, column (A), line 4)


15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

6,491,435.

16 Professional fundraising fees (Part IX, column (A), line 11e)

6,672,186.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

6,689,979.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

74,600,725.

19 Revenue less expenses. Subtract line 18 from line 12

1,000,906,595.

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16)

1,115,655,250.

21 Total liabilities (Part X, line 26)

5,492,199.

22 Net assets or fund balances. Subtract line 21 from line 20

1,110,163,051.

Part II Signature Block

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

Sign Here

Date

SANDY ROSS

Preparer's signature

07/12/22

Self-employed

001399337

Preparer's name

KAHN, LITWIN, RENZA & CO., LTD.

Preparer's address

951 NORTH MAIN STREET

PROVIDENCE, RI 02904

Phone no. 401-274-2001

Preparer's EIN

05-0409384

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)
### Part III Statement of Program Service Accomplishments

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

1. Briefly describe the organization's mission:
   
   THE RHODE ISLAND FOUNDATION IS A PROACTIVE COMMUNITY AND PHILANTHROPIC LEADER DEDICATED TO MEETING THE NEEDS OF THE PEOPLE OF RHODE ISLAND.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 
   
   If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? 
   
   If "Yes," describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

   **Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

   - **4a** (Code: ) (Expenses $ 11,845,195. including grants of $ 11,237,214.) (Revenue $ )
     
     STRATEGIC GRANTMAKING PROGRAMS: GRANTMAKING FOCUSED PRIMARILY ON ADDRESSING SPECIFIC PRIORITIES WITHIN THREE STRATEGIC INITIATIVE AREAS: ECONOMIC SECURITY, EDUCATION, AND HEALTH. GRANTMAKING ALSO SUPPORTS ORGANIZATIONS AND PROJECTS THAT ARE RESPONSIVE TO COMMUNITY NEEDS IN OTHER AREAS INCLUDING ARTS & CULTURE, ENVIRONMENT, CHILDREN & FAMILIES, AND HOUSING. GRANTS SUPPORT DIFFERENT APPROACHES INCLUDING 1) POLICY, ADVOCACY AND SYSTEMS REFORM: FUNDING PROJECTS THAT INVOLVE RESEARCH AND ANALYSIS ON PRESSING ISSUES; ADVOCACY AND ORGANIZING THAT GIVES VOICE TO UNDERREPRESENTED GROUPS AND PROMOTES INSTITUTIONAL CHANGE 2) ORGANIZATIONAL AND LEADERSHIP CAPACITY: FUNDING PROJECTS TO INCREASE NONPROFIT CAPACITY AND 3) INNOVATIVE MODELS AND PROVEN PROGRAMS: FUNDING PROJECTS BASED ON UNIQUE RESEARCH OR EXPERIENCE IN A FIELD.

   - **4b** (Code: ) (Expenses $ 44,693,477. including grants of $ 42,399,483.) (Revenue $ )
     
     DONOR DESIGNATED FUNDS: PROVIDING VEHICLES FOR DONORS TO MAKE GRANTS TO QUALIFIED CHARITIES BY DESIGNATING A QUALIFIED CHARITY.

   - **4c** (Code: ) (Expenses $ 22,098,272. including grants of $ 20,964,028.) (Revenue $ )
     
     DONOR ADVISED FUNDS: PROVIDING VEHICLES FOR DONORS TO MAKE GRANTS TO QUALIFIED CHARITIES BY ACTIVELY PARTICIPATING IN GRANT RECOMMENDATIONS.

**4d** Other program services (Describe on Schedule O.)

<table>
<thead>
<tr>
<th>Expenses (including grants of)</th>
<th>(Revenue)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4e Total program service expenses</td>
<td>$78,636,944.</td>
</tr>
</tbody>
</table>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? 

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If “Yes,” complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If “Yes,” complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If “Yes,” complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If “Yes,” complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If “Yes,” complete Schedule D, Part V

11 If the organization’s answer to any of the following questions is “Yes,” then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

12a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI

12b Did the organization report an amount of investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If “Yes,” complete Schedule D, Part VII

12c Did the organization report an amount of investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If “Yes,” complete Schedule D, Part VIII

12d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If “Yes,” complete Schedule D, Part IX

12e Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X

12f Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)? If “Yes,” complete Schedule D, Part X

12g Did the organization report an amount for escrow or custodial liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If “Yes,” complete Schedule D, Part IV

12h Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII

12i Was the organization included in consolidated, independent audited financial statements for the tax year? If “Yes,” and if the organization answered “No” to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

14b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If “Yes,” complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If “Yes,” complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If “Yes,” complete Schedule F, Parts III and IV

17 Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If “Yes,” complete Schedule G, Part I

18 Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II

19 Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If “Yes,” complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H

20b If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II
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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):

28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV

28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from an organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35b Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Part IX Checklist of Required Schedules (continued)

22 X

23 X

24a X

24b

24c

24d

25a X

25b X

26 X

27 X

28a X

28b X

28c X

29 X

30 X

31 X

32 X

33 X

34 X

35a X

35b X

36 X

37 X

38 X

11370712 788564  P222604963    2020.06000  THE RHODE ISLAND COMMUNITY FOUNDATION   P2226042
2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.

2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? [ ] Yes [ ] No

3a. Did the organization have unrelated business gross income of $1,000 or more during the year? [ ] Yes [ ] No

3b. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.

4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? [ ] Yes [ ] No

4b. If "Yes," enter the name of the foreign country.

5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? [ ] Yes [ ] No

5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? [ ] Yes [ ] No

5c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7. Organizations that may receive deductible contributions under section 170(c).

7a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? [ ] Yes [ ] No

7b. If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d. If "Yes," indicate the number of Forms 8282 filed during the year.

8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9. Sponsoring organizations maintaining donor advised funds.

9a. Did the sponsoring organization make any taxable distributions under section 4966?

9b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10. Section 501(c)(7) organizations. Enter:

10a. Initiation fees and capital contributions included on Part VIII, line 12.

10b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.

11. Section 501(c)(12) organizations. Enter:

11a. Gross income from members or shareholders.

11b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).

12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

13. Section 501(c)(29) qualified nonprofit health insurance issuers.

13a. Is the organization licensed to issue qualified health plans in more than one state?

13b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.

13c. Enter the amount of reserves on hand.

14a. Did the organization receive any payments for indoor tanning services during the tax year? [ ] Yes [ ] No

14b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.

15. Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? [ ] Yes [ ] No

16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? [ ] Yes [ ] No

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).


Form 990 (2020)
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................ 1a 13
   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent ........................................ 1b 13

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ................................................................................................. 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ......................... 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .................. 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? .......................... 5 X

6 Did the organization have members or stockholders? ........................................................................................................... 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ........................................ 7a X

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ...................................................... 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 
   a The governing body? ........................................................................................................................................... 8a X
   b Each committee with authority to act on behalf of the governing body? .............................................................. 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .............................. 9 X

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

10a Did the organization have local chapters, branches, or affiliates? ......................................................................................... 10a X
   b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .............................................................. 10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X
   b Describe in Schedule O the process, if any, used by the organization to review this Form 990. .........................................................

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ........................................................................................................................................ 12a X
   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X
   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ............................................................................................................................... 12c X

13 Did the organization have a written whistleblower policy? ........................................................................................................ 13 X

14 Did the organization have a written document retention and destruction policy? ................................................................. 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X
   a The organization's CEO, Executive Director, or top management official ............................................................... 15b X
   b Other officers or key employees of the organization
      If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ................................................................................................. 16a X
   b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶RI

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 □ 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 ▶

THE RHODE ISLAND COMMUNITY FOUNDATION - 401-274-4564
ONE UNION STATION, PROVIDENCE, RI 02903

032006 12-23-20

11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

<table>
<thead>
<tr>
<th>(A) Position/Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Neil Steinberg, President</td>
<td>40.00</td>
<td>X</td>
<td>515,708.00</td>
<td>0.00</td>
<td>162,165.00</td>
</tr>
<tr>
<td>(2) Jim Sanzi, SVP of Development</td>
<td>40.00</td>
<td>X</td>
<td>220,655.00</td>
<td>0.00</td>
<td>30,213.00</td>
</tr>
<tr>
<td>(3) Jennifer Reid, CFO/Treasurer</td>
<td>40.00</td>
<td>X</td>
<td>239,545.00</td>
<td>0.00</td>
<td>2,401.00</td>
</tr>
<tr>
<td>(4) Kathleen Malin, CTO/VP of Operations</td>
<td>40.00</td>
<td>X</td>
<td>175,799.00</td>
<td>0.00</td>
<td>38,544.00</td>
</tr>
<tr>
<td>(5) Pam Howitt, Senior Philanthropic Advis</td>
<td>40.00</td>
<td>X</td>
<td>141,978.00</td>
<td>0.00</td>
<td>35,089.00</td>
</tr>
<tr>
<td>(6) Jill Pfizenmayer, VP of Capacity Building</td>
<td>40.00</td>
<td>X</td>
<td>142,691.00</td>
<td>0.00</td>
<td>34,252.00</td>
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<tr>
<td>(7) Daniel Kertzner, Senior Philanthropic Advis</td>
<td>40.00</td>
<td>X</td>
<td>144,216.00</td>
<td>0.00</td>
<td>26,215.00</td>
</tr>
<tr>
<td>(8) Mary Brooks Wall, Chairperson</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(9) Janet Robinson, Secretary</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(10) Michael Allio, Director</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(11) Jonathan D. Pain, Director</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(12) Carrie Bridges Feliz, MPH, Director</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(13) Ann-Marie Harrington, Director</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(14) Meghan Hughes, Ph.D., Director</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(15) G. Alan Kurose, MD, MBA, FACP, Director</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(16) Marie Langlois, Director</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(17) Tony Menendez, Director</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
### Part VII: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position</th>
<th>Individual trustee or director</th>
<th>Institutional trustee</th>
<th>Officer</th>
<th>Highest compensated employee</th>
<th>Key employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) Theresa Moore</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) Peter R. Phillips</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) James Wright</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal** | 1,580,592. | 0. | 328,879. |

**Total from continuation sheets to Part VII, Section A** | 1,580,592. | 0. | 328,879. |

**Total (add lines 1b and 1c)** | 1,580,592. | 0. | 328,879. |

1b. Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

- **Yes**
- **No**

2. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

- **Yes**
- **No**

### 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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSA MANAGEMENT, 1795 AYLESHEBA WAY SUITE 6202, LEXINGTON, KY 40509</td>
<td>CONSULTING</td>
<td>820,000.</td>
</tr>
<tr>
<td>CHARLESBANK EQUITY FUND 200 CLARENDON STREET, BOSTON, MA 02116</td>
<td>ASSET MANAGEMENT</td>
<td>700,000.</td>
</tr>
<tr>
<td>ADAGE CAPITAL PARTNERS, 200 CLARENDON STREET 52ND FLOOR, BOSTON, MA 02116</td>
<td>ASSET MANAGEMENT</td>
<td>607,231.</td>
</tr>
<tr>
<td>SILCHESTER INTERNATIONAL INVESTORS, 780 THIRD AVE 42ND FLOOR, NEW YORK, NY 10017</td>
<td>ASSET MANAGEMENT</td>
<td>487,145.</td>
</tr>
<tr>
<td>MFS INST. INTERNATIONAL EQUITY 111 HUNTINGTON AVE, BOSTON, MA 02199</td>
<td>ASSET MANAGEMENT</td>
<td>454,633.</td>
</tr>
</tbody>
</table>

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.

- **18**
### Part VIII  Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td>5,059,734.</td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td>61,180,089.</td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>5,206,852.</td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>66,239,823.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and other similar amounts) | (A) 8,819,501. | (B) -546,850. | (C) 9,366,351. |

| Income from investment of tax-exempt bond proceeds |                  |

| Royalties                                             |                  |
|                                                      |                  |

| Gross rents                                           | 157,836. |
| b Less: rental expenses                               | 118,344. |
| c Rental income or (loss)                             | 39,492.  |
| d Net rental income or (loss)                         | 39,492.  |

| Gross amount from sales of assets other than inventory | 225,837,058. |
| b Less: cost or other basis and sales expenses       | 99,453,526.  |
| c Gain or (loss)                                      | 26,383,532.  |
| d Net gain or (loss)                                  | 26,383,532.  |

| Gross income from fundraising events (not including contributions reported on line 1c). See Part IV, line 18 |  |
| b Less: direct expenses                              |  |
| c Net income or (loss) from fundraising events       |  |

| Gross income from gaming activities. See Part IV, line 19 |  |
| b Less: direct expenses                               |  |
| c Net income or (loss) from gaming activities          |  |

| Gross sales of inventory, less returns and allowances |  |
| b Less: cost of goods sold                             |  |
| c Net income or (loss) from sales of inventory        |  |

| MANAGEMENT FEE INCOME                                  | 348,959.  |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a MANAGEMENT FEE INCOME</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td>348,959.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total revenue. See instructions</th>
<th>101,831,307.</th>
</tr>
</thead>
</table>
Form 990 (2020)  THE RHODE ISLAND COMMUNITY FOUNDATION  22-2604963  Page 10

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.

<table>
<thead>
<tr>
<th></th>
<th>Total expenses</th>
<th>Program service expenses</th>
<th>Management and general expenses</th>
<th>Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>72,040,408</td>
<td>72,040,408</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>2,560,317</td>
<td>2,560,317</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>919,820</td>
<td>101,681</td>
<td>648,670</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>4,290,840</td>
<td>1,285,627</td>
<td>2,097,970</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>338,597</td>
<td>103,917</td>
<td>181,264</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>796,637</td>
<td>212,232</td>
<td>480,440</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>326,292</td>
<td>91,702</td>
<td>173,354</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>82,736</td>
<td>39,496</td>
<td>34,606</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>82,160</td>
<td></td>
<td>82,160</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>18,000</td>
<td></td>
<td>18,000</td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>412,208</td>
<td>22,100</td>
<td>203,604</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>399,232</td>
<td>166,937</td>
<td>227,844</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>147,752</td>
<td>12,590</td>
<td>135,162</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>594,825</td>
<td></td>
<td>594,825</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>21,364</td>
<td>1,170</td>
<td>14,627</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>63,009</td>
<td>61,740</td>
<td>1,198</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>202,994</td>
<td></td>
<td>202,994</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>68,550</td>
<td></td>
<td>68,550</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>CONSULTANTS</td>
<td>1,661,843</td>
<td>1,518,664</td>
<td>119,147</td>
</tr>
<tr>
<td>b</td>
<td>PURCHASED SERVICES</td>
<td>356,274</td>
<td>0</td>
<td>354,964</td>
</tr>
<tr>
<td>c</td>
<td>FISCAL AGENT PROGRAMS</td>
<td>318,964</td>
<td>318,964</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>MEMBERSHIPS</td>
<td>101,755</td>
<td>17,679</td>
<td>75,554</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>86,132</td>
<td>81,720</td>
<td>4,412</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>87,764,346</td>
<td>78,636,944</td>
<td>7,592,982</td>
</tr>
</tbody>
</table>

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. [ ]

032020 12-23-20

11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042
### Assets

<table>
<thead>
<tr>
<th>1</th>
<th>Cash - non-interest-bearing</th>
<th>855,900</th>
<th>1,005,202</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>28,162,746</td>
<td>45,884,914</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>2,722,500</td>
<td>1,046,368</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>8,966</td>
<td>64,588</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>8,082,279</td>
<td>3,737,878</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>4,390,631</td>
<td>3,691,648</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>625,437,086</td>
<td>646,204,650</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>336,112,644</td>
<td>401,644,127</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>326,012</td>
<td>326,012</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>8,552,024</td>
<td>9,928,088</td>
</tr>
</tbody>
</table>

### Liabilities

| 17 | Accounts payable and accrued expenses | 952,024 | 9,492,739 |
| 18 | Grants payable | | |
| 19 | Deferred revenue | | |
| 20 | Tax-exempt bond liabilities | | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | |
| 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | |
| 26 | Total liabilities. Add lines 17 through 25 | 10,880,112 | 5,492,199 |

### Organizations that follow FASB ASC 958

| 27 | Net assets without donor restrictions | 982,579,956 | 1,086,316,910 |
| 28 | Net assets with donor restrictions | 18,326,639 | 23,846,141 |

### Organizations that do not follow FASB ASC 958

| 29 | Capital stock or trust principal, or current funds | | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | |
| 32 | Total net assets or fund balances | 1,000,906,595 | 1,110,163,051 |
| 33 | Total liabilities and net assets/fund balances | 1,011,786,707 | 1,115,655,250 |
**Form 990 (2020)**

**Part XI Reconciliation of Net Assets**

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

**Part XII Financial Statements and Reporting**

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? [X]</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
</tr>
</tbody>
</table>

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**THE RHODE ISLAND COMMUNITY FOUNDATION** 22-2604963

<p>| | | |</p>
<table>
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</tbody>
</table>

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Form 990 (2020)
### Part I: Reason for Public Charity Status

#### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE RHODE ISLAND COMMUNITY FOUNDATION</td>
<td>22-2604963</td>
</tr>
</tbody>
</table>

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

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state;
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university;
10. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations

<table>
<thead>
<tr>
<th>Enter the number of supported organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**g.** Provide the following information about the supported organization(s).**

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Total**
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;) ...........</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the</td>
<td></td>
<td></td>
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<tr>
<td>organization’s benefit and either paid to</td>
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<tr>
<td>or expended on its behalf ..................</td>
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<tr>
<td>3 The value of services or facilities</td>
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<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
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<tr>
<td>organization without charge ..............</td>
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<tr>
<td>4 Total. Add lines 1 through 3 ............</td>
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<tr>
<td>5 The portion of total contributions</td>
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<tr>
<td>by each person (other than a governmental</td>
<td></td>
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<tr>
<td>unit or publicly supported organization)</td>
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<tr>
<td>included on line 1 that exceeds 2% of the</td>
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<td></td>
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<tr>
<td>amount shown on line 11, column (f) ........</td>
<td></td>
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<tr>
<td>6 Public support. Subtract line 5 from</td>
<td></td>
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<tr>
<td>line 4. ..................................</td>
<td></td>
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</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4 ........................</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8 Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans,</td>
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<td></td>
<td></td>
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<tr>
<td>rents, royalties, and income from similar</td>
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<tr>
<td>sources ..................................</td>
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<tr>
<td>9 Net income from unrelated business</td>
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<tr>
<td>activities, whether or not the business</td>
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<tr>
<td>is regularly carried on .....................</td>
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<tr>
<td>10 Other income. Do not include gain or</td>
<td></td>
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<td></td>
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<tr>
<td>loss from the sale of capital assets</td>
<td></td>
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<tr>
<td>(Explain in Part VI.) ........................</td>
<td></td>
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<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities,</td>
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<tr>
<td>etc. (see instructions) ........................</td>
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<tr>
<td>13 First 5 years. If the Form 990 is for</td>
<td></td>
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<tr>
<td>the organization’s first, second, third,</td>
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<tr>
<td>fourth, or fifth tax year as a section 501(c)(3)</td>
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<tr>
<td>organization, check this box and stop here</td>
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</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Segment</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>73.30%</td>
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</tr>
<tr>
<td>15</td>
<td>74.22%</td>
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</table>

032022 01-25-21

11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042
## Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
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<td></td>
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<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
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<td></td>
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</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
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<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
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<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
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</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
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<tr>
<td>7c Add lines 7a and 7b</td>
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<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
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</tbody>
</table>

## Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
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<td></td>
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<tr>
<td>10c Add lines 10a and 10b</td>
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<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
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</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | | | | | | |
16 Public support percentage from 2019 Schedule A, Part III, line 15 | | | | | | |

## Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | | | | | | |
18 Investment income percentage from 2019 Schedule A, Part III, line 17 | | | | | | |
19a 33 1/3% support tests - 2020. 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 | | | | | | |
19b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | |
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization’s supported organizations listed by name in the organization’s governing documents? 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.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
   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)? If "Yes," describe in Part VI when and how the organization made the determination.
   c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
   b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
   c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
   b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?
   c Substitutions only. Was the substitution the result of the evolution beyond the organization’s control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If "Yes," provide detail in Part VI.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
   b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
   c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
   b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a. A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
   b. A family member of a person described in line 11a above?
   c. A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

### Section D. All Type III Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.
   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b. Did the activities described in line 2a, above, constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
Schedule A (Form 990 or 990-EZ) 2020

THE RHODE ISLAND COMMUNITY FOUNDATION 22-2604963

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

Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

**Section D - Distributions**

|   | Amounts paid to supported organizations to accomplish exempt purposes |   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |   | Administrative expenses paid to accomplish exempt purposes of supported organizations |   | Amounts paid to acquire exempt-use assets |   | Qualified set-aside amounts (prior IRS approval required - *provide details in Part VI*) |   | Other distributions (*describe in Part VI*). See instructions. |   | Total annual distributions. Add lines 1 through 6. |   | Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions. |   | Distributable amount for 2020 from Section C, line 6 |   | Line 8 amount divided by line 9 amount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Section E - Distribution Allocations**

|   | Distributable amount for 2020 from Section C, line 6 **(i)** Excess Distributions **(ii)** Underdistributions Pre-2020 **(iii)** Distributable Amount for 2020 |
|---|---|---|---|---|
| 1 | Underdistributions, if any, for years prior to 2020 (reasonable cause required - *explain in Part VI*). See instructions. |
| 2 | Excess distributions carryover, if any, to 2020 |
| a | From 2015 |
| b | From 2016 |
| c | From 2017 |
| d | From 2018 |
| e | From 2019 |
| f | Total of lines 3a through 3e |
| g | Applied to underdistributions of prior years |
| h | Applied to 2020 distributable amount |
| i | Carryover from 2015 not applied (see instructions) |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. |
| 4 | Distributions for 2020 from Section D, line 7: $ |
| a | Applied to underdistributions of prior years |
| b | Applied to 2020 distributable amount |
| c | Remainder. Subtract lines 4a and 4b from line 4. |
| 5 | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions. |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See instructions. |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. |
| 8 | Breakdown of line 7: |
| a | Excess from 2016 |
| b | Excess from 2017 |
| c | Excess from 2018 |
| d | Excess from 2019 |
| e | Excess from 2020 |
Schedule A, Part II, Line 10

Explanations for Other Income:

Management Fee Income
### 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
4b. 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.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization’s funds. If none, enter 0-</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0-</th>
</tr>
</thead>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Limits on Lobbying Expenditures

<table>
<thead>
<tr>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a Total lobbying expenditures to influence public opinion (grassroots lobbying)</strong></td>
<td>21,588.</td>
</tr>
<tr>
<td><strong>1b Total lobbying expenditures to influence a legislative body (direct lobbying)</strong></td>
<td>65,117.</td>
</tr>
<tr>
<td><strong>1c Total lobbying expenditures (add lines 1a and 1b)</strong></td>
<td>86,705.</td>
</tr>
<tr>
<td><strong>1d Other exempt purpose expenditures</strong></td>
<td>87,677,641.</td>
</tr>
<tr>
<td><strong>1e Total exempt purpose expenditures (add lines 1c and 1d)</strong></td>
<td>87,764,346.</td>
</tr>
<tr>
<td><strong>1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</strong></td>
<td>1,000,000.</td>
</tr>
</tbody>
</table>

#### If the amount on line 1e, column (a) or (b) is:

- **Not over $500,000**: 20% of the amount on line 1e.
- **Over $500,000 but not over $1,000,000**: $100,000 plus 15% of the excess over $500,000.
- **Over $1,000,000 but not over $1,500,000**: $175,000 plus 10% of the excess over $1,000,000.
- **Over $1,500,000 but not over $17,000,000**: $225,000 plus 5% of the excess over $1,500,000.
- **Over $17,000,000**: $1,000,000.

**g Grassroots nontaxable amount (enter 25% of line 1f)**: 250,000.

**h Subtract line 1g from line 1a. If zero or less, enter 0-**: 0.

**i Subtract line 1f from line 1c. If zero or less, enter 0-**: 0.

**j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?** Yes ☐ No ☐

#### 4-Year Averaging Period Under Section 501(h)

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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2a Lobbying nontaxable amount</strong></td>
<td>1,000,000.</td>
<td>1,000,000.</td>
<td>1,000,000.</td>
<td>1,000,000.</td>
<td>4,000,000.</td>
</tr>
<tr>
<td><strong>b Lobbying ceiling amount</strong> <em>(150% of line 2a, column(e))</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6,000,000.</td>
</tr>
<tr>
<td><strong>c Total lobbying expenditures</strong></td>
<td>94,899.</td>
<td>104,369.</td>
<td>78,526.</td>
<td>86,705.</td>
<td>364,499.</td>
</tr>
<tr>
<td><strong>d Grassroots nontaxable amount</strong></td>
<td>250,000.</td>
<td>250,000.</td>
<td>250,000.</td>
<td>250,000.</td>
<td>1,000,000.</td>
</tr>
<tr>
<td><strong>e Grassroots ceiling amount</strong> <em>(150% of line 2d, column (e))</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,500,000.</td>
</tr>
<tr>
<td><strong>f Grassroots lobbying expenditures</strong></td>
<td>16,720.</td>
<td>12,131.</td>
<td>15,804.</td>
<td>21,588.</td>
<td>66,243.</td>
</tr>
</tbody>
</table>
Schedule C (Form 990 or 990-EZ) 2020 THE RHODE ISLAND COMMUNITY FOUNDATION 22-2604963 Page 3

**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.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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:</td>
<td>Yes</td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

2b If "Yes," enter the amount of any tax incurred under section 4912

2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

2d 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).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td>2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
</tr>
</thead>
</table>

3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

**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.

---

Schedule C (Form 990 or 990-EZ) 2020 11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042
### Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

<table>
<thead>
<tr>
<th>Description</th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total number at end of year</td>
<td>419</td>
<td>18</td>
</tr>
<tr>
<td>2 Aggregate value of contributions to (during year)</td>
<td>32,623,127.</td>
<td>23,000</td>
</tr>
<tr>
<td>3 Aggregate value of grants from (during year)</td>
<td>26,785,000.</td>
<td>250,606</td>
</tr>
<tr>
<td>4 Aggregate value at end of year</td>
<td>326,324,541.</td>
<td>6,926,451</td>
</tr>
</tbody>
</table>

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? [X] Yes [ ] No

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

### Part II
Conservation Easements

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

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

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

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

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [X] No

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

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [X] No

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

### Part III
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Revenue included on Form 990, Part VIII, line 1</td>
<td>$</td>
</tr>
<tr>
<td>(ii) Assets included in Form 990, Part X</td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Revenue included on Form 990, Part VIII, line 1</td>
<td>$</td>
</tr>
<tr>
<td>b Assets included in Form 990, Part X</td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b. If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V | Endowment Funds.
Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a. Beginning of year balance
   980,965,008
   841,211,649
   882,313,834
   763,248,816
   693,919,413

b. Contributions
   46,907,807
   48,412,094
   57,459,674
   41,193,995
   58,394,858

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a. Board designated or quasi-endowment ▶ 100,000 %
   b. Permanent endowment ▶ %
   c. Term endowment ▶ %
   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) Unrelated organizations
   (ii) Related organizations

b. If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI | Land, Buildings, and Equipment.
Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Land</td>
<td>450,000</td>
<td></td>
<td>450,000</td>
<td></td>
</tr>
<tr>
<td>1b. Buildings</td>
<td>4,108,201</td>
<td>2,208,158</td>
<td>1,900,043</td>
<td></td>
</tr>
<tr>
<td>1c. Leasehold improvements</td>
<td>2,260,244</td>
<td>1,023,176</td>
<td>1,237,068</td>
<td></td>
</tr>
<tr>
<td>1d. Equipment</td>
<td>750,050</td>
<td>658,159</td>
<td>91,891</td>
<td></td>
</tr>
<tr>
<td>1e. Other</td>
<td>513,784</td>
<td>501,138</td>
<td>12,646</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 3,691,648.
**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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) FLEXIBLE CAPITAL</td>
<td>260,776,543</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B) PRIVATE CAPITAL</td>
<td>111,533,860</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(C) REAL ESTATE, NATURAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D) RESOURCES &amp; TIPS</td>
<td>24,292,594</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(E) OTHER</td>
<td>5,041,130</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td>401,644,127</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IX** Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<td>(4)</td>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

   X
**Schedule D (Form 990) 2020**

**THE RHODE ISLAND COMMUNITY FOUNDATION**

22-2604963 Page 4

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**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.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amounts Included on Line 1 but not on Form 990, Part VIII, line 12:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4. (This must equal Form 990, Part I, line 12)</td>
<td>5</td>
</tr>
</tbody>
</table>

---

**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.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amounts Included on line 1 but not on Form 990, Part IX, line 25:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4. (This must equal Form 990, Part I, line 18)</td>
<td>5</td>
</tr>
</tbody>
</table>

---

**Part XIII**

Supplemental Information.

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

---

**PART V, LINE 4:**

THE ENDOWMENT FUNDS ARE INVESTED WITH A DISCIPLINED LONG-TERM INVESTMENT OBJECTIVE AND STRATEGY. CAREFUL MANAGEMENT OF THE ASSETS IS DESIGNED TO ENSURE A TOTAL RETURN NECESSARY TO PRESERVE AND ENHANCE THE FUND'S PRINCIPAL AND AT THE SAME TIME, PROVIDE A DEPENDABLE SOURCE OF SPENDING FOR THE FOUNDATION'S CHARITABLE PROGRAMS THAT SUPPORT AN EVER BROADENING ARRAY OF ACTIVITIES THAT INCLUDE MAKING STRATEGIC GRANTS, PROMOTING AND BUILDING EFFECTIVE PHILANTHROPY, BUILDING THE STRENGTHS AND CAPACITY OF THE NONPROFIT SECTOR AND PROVIDING LEADERSHIP TO AND A FORUM FOR CIVIL DIALOGUE ON IMPORTANT ISSUES.

---

**PART X, LINE 2:**

Provided below are details relevant to the specified lines. Additional information is included as required.

---

Schedule D (Form 990) 2020

032054 12-01-20

THE RHODE ISLAND COMMUNITY FOUNDATION

11370712 788564 P222604963 2020.06000 PAGE 35

THE FOUNDATION'S LONG-TERM INVESTMENTS INCLUDE ALTERNATIVE INVESTMENTS, SUCH AS HEDGE FUNDS AND VENTURE CAPITAL FUNDS THAT GENERATE UNRELATED BUSINESS INCOME PER SECTION 514 OF THE INTERNAL REVENUE CODE. THE FOUNDATION REPORTS ALL UNRELATED BUSINESS INCOME BY FILING THE APPLICABLE U.S. AND STATE INCOME TAX RETURNS.

PART XI, PART XII, PART XIII:
THE RHODE ISLAND FOUNDATION ISSUES A CONSOLIDATED FINANCIAL STATEMENT THAT INCLUDES THE RHODE ISLAND FOUNDATION AND ITS SUPPORTING ORGANIZATIONS. EACH ENTITY FILES ITS OWN FORM 990.
THE RHODE ISLAND COMMUNITY FOUNDATION 22-2604963

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL AMERICA AND THE CARIBBEAN</td>
<td>0</td>
<td>0</td>
<td>INVESTMENTS</td>
<td></td>
<td>130,505,658</td>
</tr>
</tbody>
</table>

3 a Subtotal 0 0 | 130,505,658 |
3 b Total from continuation sheets to Part I 0 0 | 0 |
3 c Totals (add lines 3a and 3b) 0 0 | 130,505,658 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>THE RHODE ISLAND COMMUNITY FOUNDATION 22-2604963</td>
<td>11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Enter total number of other organizations or entities</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule F (Form 990) 2020
<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td></td>
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<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
<td>-----</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If &quot;Yes,&quot; the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have an interest in a foreign trust during the tax year? If &quot;Yes,&quot; the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization have an ownership interest in a foreign corporation during the tax year? If &quot;Yes,&quot; the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</td>
<td>X</td>
<td></td>
<td></td>
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<td>4</td>
<td>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If &quot;Yes,&quot; the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</td>
<td>X</td>
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<td>5</td>
<td>Did the organization have an ownership interest in a foreign partnership during the tax year? If &quot;Yes,&quot; the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</td>
<td>X</td>
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<td>Did the organization have any operations in or related to any boycotting countries during the tax year? If &quot;Yes,&quot; the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</td>
<td></td>
<td>X</td>
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</table>
Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
### 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.

#### 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? **[X] Yes**

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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
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### Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

#### Schedule I (Form 990)

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| AQUIDNECK LAND TRUST                           | 22-3073770 | 501(C)(3) | 500           | 0                 | PRESERVATION/STewardship ENDOW/ANNUAL |                             |

| AQUIDNECK LAND TRUST                           | 22-3073770 | 501(C)(3) | 250           | 0                 | GENERAL SUPPORT                   |                             |

| AQUIDNECK LAND TRUST                           | 22-3073770 | 501(C)(3) | 500           | 0                 | GENERAL OPERATING SUPPORT         |                             |

| ARBOR HILL ASSISTED LIVING                    | 45-2047960 | 501(C)(3) | 37,000         | 0                 | ARBOR HILL COVID-19               |                             |

| ART CONNECTION IN RHODE ISLAND                | 46-3770718 | 501(C)(3) | 2,500          | 0                 | CONNECTING LIVES WITH "ART"      |                             |

| ART CONNECTION IN RHODE ISLAND                | 46-3770718 | 501(C)(3) | 10,500         | 0                 | GENERAL SUPPORT                   |                             |

<p>| ARTHRITIS FOUNDATION NATIONAL OFFICE          | 58-1341679 | 501(C)(3) | 6,720          | 0                 | GENERAL OPERATING SUPPORT         |                             |</p>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(d) Amount of cash grant</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>BIRTHDAY WISHES INC. 24 SUPERIOR DRIVE, SUITE B1 NATICK, MA 01760</td>
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<td>BLACKSTONE VALLEY ADVOCACY CENTER PO BOX 5643 PAWTUCKET, RI 02862</td>
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<td>(a) Name and address of organization or government</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
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Schedule I (Form 990)
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### Schedule I (Form 990)  
**Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments**

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**Schedule I (Form 990)**
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>04-2971978</td>
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<td>04-2971978</td>
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<td>05-0268612</td>
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<td>PO BOX 5299 WAKEFIELD, RI 02880</td>
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<td>CAMP KESEM NATIONAL 10586 WEST PICO BOULEVARD #196</td>
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<td>501(C)(3)</td>
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<td>LOS ANGELES, CA 90064</td>
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<td>CAMP RUGGLES, INC. P.O. BOX 353 CHEPACHET, RI 02814</td>
<td>23-7448135</td>
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<td>2020 GEORGE M. JACQUES CAMPERSHIPS FOR NEEDY CHILDREN</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>26-4816130</td>
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<td>CANONICUS CAMP AND CONFERENCE CENTER - 54 EXETER ROAD - EXETER, RI 02822</td>
<td>13-5563018</td>
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<td>CAPEVERDEAN AMERICAN COMMUNITY DEVELOPMENT - 120 HIGH STREET - PAWTUCKET, RI 02860</td>
<td>05-0476404</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>47-2304987</td>
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<td>06-1493839</td>
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<td>CARELINK, INC. 400 MASSASOIT AVENUE, SUITE 113 EAST PROVIDENCE, RI 02914</td>
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<td>27-3252911</td>
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<td>SUPPORT WORK IN THE GREATER BOSTON AREA AND RHODE ISLAND</td>
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<td>CASADY SCHOOL 9500 NORTH PENNSYLVANIA AVENUE OKLAHOMA CITY, OK 73120</td>
<td>73-0587209</td>
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<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
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### Schedule I (Form 990)

#### Part II

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

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

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## Part II: Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

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

#### Schedule I (Form 990)

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

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Schedule I (Form 990)
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NEW YORK, NY 10004 | 51-0570498 | 501(C)(3) | 15,000. | 0. | GENERAL SUPPORT |
| FABNEWPORT  
1 YORK STREET  
NEWPORT, RI 02840 | 46-3237048 | 501(C)(3) | 15,000. | 0. | CAPACITY BUILDING |
| FABNEWPORT  
1 YORK STREET  
NEWPORT, RI 02840 | 46-3237048 | 501(C)(3) | 5,000. | 0. | WORKFORCE |
| FAIRFIELD COUNTY’S COMMUNITY FOUNDATION  
- 40 RICHARDS AVENUE  
NORWALK, CT 06854 | 06-1083893 | 501(C)(3) | 10,000. | 0. | CNE GENERAL |
| FAMILY SERVICE OF RHODE ISLAND  
PO BOX 6688  
PROVIDENCE, RI 02940-6688 | 05-0258858 | 501(C)(3) | 2,000. | 0. | AIDS PROJECT RHODE ISLAND |
| FAMILY SERVICE OF RHODE ISLAND  
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PROVIDENCE, RI 02940-6688 | 05-0258858 | 501(C)(3) | 500. | 0. | AIDS PROJECT RHODE ISLAND |
| FAMILY SERVICE OF RHODE ISLAND  
PO BOX 6688  
PROVIDENCE, RI 02940-6688 | 05-0258858 | 501(C)(3) | 7,500. | 0. | APRIS CLIENT ART SHOW TO MARK WORLD AIDS DAY |
| FAMILY SERVICE OF RHODE ISLAND  
PO BOX 6688  
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Schedule I (Form 990)
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| **GARY BALLETTO FOUNDATION**  
786 ATWOOD AVENUE  
CRANSTON, RI 02920 | 30-0963431 | 501(C)(3) | 25,000. |  | GAP FUNDING FOR ADAPTIVE GYM |  |
| **GATEWAY HEALTHCARE, INC.**  
1 VIRGINIA AVE STE 200  
PROVIDENCE, RI 02905 | 05-0309043 | 501(C)(3) | 40,120. |  | SUPPORTING TELEHEALTH INTENSIVE SERVICES FOR CHILDREN & FAMILIES |  |
| **GATEWAYS TO CHANGE, INC.**  
1060 PARK AVENUE  
CRANSTON, RI 02910 | 05-0468333 | 501(C)(3) | 5,000. |  | EMERGENCY CLOTHING NEEDS |  |
| **GATEWAYS TO CHANGE, INC.**  
1060 PARK AVENUE  
CRANSTON, RI 02910 | 05-0468333 | 501(C)(3) | 5,000. |  | GENERAL SUPPORT |  |
| **GATEWAYS: ACCESS TO JEWISH EDUCATION - 333 NAHANTON STREET - NEWTON, MA 02459** | 04-3494246 | 501(C)(3) | 15,000. |  | GENERAL SUPPORT |  |
| **GENESIS CENTER**  
620 POTTERS AVENUE  
PROVIDENCE, RI 02907 | 22-3001721 | 501(C)(3) | 74,946. |  | REBUILDING COMMUNITY SUPPORTS DURING COVID-19 |  |
| **GENESIS CENTER**  
620 POTTERS AVENUE  
PROVIDENCE, RI 02907 | 22-3001721 | 501(C)(3) | 5,000. |  | STUDENT EMERGENCY COVID FUND |  |
| **GENESIS CENTER**  
620 POTTERS AVENUE  
PROVIDENCE, RI 02907 | 22-3001721 | 501(C)(3) | 5,000. |  | GENERAL SUPPORT |  |
| **GILBERT STUART MEMORIAL, INC.**  
815 GILBERT STUART ROAD  
SAUNDERSTOWN, RI 02874 | 05-0262720 | 501(C)(3) | 1,000. |  | 2020 PRESIDENT’S ANNUAL APPEAL |  |

Schedule I (Form 990)
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<td>05-0455668</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>Method of valuation</td>
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<td>05-0499148</td>
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<td>DEVELOPING A NEW 3 YEAR STRATEGIC PLAN FOR GROW SMART RI</td>
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<td>Method of valuation (book, FMV, appraisal, other)</td>
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<td>Purpose of grant or assistance</td>
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<td>13-1854606</td>
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<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(h) Purpose of grant or assistance</td>
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Schedule I (Form 990)
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<td>Description of non-cash assistance</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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### Part II: Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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### Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

#### Schedule I (Form 990)

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

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<th>(h) Purpose of grant or assistance</th>
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61 FIELDSTONE DRIVE
COVENTRY, RI 02816 | 36-4836852 | 501(C)(3) | 45,000 | 0 | | | EXPANDING FOOD |
| MAKE A WISH FOUNDATION OF MA AND RI - 133 FEDERAL STREET, 2ND FLOOR
- BOSTON, MA 02110 | 22-2867371 | 501(C)(3) | 250 | 0 | | | DISTRIBUTION SERVICES AND PROVIDING COMMUNITY SUPPORT IN RESPONSE TO MAKING WISHES OF CHILDREN COME TRUE |
| MAKE A WISH FOUNDATION OF MA AND RI - 133 FEDERAL STREET, 2ND FLOOR
- BOSTON, MA 02110 | 22-2867371 | 501(C)(3) | 250 | 0 | | | TO TRANSFORM A KIDS LIFE |
| MAKE A WISH FOUNDATION OF MA AND RI - 133 FEDERAL STREET, 2ND FLOOR
- BOSTON, MA 02110 | 22-2867371 | 501(C)(3) | 76,730 | 0 | | | GENERAL SUPPORT |
| MAKE A WISH FOUNDATION OF MA AND RI - 133 FEDERAL STREET, 2ND FLOOR
- BOSTON, MA 02110 | 22-2867371 | 501(C)(3) | 468 | 0 | | | GENERAL OPERATING |
| MAKE A WISH FOUNDATION OF MA AND RI - 133 FEDERAL STREET, 2ND FLOOR
- BOSTON, MA 02110 | 22-2867371 | 501(C)(3) | 447 | 0 | | | PROGRAM SUPPORT |
| MAN UP, INC
80 WASHINGTON STREET, ROOM 429
PROVIDENCE, RI 02903 | 46-2667817 | 501(C)(3) | 25,000 | 0 | | | MAN UP TO THE CHALLENGE |
| MANHATTAN COUNTRY SCHOOL INC
150 WEST 85TH STREET
NEW YORK, NY 10024 | 13-2546971 | 501(C)(3) | 1,000 | 0 | | | MCS FARM GENERAL PURPOSES |
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**Schedule I (Form 990)**

**THE RHODE ISLAND COMMUNITY FOUNDATION**

**Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments**

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<th>(c) IRC section if applicable</th>
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**Schedule I (Form 990)**
### Schedule I (Form 990) Page 1

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

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<td>501(C)(3)</td>
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<td>MENTOR, INC., DBA PROJECT RIRAL 191 SOCIAL STREET, SUITE 11, 3RD FLOOR WOONSOCKET, RI 02895</td>
<td>05-0384079</td>
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<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>MIXED MAGIC THEATRE AND CULTURAL EVENTS - 560 MINERAL SPRING AVENUE, BOX 100A - PAWTUCKET, RI 02860</td>
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<td>501(C)(3)</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(a) Name and address of organization or government</td>
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<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>NAACP LEGAL DEFENSE &amp; EDUC FUND, INC. - 40 RECTOR STREET, 5TH FLOOR - NEW YORK, NY 10006</td>
<td>13-1655255</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>NARRAGANSETT COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 14777 - EAST PROVIDENCE, RI 02914-0777</td>
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<td>23-7085120</td>
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<td>NASHUA SOUP KITCHEN &amp; SHELTER, INC. - PO BOX 3116 - NASHUA, NH 03061-3116</td>
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Schedule I (Form 990)
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<th>(h) Purpose of grant or assistance</th>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>34-1996138</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
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| **NEW LONDON BARN PLAYHOUSE, INC.**  
PO BOX 9  
NEW LONDON, NH 03257 | 34-1996138 | 501(C)(3) | 50,000. | 0. | | | PLAY A PART RENOVATIONS TO THE BARN |
| **NEW URBAN ARTS**  
705 WESTMINSTER STREET  
PROVIDENCE, RI 02903 | 05-0498654 | 501(C)(3) | 6,500. | 0. | | | 2020 COX CHARITIES COMMUNITY GRANT RECIPIENT |
| **NEW URBAN ARTS**  
705 WESTMINSTER STREET  
PROVIDENCE, RI 02903 | 05-0498654 | 501(C)(3) | 2,500. | 0. | | | CAPITAL CAMPAIGN |
| **NEW URBAN ARTS**  
705 WESTMINSTER STREET  
PROVIDENCE, RI 02903 | 05-0498654 | 501(C)(3) | 1,000. | 0. | | | CONTINUED SUPPORT |
| **NEW URBAN ARTS**  
705 WESTMINSTER STREET  
PROVIDENCE, RI 02903 | 05-0498654 | 501(C)(3) | 4,000. | 0. | | | THE UNTITLEMENT LEADERSHIP PROJECT |
| **NEW URBAN ARTS**  
705 WESTMINSTER STREET  
PROVIDENCE, RI 02903 | 05-0498654 | 501(C)(3) | 5,000. | 0. | | | YOUTH MENTORSHIP IN THE ARTS |
| **NEW URBAN ARTS**  
705 WESTMINSTER STREET  
PROVIDENCE, RI 02903 | 05-0498654 | 501(C)(3) | 4,000. | 0. | | | YOUTH MENTORSHIP IN THE ARTS |
| **NEW URBAN ARTS**  
705 WESTMINSTER STREET  
PROVIDENCE, RI 02903 | 05-0498654 | 501(C)(3) | 60,000. | 0. | | | YOUTH MENTORSHIP IN THE ARTS AND THE SUMMER ART INQUIRY |
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PROVIDENCE, RI 02903 | 05-0498654 | 501(C)(3) | 20,750. | 0. | | | GENERAL SUPPORT |
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### Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

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<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
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<th>(h) Purpose of grant or assistance</th>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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### Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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### Part II. Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

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Schedule I (Form 990)
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<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tr>
<td>PARKINSON’S FOUNDATION, INC. 200 SE 1ST STREET, SUITE 800 MIAMI, FL 33131</td>
<td>13-1866796</td>
<td>501(C)(3)</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
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<td>(e) Amount of non-cash assistance</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(h) Purpose of grant or assistance</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) amount of cash grant</td>
<td>(e) amount of non-cash assistance</td>
<td>(f) method of valuation (book, FMV, appraisal, other)</td>
<td>(g) description of non-cash assistance</td>
<td>(h) purpose of grant or assistance</td>
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| Pawtucket Soup Kitchen  
P.O. Box 3102  
Pawtucket, RI 02861-0950 | 05-0475296 | 501(C)(3) | $1,250 | $0 | | To help feed clients |
| Pawtucket Soup Kitchen  
P.O. Box 3102  
Pawtucket, RI 02861-0950 | 05-0475296 | 501(C)(3) | $3,000 | $0 | | General support |
| Pawtucket Soup Kitchen  
P.O. Box 3102  
Pawtucket, RI 02861-0950 | 05-0475296 | 501(C)(3) | $5,131 | $0 | | General operating |
| Pawtucket Soup Kitchen  
P.O. Box 3102  
Pawtucket, RI 02861-0950 | 05-0475296 | 501(C)(3) | $20,000 | $0 | | Program support |
| Peace Dale Museum of Art and Culture - 1058 Kingstown Road, Suite 5 - Peace Dale, RI 02875 | 22-2518170 | 501(C)(3) | $10,872 | $0 | | Program support |
| Person-to-Person  
1864 Post Road  
Darien, CT 06820 | 06-1422248 | 501(C)(3) | $12,500 | $0 | | General support |
| Pettaquamsicut Historical Society  
2636 Kingstown Road  
Kingston, RI 02881 | 05-6011751 | 501(C)(3) | $6,600 | $0 | | Restoration exterior project at the Old Washington County Jail |
| Phillips Academy  
180 Main Street  
Andover, MA 01810 | 04-2103579 | 501(C)(3) | $250 | $0 | | Unrestricted annual fund |
| Phillips Academy  
180 Main Street  
Andover, MA 01810 | 04-2103579 | 501(C)(3) | $5,000 | $0 | | General unrestricted support |
<table>
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<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tbody>
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<td>PHILLIPS ANDOVER ACADEMY 180 MAIN STREET ANDOVER, MA 01810 04-2103579 501(C)(3) 194. 0.</td>
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<tr>
<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
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<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>Method of valuation (book, FMV, appraisal, other)</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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Schedule I (Form 990)
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<th>(e) Amount of non-cash assistance</th>
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<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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Schedule I (Form 990)
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<td>(h) Purpose of grant or assistance</td>
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| RHODE ISLAND COMMUNITY FOOD BANK
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### Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments
(Schedule I (Form 990), Part II.)

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### Part II: Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

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Schedule I (Form 990)
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Schedule I (Form 990)
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>Method of valuation</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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Schedule I (Form 990)
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### Schedule I (Form 990)
#### Part II
Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
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Schedule I (Form 990)
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Schedule I (Form 990)
### Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

#### Schedule I (Form 990)

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<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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| SAVE THE CHILDREN FEDERATION, INC.  
501 KINGS HIGHWAY E - SUITE 400  
FAIRFIELD, CT 06825 | 06-0726487 | 501(C)(3) | 300. | 0. |  |  | CORONAVIRUS RESPONSE FUND |
| SAVE THE CHILDREN FEDERATION, INC.  
501 KINGS HIGHWAY E - SUITE 400  
FAIRFIELD, CT 06825 | 06-0726487 | 501(C)(3) | 5,000. | 0. |  |  | GREATEST NEED |
| SCANDINAVIAN HOME, INC.  
1811 BROAD STREET  
CRANSTON, RI 02905-3533 | 05-0262584 | 501(C)(3) | 25,000. | 0. |  |  | ENHANCEMENT FOR RESIDENTS TO ENCOURAGE VARIOUS TYPES OF INTERACTION WITH SOCIAL DISTANCING DURING |
| SCANDINAVIAN HOME, INC.  
1811 BROAD STREET  
CRANSTON, RI 02905-3533 | 05-0262584 | 501(C)(3) | 53,643. | 0. |  |  | GENERAL OPERATING |
| SCHOOL THE WORLD  
24 SCHOOL STREET, 2ND FLOOR  
BOSTON, MA 02108 | 27-0176563 | 501(C)(3) | 15,000. | 0. |  |  | GENERAL SUPPORT |
| SCHUMACHER CENTER FOR A NEW ECONOMICS - 140 JUG END ROAD  
GREAT BARRINGTON, MA 01230 | 46-1421645 | 501(C)(3) | 10,000. | 0. |  |  | GENERAL SUPPORT |
| SCITUATE SCHOOL DEPARTMENT  
197 DANIELSON PIKE  
NORTH SCITUATE, RI 02857 | 05-6000498 | CITY GOV | 20,000. | 0. |  |  | SCITUATE HIGH SCHOOL Q+RI CHALLENGE: MOMENTUM SCHOOL |
| SCRUFFY PAWS ANIMAL RESCUE  
2944 POST ROAD  
WARWICK, RI 02886 | 82-0908875 | 501(C)(3) | 8,750. | 0. |  |  | SCRUFFY PAWS ADDS MORE PAWS |
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>SHARE OUR STRENGTH 1030 15TH STREET NW, SUITE 1100 WASHINGTON, DC 20005</td>
<td>52-1367538</td>
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<td>SUPPORTING THE BASIC HUMAN NEEDS OF PREGNANT AND PARENTING YOUNG ADULTS</td>
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<td>36-2193608</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
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<td>SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866-1632</td>
<td>14-1338562</td>
<td>501(C)(3)</td>
<td>20,000.0</td>
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<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
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<td>SKILLS FOR RHODE ISLAND'S FUTURE</td>
<td>30 EXCHANGE TERRACE</td>
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<td>PROVIDENCE, RI 02903</td>
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<td>PO BOX 96231</td>
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<td>FMV</td>
<td>SUSTAINING PROJECTS</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>SMITH HILL COMMUNITY DEVELOPMENT CORPORATION - 400 SMITH STREET, SUITE 1 - PROVIDENCE, RI 02908</td>
<td>05-0466422</td>
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<td>SMITHFIELD SCHOOL DEPARTMENT 49 PARNUM PIKE ESMOND, RI 02917</td>
<td>05-6000512</td>
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<td>SMITHFIELD SENIOR SERVICES CORPORATION - ONE WILLIAM J. HAWKINS TRAIL - GREENVILLE, RI 02828</td>
<td>05-0511563</td>
<td>501(C)(3)</td>
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<td>SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE, SUITE #100 PROVIDENCE, RI 02903</td>
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<td>(a) Name and address of organization or government</td>
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<td>SOCIETY OF ST. VINCENT DE PAUL RHODE ISLAND - 25 WEBB STREET - CRANSTON, RI 02920</td>
<td>05-6010248</td>
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<td>59-0454318</td>
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<td>UNRESTRICTED GIFT</td>
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<td>SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908</td>
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<td>AS MOST NEEDED</td>
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Schedule I (Form 990)
## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Schedule I (Form 990)
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<tr>
<td>(a) Name and address of organization or government</td>
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<td>(d) Amount of cash grant</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>ST. VINCENT DE PAUL SOCIETY 5 MANN AVENUE NEWPORT, RI 02840</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE, SUITE B WESTERLY, RI 02891-2789</td>
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<td>05-6000522</td>
<td>STATE GOV</td>
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<td>46-4385294</td>
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<td>(c) IRC section if applicable</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>02-0554654</td>
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<td>03-0197728</td>
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<td>03-0197728</td>
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<td>STOP WASTING ABANDONED PROPERTY - SWAP - 439 PINE STREET - PROVIDENCE, RI 02907</td>
<td>05-0370946</td>
<td>501(C)(3)</td>
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<td>SUNRISE MOVEMENT EDUCATION FUND, INC. - 50 F STREET NW STE #700 - WASHINGTON, DC 20001</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>23-7135845</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(c) IRC section if applicable</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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### Part II: Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

#### (a) Name and address of organization or government

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<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
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Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

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Schedule I (Form 990)
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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Schedule I (Form 990)
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Schedule I (Form 990)
### Part II  Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

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## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

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<tr>
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<td>05-0478645</td>
<td>501(C)(3)</td>
<td>8,000.00</td>
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</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------</td>
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<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
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### 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.

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<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
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### 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:**

1. **FOR GRANTS FROM DESIGNATED FUNDS FOR GENERAL SUPPORT, THE FOUNDATION REVIEWS THE NON-PROFIT STATUS THROUGH GUIDESTAR BEFORE MAKING AN ANNUAL GRANT.** FOR GRANTS FROM DESIGNATED FUNDS FOR PURPOSES OTHER THAN GENERAL SUPPORT, THE FOUNDATION ADDS THE REQUIREMENT THAT THE ORGANIZATION COMPLETE A DETAILED REPORT ON THE USE OF GRANT FUNDS BEFORE A SUBSEQUENT GRANT IS MADE.

2. **GRANTS FROM DONOR-ADVISED FUNDS ARE MADE IN RESPONSE TO RECOMMENDATIONS FROM DONOR-ADVISORS.** EACH RECOMMENDATION IS REVIEWED BY FOUNDATION STAFF.
BEFORE THE GRANT IS PROCESSED AND THE NON-PROFIT STATUS OF THE GRANTEE IS VERIFIED THROUGH GUIDESTAR.

3. GRANTS FROM DISCRETIONARY FUNDS ARE MADE IN RESPONSE TO PROPOSALS.

PROPOSALS ARE REVIEWED BY FOUNDATION STAFF (AND IN THE CASE OF COMMITTEE-ADVISED FUNDS, BY AN ADVISORY COMMITTEE AS WELL). PREAPPLICATION MEETINGS ARE CONDUCTED BY FOUNDATION STAFF PRIOR TO A GRANT DECISION BEING MADE. FULL GRANT REPORTS ARE REQUIRED BEFORE ANY SUBSEQUENT DISCRETIONARY GRANT IS MADE. THE MAJORITY OF DISCRETIONARY GRANT RECIPIENTS RECEIVE ONE OR MORE SITE VISITS FROM FOUNDATION STAFF AFTER THE GRANT IS MADE TO MONITOR THE IMPLEMENTATION OF GRANT-FUNDED PROJECTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACCESSPOINT RI

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORING CONNECTIONS: SUPPORTING CHILDREN AND ADULTS BEHAVIORAL HEALTH VIA TELEHEALTH THROUGHOUT COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: AFRICAN ALLIANCE OF RHODE ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING AND IMPLEMENTING A COMMUNITY HEALTH WORKER INTO A PUBLIC HEALTH ASTHENIS* MODEL TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: BLACKSTONE RIVER WATERSHED COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATION BLUE MIND; BUILDING COMMUNITY THROUGH IMPROVED VIEWSCAPE AND PLANT MANAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: BRADLEY HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING PROFESSIONAL DEVELOPMENT OPPORTUNITIES IN BEHAVIORAL HEALTH FOR EDUCATORS AND OTHER PROVIDERS
CONNECTED WITH SCHOOL DISTRICTS DURING THE COVID-19 CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S FRIEND AND SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENTING AND REDUCING THE EXACERBATION OF BEHAVIORAL HEALTH NEEDS FOR VULNERABLE YOUNG CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S FRIEND AND SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING CHILD CARE SERVICES FOR THE CHILDREN OF EMERGENCY RESPONDERS AND HEALTH CARE WORKERS AND EMERGENCY ASSISTANCE TO OUR FAMILIES DURING THE COVID-19 CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: EAST BAY COMMUNITY ACTION PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: EAST BAY COMMUNITY ACTION PROGRAM COVID-19 COMMUNITY BEHAVIORAL HEALTH RESPONSE ACTION PLAN

NAME OF ORGANIZATION OR GOVERNMENT: FOSTER FORWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER FORWARD / THE VILLAGE FOR RI FOSTER AND ADOPTIVE FAMILIES COVID-19 RELIEF PARTNERSHIP FOR FOSTER FAMILIES AND TRANSITION AGE FOSTER YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: HIGHER GROUND INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: HIGHER GROUND INTERNATIONAL COVID-19 CULTURALLY RESPONSIVE COMMUNITY OUTREACH EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE SISTERS OF THE POOR

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19-RELATED EXPENSES: PERSONAL PROTECTIVE EQUIPMENT, CLEANING AND SANITIZING SUPPLIES AND OTHER COVID-19 RELATED EQUIPMENT
NAME OF ORGANIZATION OR GOVERNMENT: MAE ORGANIZATION, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING FOOD DISTRIBUTION SERVICES AND PROVIDING COMMUNITY SUPPORT IN RESPONSE TO COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: MARIEVILLE NEIGHBORHOOD PARTNERSHIP
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING FOOD SECURITY AND RENTAL ASSISTANCE TO THE MARIEVILLE NEIGHBORHOOD AND CHARLES STREET CORRIDOR

NAME OF ORGANIZATION OR GOVERNMENT: PROVIDENCE COMMUNITY HEALTH CENTERS, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: ENSURING ACCESS TO INTEGRATED BEHAVIORAL HEALTHCARE IN THE PATIENT'S PRIMARY CARE MEDICAL HOME DURING THE COVID19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: PROVIDENCE PUBLIC LIBRARY
(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION, JOB ASSISTANCE, AND DIRECT SERVICE SUPPORT FOR VULNERABLE RHODE ISLANDERS

NAME OF ORGANIZATION OR GOVERNMENT: REACH OUT AND READ RHODE ISLAND
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING WITH MEDICAL PROVIDERS TO SUPPORT DAILY READING HABITS TO IMPROVE ACADEMIC AND LIFELONG SUCCESS FOR RHODE ISLAND'S YOUNGEST CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: RHODE ISLAND FREE CLINIC
(H) PURPOSE OF GRANT OR ASSISTANCE: ACCESS TO CARE: A STATEWIDE MODEL OF COORDINATED HEALTHCARE FOR UNINSURED LOW-INCOME ADULTS 2020
NAME OF ORGANIZATION OR GOVERNMENT: RHODE ISLAND HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL FIELD AND MULTIFOCAL ELECTRORETINOGRAM FOR THE DIAGNOSIS OF HEREDITARY AND ACQUIRED RETINAL DISEASES

NAME OF ORGANIZATION OR GOVERNMENT: RHODE ISLAND KIDS COUNT

(H) PURPOSE OF GRANT OR ASSISTANCE: DATA-DRIVEN POLICY AND ADVOCACY TO REDUCE CHILDHOOD AND ADOLESCENT OBESITY IN RHODE ISLAND–2020

NAME OF ORGANIZATION OR GOVERNMENT: RI ASSOCIATION FOR INFANT MENTAL HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: MEANINGFUL FAMILY TIME FOR INFANTS/YOUNG CHILDREN IN CHILD WELFARE: SUPPORTING CONNECTIONS THROUGH THE DISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: RI INSTITUTE FOR LABOR STUDIES & RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: REACHING ENGLISH LANGUAGE LEARNERS IN ESL CLASSES, TEACHER ASSISTANT CERTIFICATION, AND LEADERSHIP PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: SAGE - RHODE ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATING A CULTURE OF INCLUSION FOR LGBT RESIDENTS IN LONG-TERM CARE AND ASSISTED LIVING FACILITIES

NAME OF ORGANIZATION OR GOVERNMENT: SAN MIGUEL SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: AIR PURIFICATION/VENTILATION SYSTEM AND ADDITIONAL STAFFING (COVID RESPONSE PROGRAM)
NAME OF ORGANIZATION OR GOVERNMENT: SCANDINAVIAN HOME, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCEMENT FOR RESIDENTS TO ENCOURAGE VARIOUS TYPES OF INTERACTION WITH SOCIAL DISTANCING DURING COVID-19 TO REDUCE SOCIAL ISOLATION IN BOTH THE SKILLED NURSING FACILITY AND ASSISTED LIVING

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM ENDOWMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: BEHAVIORAL HEALTH SUPPORTS FOR THE VULNERABLE IN OUR COMMUNITY NOW AND IN THE AFTERMATH OF COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS RHODE ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: SPECIAL OLYMPICS RHODE ISLAND EFFECTIVELY AND SAFELY SERVING RHODE ISLANDERS WITH INTELLECTUAL DISABILITIES DURING A PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARY'S HOME FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: ST. MARY'S HOME FOR CHILDREN BASIC NEEDS FUND TO COVER HARDSHIPS TO FAMILIES IN NEED DUE TO COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC RHODE ISLAND FAMILY ADVOCACY NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: CIRCLES OF CONNECTIONS: ENDING THE ISOLATION OF RHODE ISLANDERS WITH DEVELOPMENTAL DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: THE AUTISM PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO STUDENTS WITH DISABILITIES, THEIR PARENTS AND THE PROFESSIONALS EDUCATING AND
SUPPORTING THEM AT HOME

NAME OF ORGANIZATION OR GOVERNMENT: THE MIRIAM HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUSTAINING AND GROWING THE PROVIDENCE TRANSITIONS CLINIC: PRIORITIZING THE HEALTH AND WELL-BEING OF JUSTICE-INVOLVED RHODE ISLANDERS

NAME OF ORGANIZATION OR GOVERNMENT: THRIVE BEHAVIORAL HEALTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENSURING INDIVIDUALS SUFFERING FROM MENTAL ILLNESS, ADDICTION & HOMELESSNESS RECEIVE SAFE & EFFECTIVE QUALITY CARE

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF CUMBERLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: MONASTERY ENTRANCE ENHANCEMENTS; NEW GRANITE SIGNAGE AND NEW VICTORIAN STYLE LIGHTHEADS MOUNTED ON PILLARS

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF NORTH PROVIDENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: VETERINARY SERVICES TO ASSIST RESIDENTS WHO ARE LOW-INCOME, ELDERLY OR DISABLED IN THE TOWNS OF NORTH PROVIDENCE AND JOHNSTON

NAME OF ORGANIZATION OR GOVERNMENT: TSNE MISSIONWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE RHODE ISLAND FOOD POLICY COUNCIL: PROMOTING AN EQUITABLE, ECONOMICALLY VIBRANT, AND ENVIRONMENTALLY RESILIENT FOOD SYSTEM IN THE OCEAN STATE

NAME OF ORGANIZATION OR GOVERNMENT: TSNE MISSIONWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE RHODE ISLAND FOOD POLICY
COUNCIL: PROMOTING AN EQUITABLE, ECONOMICALLY VIBRANT, AND ENVIRONMENTALLY RESILIENT FOOD SYSTEM IN THE OCEAN STATE
### Part I Questions Regarding Compensation

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<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
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<tr>
<td></td>
<td>Discretionary spending account</td>
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<td></td>
<td>Housing allowance or residence for personal use</td>
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<td></td>
<td>Payments for business use of personal residence</td>
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<td></td>
<td>Health or social club dues or initiation fees</td>
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</tr>
<tr>
<td></td>
<td>Personal services (such as maid, chauffeur, chef)</td>
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</tbody>
</table>

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.

|   | Compensation committee |   |
|   | Independent compensation consultant |   |
|   | Form 990 of other organizations |   |
|   | Written employment contract |   |
|   | Compensation survey or study |   |
|   | 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)?

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
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<td>(1) NEIL STEINBERG</td>
<td>(i) 460,117. (ii) 48,000. (iii) 7,591.</td>
<td>(i) 138,538. (ii) 23,627.</td>
<td>(i) 677,873.</td>
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<td>(2) JIM SANZI</td>
<td>(i) 195,308. (ii) 6,000.</td>
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<td>(3) JENNIFER REID</td>
<td>(i) 214,298. (ii) 5,500.</td>
<td>(i) 19,747.</td>
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<td>(4) KATHLEEN MALIN</td>
<td>(i) 168,456. (ii) 5,000.</td>
<td>(i) 2,343.</td>
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<td>(5) PAM HOWITT</td>
<td>(i) 135,589. (ii) 3,250.</td>
<td>(i) 3,139.</td>
<td>13,171.</td>
<td>21,918.</td>
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<tr>
<td>(6) JILL PFITZENMAYER</td>
<td>(i) 138,788. (ii) 2,000.</td>
<td>(i) 1,903.</td>
<td>13,256.</td>
<td>20,996.</td>
<td>176,943.</td>
</tr>
<tr>
<td>VP OF CAPACITY BUILDING</td>
<td>0. 0. 0. 0.</td>
<td>0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) DANIEL KERTZNER</td>
<td>(i) 138,989. (ii) 4,000.</td>
<td>(i) 1,227.</td>
<td>13,328.</td>
<td>12,887.</td>
<td>170,431.</td>
</tr>
<tr>
<td>SENIOR PHILANTHROPIC ADVIS</td>
<td>0. 0. 0. 0.</td>
<td>0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
PART I, LINE 4B:

THE CEO PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION PLAN.
### Part I: Types of Property

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded</td>
<td>X 74</td>
<td>5,206,852, SELLING PRICE</td>
<td></td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>17 Real estate - Other</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>25 Other ( )</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>26 Other ( )</td>
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<td></td>
<td></td>
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<tr>
<td>27 Other ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a 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? 31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32B:

All contributions of publicly traded securities are transferred to and sold by our custodian, Northern Trust.
**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 990-EZ.

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

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**Name of the organization**

THE RHODE ISLAND COMMUNITY FOUNDATION

**Employer identification number**

22-2604963

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**AMENDED RETURN**

THE RHODE ISLAND FOUNDATION FORM 990 WAS ADJUSTED TO INCORPORATE THE CORRECT INFORMATION. AS A RESULT, THE FOLLOWING INFORMATION WAS AMENDED:

- **PAGE 2**, CHANGED PROGRAM DESCRIPTION #2 FROM "ONOR DESIGNATED" TO "DONOR DESIGNATED"
- **PAGE 4 PART IV, #35B**, CHANGED FROM NO TO YES
- **PAGE 5 PART V, QUESTIONS 7G AND 7H**, UNMARKED NO.
- **PAGE 5, #7C**, CHANGED YES OR NO
- **PAGE 6 SECTION A**, CHANGED VOTING MEMBERS FROM 12 TO 13
- **SCH J**: ADDED DETAILED BREAKOUT OF COMPENSATION, BENEFITS, AND PENSION
- **PART VII**: ADDED JIM WRIGHT TO THE LIST
- **XII**: CHECKED X ON 2C
- **SOA**: SPLIT THE TOTAL CONTRIBUTION INTO GOVERNMENT GRANT (LINE 1E) AND CONTRIBUTION (LINE 1F)
- **SFE**: SPLIT DEPRECIATION EXPENSES INTO DEPRECIATION AND INSURANCE
- **SFE**: MOVE $1.873M FROM OTHER PROFESSIONAL FEES TO INVESTMENT MANAGEMENT FEES
- **SCH A**: REVISED THE EXCESS CONTRIBUTOR LIST.
- **SCH A**: ADDED OTHER INCOME IN PART II AND REMOVED AMOUNT FROM SECTION B Q12
- **SCH A PART VI**: ADDED SUPPLEMENTAL INFORMATION
- **SCH B**: CHANGED BLUED TO BLUE
- **SCH D**: ADDED DESCRIPTION OF THE INTENDED USE OF ENDORSEMENT FUNDS
- **SCH D**: CHANGED INVESTMENT CATEGORIES IN PART VII

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

360

11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042
THE RHODE ISLAND COMMUNITY FOUNDATION

SCH F PART I: CHANGED REGION NAME AND ADDED AMOUNT.

SCH J: MARK YES TO QUESTIONS 1B, 2, AND 4B

SCH R PART V: ADDED RELATED PARTY TRANSACTIONS FOR JUNE ROCKWELL LEVY

AND HAFFENREFFER FAMILY

SCH R PART II: CHANGED RI CHARITIES TRUST TO A CONTROLLED ENTITY

SOA LINE 7: BREAKOUT GAIN OR LOSS ON INVESTMENT EXCLUDED UNDER SECTION 512-514 AND UNRELATED PARTNERSHIP INVESTMENT

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALSO SEEK TO EXPAND AND SUSTAIN PROGRAMS THAT ARE HIGHLY EFFECTIVE AND PRODUCE RESULTS. WE ALSO OPERATE MULTIPLE SPECIAL GRANT PROGRAMS THAT FUND PROJECTS THAT BEST MATCH DONOR INTENT.

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

THE FOUNDATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE FOUNDATION'S FORM 990 "RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX" AND FORM 990T "EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN". THE AUDIT COMMITTEE REVIEWS AND APPROVES THE TAX RETURNS BEFORE DISTRIBUTION TO THE BOARD OF DIRECTORS. EACH DIRECTOR IS PROVIDED WITH AN ELECTRONIC COPY OF FORM 990 VIA THE BOARD'S WEBSITE PORTAL BEFORE IT IS FILED.

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

IT IS THE POLICY OF THE FOUNDATION TO REQUIRE THAT ALL MEMBERS OF THE BOARD OF DIRECTORS, COMMITTEES AND STAFF DISCLOSE, AND IN SOME INSTANCES REFRAIN FROM, ENGAGING IN BUSINESS PRACTICES OR CONDUCT THAT COULD CONSTITUTE A CONFLICT BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE FOUNDATION. STAFF PERSONS ARE PROHIBITED FROM SERVING ON THE BOARD OF
Directors of any organization likely to receive discretionary grants from the Foundation.

The Foundation's Executive Office regularly monitors and updates the Foundation's Conflict of Interest Policy. Potential conflicts of interest involving directors, officers, members of committees and staff are identified and addressed in order to assure that the Foundation is treated fairly in all its business dealings.

Form 990, Part VI, Section B, Line 15:

The Foundation's executive compensation policy is considered reasonable if it is an amount that would ordinarily be paid by similarly situated organizations under like circumstances. This policy applies to persons who are in a position to exercise substantial influence over the affairs of the Foundation.

Compensation of the CEO and CFO is reviewed and approved, in advance, by the Board Nominating and Governance Committee composed of individuals who do not have a conflict of interest. The committee relies upon appropriate data, such as a compensation report or proof of fair market value, as to comparability before making its decision, adequately documenting the basis for its determination.

Documentation must contain: the date and terms of the transaction; the members present and who voted; the data relied upon and how it was obtained; actions taken by members who had a conflict of interest and basis for any departure from reasonable compensation.
FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PRESENT VALUE OF SPLIT INTEREST AGREEMENTS 721,550.
**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- Go to www.irs.gov/Form990 for instructions and the latest information.
- Attach to Form 990.

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

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

**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE HAPPENREFFER FAMILY FUND - 05-6012787</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>C/O RI FOUNDATION ONE UNION STATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROVIDENCE, RI 02903</td>
<td>SUPPORTING ORGANIZATION</td>
<td>RHODE ISLAND</td>
<td>501(C)(3)</td>
<td>LINE 12A, I</td>
<td>THE RHODE ISLAND FOUNDATION</td>
<td>Yes</td>
</tr>
<tr>
<td>THE JUNE ROCKWELL LEVY FOUNDATION, INC. -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-6074284, C/O RI FOUNDATION ONE UNION STATION, PROVIDENCE, RI 02903</td>
<td>SUPPORTING ORGANIZATION</td>
<td>RHODE ISLAND</td>
<td>501(C)(3)</td>
<td>LINE 12A, I</td>
<td>THE RHODE ISLAND FOUNDATION</td>
<td>Yes</td>
</tr>
<tr>
<td>THE RHODE ISLAND CHARITIES TRUST -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05-0458759, C/O RI FOUNDATION ONE UNION STATION, PROVIDENCE, RI 02903</td>
<td>SUPPORTING ORGANIZATION</td>
<td>RHODE ISLAND</td>
<td>501(C)(3)</td>
<td>LINE 12A, I</td>
<td>THE RHODE ISLAND FOUNDATION</td>
<td>Yes</td>
</tr>
<tr>
<td>THE DOWNCITY PARTNERSHIP INC. - 05-0514476</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C/O RI FOUNDATION ONE UNION STATION</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PROVIDENCE, RI 02903</td>
<td>SUPPORTING ORGANIZATION</td>
<td>RHODE ISLAND</td>
<td>501(C)(3)</td>
<td>LINE 12A, I</td>
<td>THE RHODE ISLAND FOUNDATION</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Part II Continuation of Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 501(c)(3) controlled organization?</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEWISH FOUNDATION OF GREATER RHODE ISLAND - 05-0259003, C/O RI FOUNDATION</td>
<td>SUPPORTING ORGANIZATION</td>
<td>RHODE ISLAND</td>
<td>501(C)(3)</td>
<td>LINE 12A, I FOUNDATION</td>
<td>X</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Part III

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

<table>
<thead>
<tr>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Direct controlling entity</th>
<th>Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>Share of total income</th>
<th>Share of end-of-year assets</th>
<th>Disproportionate allocations?</th>
<th>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>General or managing partner?</th>
<th>Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Yes</td>
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<td>Yes</td>
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<td>No</td>
</tr>
</tbody>
</table>

### Part IV

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

<table>
<thead>
<tr>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Direct controlling entity</th>
<th>Type of entity (C corp, S corp, or trust)</th>
<th>Share of total income</th>
<th>Share of end-of-year assets</th>
<th>Percentage ownership</th>
<th>Section 512(b)(13) controlled entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARITABLE REMAINDER UNITRUSTS (FOUNDATION IS TRUSTEE) (6), C/O RI FOUNDATION ONE UNION STATION, PROVIDENCE, RI 02903 INVESTMENTS</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
</tr>
</tbody>
</table>
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?
   a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   b. Gift, grant, or capital contribution to related organization(s)
   c. Gift, grant, or capital contribution from related organization(s)
   d. Loans or loan guarantees to or for related organization(s)
   e. Loans or loan guarantees by related organization(s)
   f. Dividends from related organization(s)
   g. Sale of assets to related organization(s)
   h. Purchase of assets from related organization(s)
   i. Exchange of assets with related organization(s)
   j. Lease of facilities, equipment, or other assets to related organization(s)
   k. Lease of facilities, equipment, or other assets from related organization(s)
   l. Performance of services or membership or fundraising solicitations for related organization(s)
   m. Performance of services or membership or fundraising solicitations by related organization(s)
   n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   o. Sharing of paid employees with related organization(s)
   p. Reimbursement paid to related organization(s) for expenses
   q. Reimbursement paid by related organization(s) for expenses
   r. Other transfer of cash or property to related organization(s)
   s. Other transfer of cash or property from related organization(s)

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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) HAFFENREFFER FAMILY FUND</td>
<td>S</td>
<td>67,399</td>
<td>SUPPORT FEE PAID</td>
</tr>
<tr>
<td>(2) JUNE ROCKWELL LEVY FOUNDATION, INC.</td>
<td>S</td>
<td>137,196</td>
<td>SUPPORT FEE PAID</td>
</tr>
<tr>
<td>(3) THE DOWNTOWN PARTNERSHIP, INC.</td>
<td>C</td>
<td>284,080</td>
<td>GRANT PAID</td>
</tr>
<tr>
<td>(4) RHODE ISLAND</td>
<td>S</td>
<td>135,982</td>
<td>SUPPORT FEE PAID</td>
</tr>
<tr>
<td>(5) JUNE ROCKWELL LEVY FOUNDATION, INC.</td>
<td>C</td>
<td>60,000</td>
<td>GRANT PAID</td>
</tr>
<tr>
<td>(6) HAFFENREFFER FAMILY FUND</td>
<td>C</td>
<td>80,000</td>
<td>GRANT PAID</td>
</tr>
</tbody>
</table>
Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

THE RHODE ISLAND COMMUNITY FOUNDATION

22-2604963

Schedule R (Form 990) 2020
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME AND ADDRESS OF RELATED ORGANIZATION:

CHARITABLE REMAINDER ANNUITY TRUSTS (FOUNDATION IS TRUSTEE)

(3)

C/O RI FOUNDATION ONE UNION STATION

PROVIDENCE, RI 02903
# TAX RETURN FILING INSTRUCTIONS

**FOR THE YEAR ENDING**  
**DECEMBER 31, 2020**

<table>
<thead>
<tr>
<th>Prepared for</th>
</tr>
</thead>
</table>
| THE RHODE ISLAND COMMUNITY FOUNDATION  
| ONE UNION STATION  
| PROVIDENCE, RI 02903 |

<table>
<thead>
<tr>
<th>Prepared by</th>
</tr>
</thead>
</table>
| KAHN, LITWIN, RENZA & CO., LTD.  
| 951 NORTH MAIN STREET  
| PROVIDENCE, RI 02904 |

<table>
<thead>
<tr>
<th>Amount due or refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO AMOUNT IS DUE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Make check payable to</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO AMOUNT IS DUE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail tax return and check (if applicable) to</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT APPLICABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Return must be mailed on or before</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT APPLICABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-EO AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.</td>
</tr>
</tbody>
</table>
**Form 8879-EO**

**IRS e-file Signature Authorization**

for an Exempt Organization

For calendar year 2020, or fiscal year beginning ___ , 2020, and ending ___ , 2020.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

---

**Part I**

**Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<table>
<thead>
<tr>
<th>Form</th>
<th>Check</th>
<th>Revenue</th>
<th>Tax</th>
<th>Total</th>
<th>Revenue, if any</th>
<th>Tax based on investment income</th>
<th>Balance due</th>
<th>Total tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>990</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1b</td>
<td>4b</td>
<td>5b</td>
<td>6b</td>
</tr>
<tr>
<td>990-EZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1120-POL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>990-PF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8868</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>990-T</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4720</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Part II**

**Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that [ ] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. To revoke this consent, I must contact the U.S. Treasury Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return or refund, and the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

PIN: check one box only

[ ] I authorize KAHN, LITWIN, RENZA & CO., LTD. to enter my PIN 02903

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

---

**Part III**

**Certification and Authentication**

**ERO’s EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

<table>
<thead>
<tr>
<th>ERO’s EFIN/PIN</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>05052602904</td>
<td></td>
</tr>
</tbody>
</table>

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File Information for Authorized IRS e-file Providers for Business Returns.

ERG’s signature

Date

---

** layoffs, LHA, for Paperwork Reduction Act Notice, see instructions.

Do Not Submit This Form to the IRS Unless Requested To Do So

<table>
<thead>
<tr>
<th>Taxpayer Identification number</th>
<th>Name and title of officer or person subject to tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-2604963</td>
<td>JENNIFER REID</td>
</tr>
</tbody>
</table>

---

**Department of the Treasury Internal Revenue Service**

---

**Note:** Do not enter all zeros.
Form 8868 (Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Taxpayer identification number (TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>File by the due date for filing your return. See instructions.</td>
<td>THE RHODE ISLAND COMMUNITY FOUNDATION</td>
<td>22-2604963</td>
</tr>
<tr>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td>ONE UNION STATION</td>
<td></td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td>PROVIDENCE, RI 02903</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application for Automatic Extension of Time To File an Exempt Organization Return

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

THE RHODE ISLAND COMMUNITY FOUNDATION

Telephone No. 401-274-4564 Fax No. 401-274-4564

If the organization does not have an office or place of business in the United States, check this box .
If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

► X calendar year 2020 or
► tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a $ 0 .

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b $ 0 .

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c $ 0 .

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
**Exempt Organization Business Income Tax Return**

**Form 990-T**

**Department of the Treasury**
**Internal Revenue Service**

**OMB No. 1545-0047**

**For calendar year 2020 or other tax year beginning , and ending .**

<table>
<thead>
<tr>
<th>A</th>
<th>Check box if address changed.</th>
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</table>

**Name of organization**

<table>
<thead>
<tr>
<th>Print or Type</th>
<th>THE RHODE ISLAND COMMUNITY FOUNDATION</th>
</tr>
</thead>
</table>

**Number, street, and room or suite no. If a P.O. box, see instructions.**

<table>
<thead>
<tr>
<th>City or town, state or province, country, and ZIP or foreign postal code</th>
<th>PROVIDENCE, RI 02903</th>
</tr>
</thead>
</table>

**Book value of all assets at end of year**

| 1,115,655,250. |

**Check organization type**

| Check box if name changed and see instructions. |

**Check if filing only to Claim credit from Form 8941**

| Yes No |

**Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation**

| Yes No |

**Enter the number of attached Schedules A (Form 990-T)**

| 1 |

**During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?**

| Yes No |

**The books are in care of**

| THE RHODE ISLAND COMMUNITY FOUND |

**Telephone number**

| 401-274-4564 |

**Part I Total Unrelated Business Taxable Income**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)</td>
<td>-611,660.</td>
</tr>
<tr>
<td>2</td>
<td>Reserved</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Add lines 1 and 2</td>
<td>-611,660.</td>
</tr>
<tr>
<td>4</td>
<td>Charitable contributions (see instructions for limitation rules)</td>
<td>0.</td>
</tr>
<tr>
<td>5</td>
<td>Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3</td>
<td>-611,660.</td>
</tr>
<tr>
<td>6</td>
<td>Deduction for net operating loss. See instructions</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5</td>
<td>-611,660.</td>
</tr>
<tr>
<td>8</td>
<td>Specific deduction (generally $1,000, but see instructions for exceptions)</td>
<td>1,000.</td>
</tr>
<tr>
<td>9</td>
<td>Trusts. Section 199A deduction. See instructions</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total deductions. Add lines 8 and 9</td>
<td>1,000.</td>
</tr>
<tr>
<td>11</td>
<td>Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero</td>
<td>0.</td>
</tr>
</tbody>
</table>

**Part II Tax Computation**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)</td>
<td>0.</td>
</tr>
<tr>
<td>2</td>
<td>Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Proxy tax. See instructions</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Other tax amounts. See instructions</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Alternative minimum tax (trusts only)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Tax on noncompliant facility income. See instructions</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Total. Add lines 3 through 6 to line 2 or 2, whichever applies</td>
<td>0.</td>
</tr>
</tbody>
</table>
Part III - Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ........................................... 1a
b Other credits (see instructions) .................................................................................................................. 1b
c General business credit. Attach Form 3800 (see instructions) .............................................................. 1c
d Credit for prior year minimum tax (attach Form 8801 or 8827) .............................................................. 1d
e Total credits. Add lines 1a through 1d ......................................................................................................... 1e

2 Subtract line 1e from Part II, line 7 ............................................................................................................. 2

3 Other taxes. Check if from: □ Form 4255 □ Form 8611 □ Form 8997 □ Form 8866
□ Other (attach statement) .................................................................................................................... 3

4 Total tax. Add lines 2 and 3 (see instructions), □ Check if includes tax previously deferred under
section 1294. Enter tax amount here ........................................................................................................... 4

5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5

6a Payments: A 2019 overpayment credited to 2020 .................................................................................. 6a
b 2020 estimated tax payments. Check if section 643(g) election applies .................................................. 6b
c Tax deposited with Form 8868 .................................................................................................................. 6c
d Foreign organizations: Tax paid or withheld at source (see instructions) ................................................. 6d
e Backup withholding (see instructions) ....................................................................................................... 6e
f Credit for small employer health insurance premiums (attach Form 8941) .............................................. 6f
g Other credits, adjustments, and payments: □ Form 2439 □ Form 4136 □ Other
□ Total .......................................................................................................................................................... 6g

7 Total payments. Add lines 6a through 6g ................................................................................................. 7

8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .............................................. 8

9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ................................. 9

10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ............... 10

11 Enter the amount of line 10 you want: Credited to 2021 estimated tax □ Refunded □ 11

Part IV - Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country
here □ .......................................................................................................................................................... 1

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a
foreign trust? ............................................................................................................................................... 2

3 Enter the amount of tax-exempt interest received or accrued during the tax year ................................. 3

4a Did the organization change its method of accounting? (see instructions) ........................................... 4a
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,
explain in Part V ........................................................................................................................................ 4b

Part V - Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here

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

Signature of officer ........................................ Date ........................................ CFO

Paid Preparer Use Only

Print/Type preparer’s name .......................................................................................................................... 1
Preparer’s signature ....................................................................................................................................... 2
Date 07/12/22 ............................................................................................................................................... 3
Check □ if self-employed ............................................................................................................................ 4
PTIN P01399337 ......................................................................................................................................... 5

Firm’s name ▶ KAHN, LITWIN, RENZA & CO., LTD. ............................................................................... 1
Firm’s address ▶ 951 NORTH MAIN STREET ............................................................................................. 2
Firm’s EIN ▶ 05-0409384 ............................................................................................................................ 3
Phone no. 401-274-2001 .............................................................................................................................. 4
**SCHEDULE A**
(Form 990-T)

**Unrelated Business Taxable Income From an Unrelated Trade or Business**

- **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**
- **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

**Entity**

- **OMB No. 1545-0047**
- **Department of the Treasury**
- **Internal Revenue Service**
- **Open to Public Inspection for 501(c)(3) Organizations Only**
- **2020**

**Part I** Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>Unrelated Trade or Business Income</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a. Gross receipts or sales</td>
<td>1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b. Less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c. Balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cost of goods sold (Part III, line 8)</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gross profit. Subtract line 2 from line 1c</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. a. Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)</td>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 b. Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)</td>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 c. Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Income (loss) from a partnership or an S corporation (attach statement)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Rent income (Part IV)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Unrelated debt-financed income (Part V)</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Interest, annuities, royalties, and rents from a controlled organization (Part VI)</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Exploited exempt activity income (Part VIII)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Advertising income (Part IX)</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income (see instructions; attach statement)</td>
<td>12</td>
<td>-546,850.</td>
<td>-546,850.</td>
</tr>
</tbody>
</table>

**Part II** Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<table>
<thead>
<tr>
<th>Deductions Not Taken Elsewhere</th>
<th>SEE STATEMENT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Compensation of officers, directors, and trustees (Part X)</td>
<td>1</td>
</tr>
<tr>
<td>2. Salaries and wages</td>
<td>2</td>
</tr>
<tr>
<td>3. Repairs and maintenance</td>
<td>3</td>
</tr>
<tr>
<td>4. Bad debts</td>
<td>4</td>
</tr>
<tr>
<td>5. Interest (attach statement) (see instructions)</td>
<td>5</td>
</tr>
<tr>
<td>6. Taxes and licenses</td>
<td>6</td>
</tr>
<tr>
<td>7. Depreciation (attach Form 4562) (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8. Less depreciation claimed in Part III and elsewhere on return</td>
<td>8a</td>
</tr>
<tr>
<td>9. Depletion</td>
<td>9</td>
</tr>
<tr>
<td>10. Contributions to deferred compensation plans</td>
<td>10</td>
</tr>
<tr>
<td>11. Employee benefit programs</td>
<td>11</td>
</tr>
<tr>
<td>12. Excess exempt expenses (Part VIII)</td>
<td>12</td>
</tr>
<tr>
<td>13. Excess readership costs (Part IX)</td>
<td>13</td>
</tr>
<tr>
<td>14. Other deductions (attach statement)</td>
<td>14</td>
</tr>
<tr>
<td>15. Total deductions. Add lines 1 through 14</td>
<td>15</td>
</tr>
<tr>
<td>16. Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)</td>
<td>16</td>
</tr>
<tr>
<td>17. Deduction for net operating loss (see instructions)</td>
<td>17</td>
</tr>
</tbody>
</table>
### Part III Cost of Goods Sold

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inventory at beginning of year</td>
<td></td>
</tr>
<tr>
<td>2. Purchases</td>
<td></td>
</tr>
<tr>
<td>3. Cost of labor</td>
<td></td>
</tr>
<tr>
<td>4. Additional section 263A costs (attach statement)</td>
<td></td>
</tr>
<tr>
<td>5. Other costs (attach statement)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> Add lines 1 through 5</td>
<td></td>
</tr>
<tr>
<td>6. Inventory at end of year</td>
<td></td>
</tr>
<tr>
<td><strong>Cost of goods sold</strong> Subtract line 6 from line 5. Enter here and in Part I, line 9</td>
<td></td>
</tr>
</tbody>
</table>

#### Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?
- [ ] Yes
- [x] No

### Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rent received or accrued</strong> Add line 2c columns A through D. Enter here and on Part I, line 9, column (A)</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)</strong></td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part V Unrelated Debt-Financed Income

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross income from or allocable to debt-financed property</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductions directly connected with or allocable to debt-financed property</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Straight line depreciation (attach statement)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Other deductions (attach statement)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Total deductions (add lines 3a and 3b, columns A through D)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amount of average acquisition debt on or allocable to debt-financed property (attach statement)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Average adjusted basis of or allocable to debt-financed property (attach statement)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Divide line 4 by line 5</strong></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td><strong>Gross income reportable. Multiply line 2 by line 6</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total gross income</strong> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Allocable deductions. Multiply line 3c by line 6</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total dividends-received deductions included in line 10</strong></td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Schedule A (Form 990-T) 2020**

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization's gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nonexempt Controlled Organizations**

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization's gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals 0, 0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals 0, 0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

<table>
<thead>
<tr>
<th>1 Description of exploited activity:</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Schedule A (Form 990-T) 2020

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**Exempt Controlled Organizations**

**Nonexempt Controlled Organizations**

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
### Part IX  Advertising Income

1. Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

   A
   B
   C
   D

Enter amounts for each periodical listed above in the corresponding column.

2. Gross advertising income  
   Add columns A through D. Enter here and on Part I, line 11, column (A)  
   \[
   0.00
   \]

3. Direct advertising costs by periodical  
   a  
   Add columns A through D. Enter here and on Part I, line 11, column (B)  
   \[
   0.00
   \]

4. Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8  

   5. Readership costs  
   6. Circulation income  
   7. Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero  
   8. Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7  
   a  
   Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13  
   \[
   0.00
   \]

### Part X  Compensation of Officers, Directors, and Trustees  (see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percentage of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter here and on Part II, line 1  
\[
0.00
\]

### Part XI  Supplemental Information  (see instructions)

---

---
### Other Income Statement 1

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCOME/LOSS FROM INVESTMENT IN PARTNERSHIPS</td>
<td>-546,850.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE A, PART I, LINE 12</td>
<td>-546,850.</td>
</tr>
</tbody>
</table>

### Other Deductions Statement 2

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAX PREPARATION RELATED TO 990-T</td>
<td>54,990.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE A, PART II, LINE 14</td>
<td>54,990.</td>
</tr>
</tbody>
</table>
THE RHODE ISLAND COMMUNITY FOUNDATION

Name of person filing this return

Filer’s identification number

Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 [ ]

2 [ ]

3 [X]

4 [ ]

Filer’s tax year beginning JAN 1, 2020, and ending DEC 31, 2020

C Filer’s share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

G Name and address of foreign partnership
GREENSPRING GLOBAL PARTNERS VII, LP

100 PAINTERS MILL ROAD, SUITE 700

OWINGS MILLS, MD 21117

H Provide the following information for the foreign partnership’s tax year:

Date of organization
03/30/2015

Principal place of business

INVESTMENTS

Principal business activity code number
523900

Principal business activity

Q

Principal business activity code number

7

Principal business activity

INVESTMENTS

Functional currency
USD

Exchange rate (see instructions)

I During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren’t allowed a deduction under section 267A? See instructions

Yes [ ] No [X]

J If “Yes,” enter the total amount of the disallowed deductions

K Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes [ ] No [X]

L Were any special allocations made by the foreign partnership?

Yes [ ] No [X]

M Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

0

N How is this partnership classified under the law of the country in which it’s organized?

EXEMPT LTD PTSHIP

O Does the filer have interest in the foreign partnership, or an interest indirectly through the foreign partnership, that’s a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If “No,” skip question 10b

Yes [ ] No [X]

P If “Yes,” does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?

Yes [ ] No [X]

Q Does this partnership meet both of the following requirements?

1. The partnership’s total receipts for the tax year were less than $250,000.
2. The value of the partnership’s total assets at the end of the tax year was less than $1 million.

Yes [ ] No [X]
Form 8865 (2020)  THE RHODE ISLAND COMMUNITY FOUNDATION  22-2604963 Page 2

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? □ Yes □ No

b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) □

c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI □

d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI □

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership □

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? □ Yes □ No

15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure underRegs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions □ Yes □ No

b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment □ Yes □ No

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

Signature of general partner or limited liability company member

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

Firm's name

Firm's address

Firm's EIN

Phone no.

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a □ Owns a direct interest

b □ Owns a constructive interest

Name

Address

Identification number (if any)

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name

Address

Identification number (if any)

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner

Address

Country of organization (if any)

U.S. taxpayer identification number (if any)

Check if related to U.S. transferor

Percentage interest

Capital

Profits

Does the partnership have any other foreign person as a direct partner? □ Yes □ No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name

Address

EIN (if any)

Total ordinary income or loss

Check if foreign partnership

GREENSPRING GLOBAL PARTNER 100 PAINTERS MILL ROAD, ST98-1241507

OWINGS MILLS, MD  21117

Form 8865 (2020)
### Part I Transfers Reportable Under Section 6038B

<table>
<thead>
<tr>
<th>Type of property</th>
<th>Date of transfer</th>
<th>Description of property</th>
<th>Fair market value on date of transfer</th>
<th>Cost or other basis</th>
<th>Recovery period</th>
<th>Section 704(c) allocation method</th>
<th>Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>06/30/20</td>
<td></td>
<td>250,000.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock, notes receivable and payable, and other securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible property used in trade or business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible property described in section 197(f)(9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible property, other than intangible property described in section 197(f)(9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td>250,000.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Enter the transferor’s percentage interest in the partnership: (a) Before the transfer 16.2976 % (b) After the transfer 16.7144 %

### Part II Dispositions Reportable Under Section 6038B

- **Type of property**
- **Date of original transfer**
- **Date of disposition**
- **Manner of disposition**
- **Gain recognized by partnership**
- **Depreciation recapture recognized by partnership**
- **Gain allocated to partner**
- **Depreciation recapture allocated to partner**

### Part III

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.
**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

**Filer's identification number**

22-2604963

**Name of person filing this return**

THE RHODE ISLAND COMMUNITY FOUNDATION

**Filer's address (if you aren't filing this form with your tax return)**

**Category of filer (see Categories of Filers in the instructions and check applicable box(es)):**

[ ] Category 1

[ ] Category 2

[ ] Constructive owner

**Date of organization**

11/04/2016

**Principal place of business**

100 PAINTERS MILL ROAD, SUITE 700

OWINGS MILLS, MD 21117

**Principal business activity code number**

523900

**Principal business activity**

INVESTMENTS

**Functional currency**

USD

**Exchange rate (see instructions)**

**Check if applicable box(es)**

[ ] Form 1042

[ ] Form 8804

[ ] Form 1065

**Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different**

GREENSPRING ASSOCIATES, INC.

100 PAINTERS MILL ROAD, STE. 700

OWINGS MILLS, MD 21117

**Name, address, and identification number of agent (if any) in the United States**

MAPLES CORPORATE SERVICES LIMITED

PO BOX 309, UGLAND HOUSE

GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS

OWINGS MILLS, MD 21117

**Check if the foreign partnership must file:**

[ ] E-FILE

**Name and address of foreign partnership's agent in country of organization, if any**

GREENSPRING ASSOCIATES, INC.

100 PAINTERS MILL ROAD, STE. 700

OWINGS MILLS, MD 21117

**Name and address of foreign partnership**

GREENSPRING GLOBAL PARTNERS VIII, LP

100 PAINTERS MILL ROAD, SUITE 700

OWINGS MILLS, MD 21117

**Reference ID number**

98-1335176

**Country under whose laws organized**

CAYMAN ISLANDS

**During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A?**

[ ] Yes

[ ] No

**Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?**

[ ] Yes

[ ] No

**Were any special allocations made by the foreign partnership?**

[ ] Yes

[ ] No

**How is this partnership classified under the law of the country in which it's organized?**

[ ] EXEMPT LTD PTSHIP

**Does this partnership meet either of the following requirements?**

1. The partnership's total receipts for the tax year were less than $250,000.

2. The value of the partnership's total assets at the end of the tax year was less than $1 million.

[ ] Yes

[ ] No

**Form (2020)**

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
12a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? □ Yes □ No

12b If “Yes,” enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

12c If “Yes,” enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI

12d If “Yes,” enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?

15a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure underRegs. 1.707-3 or 1.707-6? If “Yes,” attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions

15b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If “Yes,” attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment

---

**Schedule A**

**Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Identification number (if any)</th>
<th>Check if foreign person</th>
<th>Check if direct partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Identification number (if any)</th>
<th>Check if foreign person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A-1**

**Certain Partners of Foreign Partnership** (see instructions)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Identification number (if any)</th>
<th>Check if foreign person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A-2**

**Foreign Partners of Section 721(c) Partnership** (see instructions)

<table>
<thead>
<tr>
<th>Name of foreign partner</th>
<th>Address</th>
<th>Country of organization (if any)</th>
<th>U.S. taxpayer identification number (if any)</th>
<th>Check if related to U.S. transferor</th>
<th>Percentage interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Capital %</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Profits %</td>
</tr>
</tbody>
</table>

Does the partnership have any other foreign person as a direct partner? □ Yes □ No

**Schedule A-3**

**Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>EIN (If any)</th>
<th>Total ordinary income or loss</th>
<th>Check if foreign partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREENSPRING GLBL PTRS VIII</td>
<td>100 PAINTERS MILL ROAD, ST</td>
<td>81-4469300</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part I: Transfers Reportable Under Section 6038B

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Recovery period</th>
<th>(f) Section 704(c) allocation method</th>
<th>(g) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>06/30/20</td>
<td></td>
<td>873,351</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock, notes receivable and payable, and other securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible property used in trade or business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible property described in section 197(f)(9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible property, other than intangible property described in section 197(f)(9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td><strong>873,351</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Enter the transferor’s percentage interest in the partnership: (a) Before the transfer 16.5121 % (b) After the transfer 14.2509 %

### Part II: Dispositions Reportable Under Section 6038B

<table>
<thead>
<tr>
<th>(a) Type of property</th>
<th>(b) Date of original transfer</th>
<th>(c) Date of disposition</th>
<th>(d) Manner of disposition</th>
<th>(e) Gain recognized by partnership</th>
<th>(f) Depreciation recapture recognized by partnership</th>
<th>(g) Gain allocated to partner</th>
<th>(h) Depreciation recapture allocated to partner</th>
</tr>
</thead>
</table>

### Part III: Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?

<table>
<thead>
<tr>
<th>LHA</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Suppemental Information Required To Be Reported (see instructions):

**TRANSFER OF CASH FOR INVESTMENT IN THE PARTNERSHIP**

---

**Schedule O (Form 8865) 12-2018**

---

**THE RHODE ISLAND COMMUNITY FOUNDATION**

---

**GREENSPRING GLOBAL PARTNER VIII,**

---

**GREENSPRINGVII**

---

**EIN (if any) Reference ID number (see instr)**

---

**98-1335176**

---

**Filer’s identifying number**

---

**22-2604963**

---

**THE RHODE ISLAND COMMUNITY FOUNDATION**

---

**FILER’S IDENTIFYING NUMBER**

---

**22-2604963**

---

**REFERENCES TO INFORMATION REPORTED ON OTHER FORMS**

---

**SCHEDULE O**

---

**Form 8865**

---

**(Rev. December 2018)**

---

**ATTACH TO FORM 8865. SEE THE INSTRUCTIONS FOR FORM 8865.**

---

**GO TO WWW.IRS.GOV/FORM8865 FOR INSTRUCTIONS AND THE LATEST INFORMATION.**

---

**OMB No. 1545-1668**

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**11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042**

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**010661 04-01-20**

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**385**
THE RHODE ISLAND COMMUNITY FOUNDATION

Filer's address (if you aren't filing this form with your tax return)

Name of person filing this return

The Rhode Island Community Foundation

Filer's identification number

22-2604963

Category of filer (see Categories of Filers in the instructions and check applicable box(es))

1 2 3 4

Beginning \( \text{JAN 1, 2020} \) and ending \( \text{DEC 31, 2020} \)

Name

Address

EIN

PROVIDENCE EQUITY PARTNERS VII LP

50 KENNEDY PLAZA 18TH FLOOR

PROVIDENCE, RI 02903

Date of organization

04/19/2011

Principal place of business

CAYMAN ISLANDS

Principal business activity code number

523900

Principal business activity

INVESTMENTS

Functional currency

USD

Exchange rate (see instructions)

Form 8865 2020

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
Form 8865 (2020) THE RHODE ISLAND COMMUNITY FOUNDATION 22-2604963 Page 2

12

a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?

☐ Yes ☐ No

b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)


c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI


d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI


13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership


14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?

☐ Yes ☐ No

15a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure underRegs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions

☐ Yes ☐ No

b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment

☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.

Signature of general partner or limited liability company member

Date

Print/Type preparer’s name

Preparer’s signature

Date

Check if self-employed

PTIN

Paid Preparer Use Only

Firm’s name

Firm’s address

Firm’s EIN

Phone no.

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☒ Owns a direct interest

b ☐ Owns a constructive interest

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Identification number (if any)</th>
<th>Check if foreign person</th>
<th>Check if direct partner</th>
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Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

<table>
<thead>
<tr>
<th>Name of foreign partner</th>
<th>Address</th>
<th>Country of organization (if any)</th>
<th>U.S. taxpayer identification number (if any)</th>
<th>Check if related to U.S. transferor</th>
<th>Percentage interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Capitale Profits</td>
<td></td>
</tr>
</tbody>
</table>

Does the partnership have any other foreign person as a direct partner?

☒ Yes ☐ No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>EIN (If any)</th>
<th>Total ordinary income or loss</th>
<th>Check if foreign partnership</th>
</tr>
</thead>
</table>
## Transfer of Property to a Foreign Partnership (Under Section 6038B)

### Part I Transfers Reportable Under Section 6038B

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Recovery period</th>
<th>(f) Section 704(c) allocation method</th>
<th>(g) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>06/30/20</td>
<td>191,595.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock, notes receivable and payable, and other securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tangible property used in trade or business</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible property described in section 197(f)(9)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible property, other than intangible property described in section 197(f)(9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td>191,595.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Enter the transferor's percentage interest in the partnership: (a) Before the transfer **1.880 %** (b) After the transfer **1.826 %**

### Part II Dispositions Reportable Under Section 6038B

<table>
<thead>
<tr>
<th>(a) Type of property</th>
<th>(b) Date of original transfer</th>
<th>(c) Date of disposition</th>
<th>(d) Manner of disposition</th>
<th>(e) Gain recognized by partnership</th>
<th>(f) Depreciation recapture recognized by partnership</th>
<th>(g) Gain allocated to partner</th>
<th>(h) Depreciation recapture allocated to partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

388

11370712 788564 P222604963  2020.06000 THE RHODE ISLAND COMMUNITY P2226042
**Form 8938**

**Statement of Specified Foreign Financial Assets**

Go to www.irs.gov/Form8938 for instructions and the latest information.

Attach to your tax return.

**For calendar year 2020 or tax year beginning and ending**

---

1. **Name(s) shown on return**
   - THE RHODE ISLAND COMMUNITY FOUNDATION
   - **TIN** 22-2604963

2. **Type of filer**
   - Specified individual □
   - Partnership □
   - Corporation □
   - Trust □

3. **Number of continuation statements**
   - □

---

**Part I - Foreign Deposit and Custodial Accounts Summary**

1. **Number of deposit accounts (reported in Part V)**
   - 11

2. **Maximum value of all deposit accounts**
   - $

3. **Number of custodial accounts (reported in Part V)**
   - $

4. **Maximum value of all custodial accounts**
   - $

5. **Were any foreign deposit or custodial accounts closed during the tax year?**
   - No

---

**Part II - Other Foreign Assets Summary**

1. **Number of foreign assets (reported in Part VI)**
   - $

2. **Maximum value of all assets (reported in Part VI)**
   - $

3. **Were any foreign assets acquired or sold during the tax year?**
   - No

---

**Part III - Summary of Tax Items Attributable to Specified Foreign Financial Assets**

(a) **Asset category**
   - Foreign deposit and custodial accounts
   - Other foreign assets

(b) **Tax item**
   - Interest
   - Dividends
   - Royalties
   - Other income
   - Gains (losses)
   - Deductions
   - Credits

(c) **Amount reported on form or schedule**
   - $

(d) **Form and line**

(e) **Schedule and line**

---

**Part IV - Excepted Specified Foreign Financial Assets**

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. **Number of Forms 3520**
   - 2.
2. **Number of Forms 3520-A**
   - 3.
3. **Number of Forms 5471**
   - 4.
4. **Number of Forms 8621**
   - 5.
5. **Number of Forms 8865**
   - 3

---

**Part V - Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**

If you have more than one account to report in Part V, attach a continuation statement for each additional account. See instructions.

1. **Type of account**
   - Deposit □
   - Custodial □

2. **Account number or other designation**
   - RI COMMUNITY FOUNDATION

---

**Instructions**

- For Paperwork Reduction Act Notice, see the separate instructions.

---

**LHA**

For Paperwork Reduction Act Notice, see the separate instructions.

02020 11-02-20

---

**Attachment Sequence No. 938**

---

**Statement of Specified Foreign Financial Assets for the Year Ending**

**THE RHODE ISLAND COMMUNITY FOUNDATION**

**TIN** 22-2604963

---

**For Paperwork Reduction Act Notice, see the separate instructions.**

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**Form 8938 (2020)**

---

**LHA**

For Paperwork Reduction Act Notice, see the separate instructions.

023021 11-02-20

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**11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042**

---
### Part V  Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

(see instructions) (continued)

<table>
<thead>
<tr>
<th>7a Name of financial institution in which account is maintained</th>
<th>b Global Intermediary Identification Number (GIIN) (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONVEXITY CAPITAL OFFSHORE LP</td>
<td></td>
</tr>
</tbody>
</table>

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

C/O INTERNATIONAL FUND SERVICES

9 City or town, state or province, and country (including postal code)

DUBLIN 2 IRELAND

### Part VI  Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary

(see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset. See instructions.

<table>
<thead>
<tr>
<th>1 Description of asset</th>
<th>2 Identifying number or other designation</th>
</tr>
</thead>
</table>

3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.

<table>
<thead>
<tr>
<th>a Date asset acquired during tax year, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Date asset disposed of during tax year, if applicable</td>
</tr>
<tr>
<td>c Check if asset jointly owned with spouse</td>
</tr>
<tr>
<td>d Check if no tax item reported in Part III with respect to this asset</td>
</tr>
</tbody>
</table>

4 Maximum value of asset during tax year (check box that applies)

| a $0 - $50,000 |
| b $50,001 - $100,000 |
| c $100,001 - $150,000 |
| d $150,001 - $200,000 |
| e If more than $200,000, list value $ |

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which asset is denominated

(b) Foreign currency exchange rate used to convert to U.S. dollars

(c) Source of exchange rate used if not from U.S. Treasury Department’s Bureau of the Fiscal Service

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

<table>
<thead>
<tr>
<th>a Name of foreign entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>b GIIN (Optional)</td>
</tr>
<tr>
<td>c Type of foreign entity</td>
</tr>
<tr>
<td>(1) Partnership</td>
</tr>
<tr>
<td>(2) Corporation</td>
</tr>
<tr>
<td>(3) Trust</td>
</tr>
<tr>
<td>(4) Estate</td>
</tr>
<tr>
<td>d Mailing address of foreign entity. Number, street, and room or suite no.</td>
</tr>
<tr>
<td>e City or town, state or province, and country (including postal code)</td>
</tr>
</tbody>
</table>

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

**Note:** If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty. See instructions.

<table>
<thead>
<tr>
<th>a Name of issuer or counterparty</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Check if information is for</td>
</tr>
<tr>
<td>(1) Issuer</td>
</tr>
<tr>
<td>(2) Counterparty</td>
</tr>
<tr>
<td>c Type of issuer or counterparty</td>
</tr>
<tr>
<td>(1) Individual</td>
</tr>
<tr>
<td>(2) Partnership</td>
</tr>
<tr>
<td>(3) Corporation</td>
</tr>
<tr>
<td>(4) Trust</td>
</tr>
<tr>
<td>(5) Estate</td>
</tr>
<tr>
<td>c Check if issuer or counterparty is a</td>
</tr>
<tr>
<td>(1) U.S. person</td>
</tr>
<tr>
<td>(2) Foreign person</td>
</tr>
<tr>
<td>d Mailing address of issuer or counterparty. Number, street, and room or suite no.</td>
</tr>
<tr>
<td>e City or town, state or province, and country (including postal code)</td>
</tr>
</tbody>
</table>
### Part V: Foreign Deposit and Custodial Accounts

<table>
<thead>
<tr>
<th>Line</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type of account</td>
</tr>
<tr>
<td>2</td>
<td>Account number or other designation</td>
</tr>
<tr>
<td>3</td>
<td>Check all that apply</td>
</tr>
<tr>
<td>4</td>
<td>Maximum value of account during tax year</td>
</tr>
<tr>
<td>5</td>
<td>Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</td>
</tr>
<tr>
<td>6</td>
<td>If you answered &quot;Yes&quot; to line 5, complete all that apply.</td>
</tr>
<tr>
<td>7a</td>
<td>Name of financial institution in which account is maintained</td>
</tr>
<tr>
<td>8</td>
<td>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</td>
</tr>
<tr>
<td>9</td>
<td>City or town, province or state, and country (including postal code)</td>
</tr>
<tr>
<td>1</td>
<td>Type of account</td>
</tr>
<tr>
<td>2</td>
<td>Account number or other designation</td>
</tr>
<tr>
<td>3</td>
<td>Check all that apply</td>
</tr>
<tr>
<td>4</td>
<td>Maximum value of account during tax year</td>
</tr>
<tr>
<td>5</td>
<td>Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</td>
</tr>
<tr>
<td>6</td>
<td>If you answered &quot;Yes&quot; to line 5, complete all that apply.</td>
</tr>
<tr>
<td>7a</td>
<td>Name of financial institution in which account is maintained</td>
</tr>
<tr>
<td>8</td>
<td>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</td>
</tr>
<tr>
<td>9</td>
<td>City or town, province or state, and country (including postal code)</td>
</tr>
<tr>
<td>1</td>
<td>Type of account</td>
</tr>
<tr>
<td>2</td>
<td>Account number or other designation</td>
</tr>
<tr>
<td>3</td>
<td>Check all that apply</td>
</tr>
<tr>
<td>4</td>
<td>Maximum value of account during tax year</td>
</tr>
<tr>
<td>5</td>
<td>Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</td>
</tr>
<tr>
<td>6</td>
<td>If you answered &quot;Yes&quot; to line 5, complete all that apply.</td>
</tr>
<tr>
<td>7a</td>
<td>Name of financial institution in which account is maintained</td>
</tr>
<tr>
<td>8</td>
<td>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</td>
</tr>
<tr>
<td>9</td>
<td>City or town, province or state, and country (including postal code)</td>
</tr>
</tbody>
</table>
### Part V Foreign Deposit and Custodial Accounts

<table>
<thead>
<tr>
<th>1</th>
<th>Type of account</th>
<th>2</th>
<th>Account number or other designation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deposit</td>
<td></td>
<td>RI COMMUNITY FOUNDA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Check all that apply</th>
<th>4</th>
<th>Maximum value of account during tax year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a Account opened during tax year</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>b Account closed during tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Account jointly owned with spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d No tax item reported in Part III with respect to this asset</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>If you answered &quot;Yes&quot; to line 5, complete all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foreign currency in which account is maintained</td>
</tr>
<tr>
<td></td>
<td>Foreign currency exchange rate used to convert to U.S. dollars</td>
</tr>
<tr>
<td></td>
<td>Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service</td>
</tr>
</tbody>
</table>

| 7a | Name of financial institution in which account is maintained |
|    |                                                            |

### Sankaty Credit Opportunities 3

<table>
<thead>
<tr>
<th>8</th>
<th>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WALKERS SPV LTD., MARY STREET PO BOX 908 Gеоре Town, СауМаN Islands</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>City or town, province or state, and country (including postal code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GEORGE TOWN CAYMAN ISLANDS</td>
</tr>
</tbody>
</table>

### Eton Park Overseas Fund, Ltd

<table>
<thead>
<tr>
<th>8</th>
<th>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CITCO FUND SERVICES, PO BOX 4774 WILLEMSTAD CURACAO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>City or town, province or state, and country (including postal code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WILLEMSTAD CURACAO</td>
</tr>
</tbody>
</table>

### Highfields Capital Ltd

<table>
<thead>
<tr>
<th>8</th>
<th>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C/О GOLDMAN SACHS (CAYMAN) TRUST LTD. C/О GOLDMAN SACHS (CAYMAN) TRUST LTD. C/О GOLDMAN SACHS (CAYMAN) TRUST LTD.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>City or town, province or state, and country (including postal code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CAMANA BAY CAYMAN ISLANDS</td>
</tr>
</tbody>
</table>
### Part V: Foreign Deposit and Custodial Accounts (see instructions)

<table>
<thead>
<tr>
<th>1</th>
<th>Type of account</th>
<th>X</th>
<th>Deposit</th>
<th>☐</th>
<th>Custodial</th>
<th></th>
<th>2</th>
<th>Account number or other designation</th>
<th>RI COMMUNITY FOUNDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Check all that apply</td>
<td>a</td>
<td>Account opened during tax year</td>
<td>☐</td>
<td>Account closed during tax year</td>
<td>☐</td>
<td>Account jointly owned with spouse</td>
<td>☐</td>
<td>No tax item reported in Part III with respect to this asset</td>
</tr>
<tr>
<td>4</td>
<td>Maximum value of account during tax year</td>
<td>$</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</td>
<td>☐</td>
<td>Yes</td>
<td>X</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>If you answered &quot;Yes&quot; to line 5, complete all that apply.</td>
<td>(1) Foreign currency in which account is maintained</td>
<td>☐</td>
<td>(2) Foreign currency exchange rate used to convert to U.S. dollars</td>
<td>☐</td>
<td>(3) Source of exchange rate used if not from U.S. Treasury Department’s Bureau of the Fiscal Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Name of financial institution in which account is maintained</td>
<td>☐</td>
<td>b</td>
<td>Global Intermediary Identification Number (GIIN) (Optional)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8</th>
<th>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
</table>

**CRESTWOOD CAPITAL INTERNATIONAL**

<table>
<thead>
<tr>
<th>9</th>
<th>City or town, province or state, and country (including postal code)</th>
</tr>
</thead>
</table>

**SS&C FUND SERVICES NV PARERAWE#45**

<table>
<thead>
<tr>
<th>8</th>
<th>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>City or town, province or state, and country (including postal code)</th>
</tr>
</thead>
</table>

**CANYON VALUE REALIZATION FUND**

<table>
<thead>
<tr>
<th>8</th>
<th>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>City or town, province or state, and country (including postal code)</th>
</tr>
</thead>
</table>

**C/O INTERNATIONAL FUND SERVICES**

<table>
<thead>
<tr>
<th>8</th>
<th>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>City or town, province or state, and country (including postal code)</th>
</tr>
</thead>
</table>

**VARDE INVESTMENT PARTNERS**

<table>
<thead>
<tr>
<th>8</th>
<th>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>City or town, province or state, and country (including postal code)</th>
</tr>
</thead>
</table>

**C/O NORTHERN TRUST GLOBAL FUND SERVICES**

<table>
<thead>
<tr>
<th>8</th>
<th>Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>City or town, province or state, and country (including postal code)</th>
</tr>
</thead>
</table>
### Part V: Foreign Deposit and Custodial Accounts

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type of account</td>
<td></td>
<td>Account number or other designation</td>
</tr>
<tr>
<td></td>
<td>Deposit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Custodial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Check all that apply</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Account opened during tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Account closed during tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Account jointly owned with spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No tax item reported in Part III with respect to this asset</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Maximum value of account during tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>If you answered &quot;Yes&quot; to line 5, complete all that apply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Name of financial institution in which account is maintained</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Global Intermediary Identification Number (GIIN) (Optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Mailing address of financial institution in which account is maintained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>City or town, province or state, and country (including postal code)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Intertrust Corp. SVCS Limited

- **Account number or other designation**: RI COMMUNITY FOUNDA
- **Identity Number**: 22-2604963
- **Address**:
  - **Name of financial institution in which account is maintained**: SILVER POINT CAPITAL OFFSHORE
  - **Global Intermediary Identification Number (GIIN) (Optional)**: 
- **Mailing address**:
  - **Number, street, and room or suite no.**: INTERTRUST CORP. SVCS LIMITED GEORGE TOWN CAYMAN ISLANDS

#### Rhode Island Community Foundation

- **Account number or other designation**: 22-2604963
- **Identity Number**: RI COMMUNITY FOUNDA
- **Address**:
  - **Name of financial institution in which account is maintained**: SILVER POINT CAPITAL OFFSHORE
  - **Global Intermediary Identification Number (GIIN) (Optional)**: 
- **Mailing address**:
  - **Number, street, and room or suite no.**: INTERTRUST CORP. SVCS LIMITED GEORGE TOWN CAYMAN ISLANDS

#### Silver Point Capital Offshore

- **Account number or other designation**: RI COMMUNITY FOUNDA
- **Identity Number**: 22-2604963
- **Address**:
  - **Name of financial institution in which account is maintained**: SILVER POINT CAPITAL OFFSHORE
  - **Global Intermediary Identification Number (GIIN) (Optional)**: 
- **Mailing address**:
  - **Number, street, and room or suite no.**: INTERTRUST CORP. SVCS LIMITED GEORGE TOWN CAYMAN ISLANDS
Return by a U.S. Transferor of Property to a Foreign Corporation

### Part I. U.S. Transferor Information (see instructions)

<table>
<thead>
<tr>
<th>Name of transferor</th>
<th>Identifying number (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE RHODE ISLAND COMMUNITY FOUNDATION</td>
<td>22-2604963</td>
</tr>
</tbody>
</table>

1. Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? □ Yes □ No

2. If the transferor was a corporation, complete questions 2a through 2d.
   a. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? □ Yes □ No
   b. Did the transferor remain in existence after the transfer? □ Yes □ No
      If not, list the controlling shareholder(s) and their identifying number(s).

<table>
<thead>
<tr>
<th>Controlling shareholder</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   c. If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? □ Yes □ No
      If not, list the name and employer identification number (EIN) of the parent corporation.

<table>
<thead>
<tr>
<th>Name of parent corporation</th>
<th>EIN of parent corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   d. Have basis adjustments under section 367(a)(4) been made? □ Yes □ No

3. If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
   a. List the name and EIN of the transferor’s partnership.

<table>
<thead>
<tr>
<th>Name of partnership</th>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVIDSON KEMPNER</td>
<td>13-3597020</td>
</tr>
</tbody>
</table>

   b. Did the partner pick up its pro rata share of gain on the transfer of partnership assets? □ Yes □ No
   c. Is the partner disposing of its entire interest in the partnership? □ Yes □ No
   d. Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? □ Yes □ No

### Part II. Transferee Foreign Corporation Information (see instructions)

4. Name of transferee (foreign corporation)
   DKIP (CAYMAN) II LP

5a. Identifying number, if any

   5b. Reference ID number

<table>
<thead>
<tr>
<th>6</th>
<th>Address (including country)</th>
<th>GIIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>190 ELGIN AVENUE</td>
<td>0Y5J01.999</td>
</tr>
<tr>
<td></td>
<td>GEORGE TOWN, GRAND CAYMAN KY 1-9005 CAYMAN ISLANDS</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Country code of country of incorporation or organization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CJ</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Foreign law characterization (see instructions)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CORPORATION</td>
<td></td>
</tr>
</tbody>
</table>

9. Is the transferee foreign corporation a controlled foreign corporation? □ Yes □ No

Form 926 (Rev. 11-2018)

LHA  For Paperwork Reduction Act Notice, see separate instructions.
### Part III | Information Regarding Transfer of Property (see instructions)

#### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>12/31/2020</td>
<td></td>
<td>4,126,041</td>
<td></td>
<td>X Yes No</td>
</tr>
</tbody>
</table>

10. Was cash the only property transferred?  
 If "Yes," skip the remainder of Part III and go to Part IV.  

#### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock and securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Property with built-in loss       |                      |                            |                                          |                        |                                |

| Totals                            |                      |                            |                                          |                        |                                |

11. Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  
 If "Yes," go to line 12b.  

12a. Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.  

12b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.  

12c. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  
 If "Yes," go to line 12d. If "No," skip line 12d, and go to line 13.  

12d. Enter the transferred loss amount included in gross income as required under section 91. $  

13. Did the transferor transfer property described in section 367(d)(4)?  
 If "No," skip Section C and questions 14a through 15.  

#### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Arm's length price on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Totals           |                      |                            |                                          |                        |                                          |
14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No 

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No 

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No 

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) $ ______________________

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No 

Supplemental Part III Information Required To Be Reported (see instructions)

PURCHASE OF STOCK

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer. 

(a) Before 0.227 % (b) After 0.260 % 

17 Type of nonrecognition transaction (see instructions) SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following. 

a Gain recognition under section 904(f)(3) ☐ Yes ☐ No 

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☐ No 

c Recapture under section 1503(d) ☐ Yes ☐ No 

d Exchange gain under section 987 ☐ Yes ☐ No 

19 Did this transfer result from a change in entity classification? ☐ Yes ☐ No 

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☐ No 

If "Yes," complete lines 20b and 20c. 

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) $ ______________________

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No 

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☐ No
**Part I | U.S. Transferor Information**

<table>
<thead>
<tr>
<th>Name of transferor</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE RHODE ISLAND COMMUNITY FOUNDATION</td>
<td>22-2604963</td>
</tr>
</tbody>
</table>

1. Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? □ Yes □ No

2. If the transferor was a corporation, complete questions 2a through 2d.
   - a. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? □ Yes □ No
   - b. Did the transferor remain in existence after the transfer? □ Yes □ No

   If not, list the controlling shareholder(s) and their identifying number(s).

<table>
<thead>
<tr>
<th>Controlling shareholder</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   c. If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? □ Yes □ No

   If not, list the name and employer identification number (EIN) of the parent corporation.

<table>
<thead>
<tr>
<th>Name of parent corporation</th>
<th>EIN of parent corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   d. Have basis adjustments under section 367(a)(4) been made? □ Yes □ No

3. If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
   - a. List the name and EIN of the transferor’s partnership.

<table>
<thead>
<tr>
<th>Name of partnership</th>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b. Did the partner pick up its pro rata share of gain on the transfer of partnership assets? □ Yes □ No
   c. Is the partner disposing of its entire interest in the partnership? □ Yes □ No
   d. Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? □ Yes □ No

**Part II | Transferee Foreign Corporation Information**

4. Name of transferee (foreign corporation)

<table>
<thead>
<tr>
<th>Name of transferee</th>
<th>Identifying number, if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>APM HUMAN SERVICES INTERNATIONAL PTY LTD</td>
<td></td>
</tr>
</tbody>
</table>

6. Address (including country)

<table>
<thead>
<tr>
<th>Address</th>
<th>Reference ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td>58 ORD STREET WEST PERTH, WA 6005 AUSTRALIA</td>
<td>NA</td>
</tr>
</tbody>
</table>

9. Is the transferee foreign corporation a controlled foreign corporation? □ Yes □ No
### Part III - Information Regarding Transfer of Property

**Section A - Cash**

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>06/29/2020</td>
<td></td>
<td>731,425</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **Was cash the only property transferred?**

   - Yes [X]
   - No [ ]

If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock and securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property (not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Property with built-in loss

Totals

11. **Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?**

   - Yes [ ]
   - No [X]

12a. **Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?**

   - Yes [ ]
   - No [X]

If "Yes," go to line 12b.

b. **Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?**

   - Yes [ ]
   - No [X]

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c. **Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?**

   - Yes [ ]
   - No [X]

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d. **Did the transferor transfer property described in section 367(d)(4)?**

   - Yes [ ]
   - No [X]

If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Arm's length price on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals
14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? □ Yes □ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? □ Yes □ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? □ Yes □ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ ________

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? □ Yes □ No

Supplemental Part III Information Required To Be Reported (see instructions)

PURCHASE OF STOCK

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.

(a) Before 0.000 % (b) After 0.127 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) □ Yes □ No

b Gain recognition under section 904(f)(5)(F) □ Yes □ No

c Recapture under section 1503(d) □ Yes □ No

d Exchange gain under section 987 □ Yes □ No

19 Did this transfer result from a change in entity classification? □ Yes □ No

20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) □ Yes □ No

If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ ________

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? □ Yes □ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions □ Yes □ No

Form 926 (Rev. 11-2018)
## Part I U.S. Transferor Information (see instructions)

### Name of transferor

<table>
<thead>
<tr>
<th>Name of transferor</th>
<th>Identifying number (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE RHODE ISLAND COMMUNITY FOUNDATION</td>
<td>22-2604963</td>
</tr>
</tbody>
</table>

1. Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  □ Yes  □ No

2. If the transferor was a corporation, complete questions 2a through 2d.

   a. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  □ Yes  □ No

   b. Did the transferor remain in existence after the transfer?  □ Yes  □ No

   If not, list the controlling shareholder(s) and their identifying number(s).

<table>
<thead>
<tr>
<th>Controlling shareholder</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   c. If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  □ Yes  □ No

   If not, list the name and employer identification number (EIN) of the parent corporation.

<table>
<thead>
<tr>
<th>Name of parent corporation</th>
<th>EIN of parent corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   d. Have basis adjustments under section 367(a)(4) been made?  □ Yes  □ No

3. If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

   a. List the name and EIN of the transferor’s partnership.

<table>
<thead>
<tr>
<th>Name of partnership</th>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDENCE EQUITY PARTNERS VII</td>
<td>98-1006990</td>
</tr>
</tbody>
</table>

   b. Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  □ Yes  □ No

   c. Is the partner disposing of its entire interest in the partnership?  □ Yes  □ No

   d. Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  □ Yes  □ No

## Part II Transferee Foreign Corporation Information (see instructions)

4. Name of transferee (foreign corporation)  

<table>
<thead>
<tr>
<th>LORCA TELECOM BIDCO SAU</th>
</tr>
</thead>
</table>

5a. Identifying number, if any

<table>
<thead>
<tr>
<th>Identifying number, if any</th>
</tr>
</thead>
</table>

6. Address (including country)

   a. CALLE MALDONADO 4 BAJO D
   b. MADRID, 28006 SPAIN

5b. Reference ID number

<table>
<thead>
<tr>
<th>Reference ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
</tr>
</tbody>
</table>

7. Country code of country of incorporation or organization

   a. SP

8. Foreign law characterization (see instructions)

   a. CORPORATION

9. Is the transferee foreign corporation a controlled foreign corporation?  □ Yes  □ No

   a. □ Yes  □ No
## Part III | Information Regarding Transfer of Property (see instructions)

### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>Date of transfer</th>
<th>Description of property</th>
<th>Fair market value on date of transfer</th>
<th>Cost or other basis</th>
<th>Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>09/17/2020</td>
<td></td>
<td>305,714</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Was cash the only property transferred?  
   [X] Yes  [ ] No

If "Yes," skip the remainder of Part III and go to Part IV.

---

### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
<th>Date of transfer</th>
<th>Description of property</th>
<th>Fair market value on date of transfer</th>
<th>Cost or other basis</th>
<th>Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock and securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property (not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Property with built-in loss

Totals

11. Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  
   [ ] Yes  [X] No

12a. Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  
   [X] Yes  [ ] No

If "Yes," go to line 12b.

b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  
   [ ] Yes  [X] No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  
   [ ] Yes  [X] No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d. Enter the transferred loss amount included in gross income as required under section 91 ▶ $

13. Did the transferor transfer property described in section 367(d)(4)?  
   [ ] Yes  [X] No

If "No," skip Section C and questions 14a through 15.

---

### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>Date of transfer</th>
<th>Description of property</th>
<th>Arm's length price on date of transfer</th>
<th>Cost or other basis</th>
<th>Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

---

Form 926 (Rev. 11-2018)

THE RHODE ISLAND COMMUNITY FOUNDATION 22-2604963
### 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? □ Yes □ No

### 14 b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? □ Yes □ No

### 14 c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? □ Yes □ No

### 14 d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ ______________

### 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? □ Yes □ No

### Supplemental Part III Information Required To Be Reported (see instructions)

#### PURCHASE OF STOCK

---

#### Part IV Additional Information Regarding Transfer of Property (see instructions)

### 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.

<table>
<thead>
<tr>
<th>(a) Before</th>
<th>(b) After</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.000 %</td>
<td>0.100 %</td>
</tr>
</tbody>
</table>

### 17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

### 18 Indicate whether any transfer reported in Part III is subject to any of the following.

| a Gain recognition under section 904(f)(3) | □ Yes □ No |
| b Gain recognition under section 904(f)(5)(F) | □ Yes □ No |
| c Recapture under section 1503(d) | □ Yes □ No |
| d Exchange gain under section 987 | □ Yes □ No |

### 19 Did this transfer result from a change in entity classification? □ Yes □ No

### 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) □ Yes □ No

If "Yes," complete lines 20b and 20c.

### 20 b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)(2)(b) ▶ $ ______________

### 20 c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)(2)(b)(2)? □ Yes □ No

### 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions □ Yes □ No
Return by a U.S. Transferor of Property to a Foreign Corporation

Name of transferor
THE RHODE ISLAND COMMUNITY FOUNDATION

Identifying number
22-2604963

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☑ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.
   a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No
   b Did the transferor remain in existence after the transfer? ☐ Yes ☐ No
     If not, list the controlling shareholder(s) and their identifying number(s).

   c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☑ Yes ☒ No
      If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation

EIN of parent corporation

   d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
   a List the name and EIN of the transferor’s partnership.

Name of partnership

EIN of partnership

   b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☑ No
   c Is the partner disposing of its entire interest in the partnership? ☑ Yes ☐ No
   d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☐ No

Part II | Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

MONOMOY CAPITAL PARTNERS AIV III LP

5a Identifying number, if any

30-0944328

6 Address (including country)

600 THIRD AVENUE 27TH FLOOR
NEW YORK, NY 10016

5b Reference ID number

NA

7 Country code of country of incorporation or organization

CJ

8 Foreign law characterization (see instructions)

PARTNERSHIP

9 Is the transferee foreign corporation a controlled foreign corporation? ☑ Yes ☐ No

024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.

Attach to your income tax return for the year of the transfer or distribution.
Part III | Information Regarding Transfer of Property (see instructions)

Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>12/31/2020</td>
<td></td>
<td>150,034.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10 Was cash the only property transferred?  
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock and securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property (not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property with built-in loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  
□ Yes  □ No

12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91  
$  

13 Did the transferor transfer property described in section 367(d)(4)?  
□ Yes  □ No

Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Use of life</th>
<th>(d) Arm's length price on date of transfer</th>
<th>(e) Cost or other basis</th>
<th>(f) Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 926 (Rev. 11-2018)
### Form 926 (Rev. 11-2018)

**The Rhode Island Community Foundation**

<table>
<thead>
<tr>
<th>Page 3</th>
</tr>
</thead>
</table>

**Supplemental Part III Information Required To Be Reported**

**Purschase of Stock**

<table>
<thead>
<tr>
<th>14</th>
<th>Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td>At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td>Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(i) for any intangible property?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d</td>
<td>If the answer to line 14c is “Yes,” enter the total estimated anticipated income or cost reduction attributable to the intangible property’s, or properties’, as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 15 | Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? | Yes | No |

**Part IV | Additional Information Regarding Transfer of Property**

<table>
<thead>
<tr>
<th>16</th>
<th>Enter the transferor’s interest in the transferee foreign corporation before and after the transfer.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>(a) Before</strong> 1.078%  <strong>(b) After</strong> 1.072%</td>
</tr>
<tr>
<td>17</td>
<td>Type of nonrecognition transaction (see instructions) ▶ SECTION 351</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18</th>
<th>Indicate whether any transfer reported in Part III is subject to any of the following.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Gain recognition under section 904(f)(3)</td>
</tr>
<tr>
<td>b</td>
<td>Gain recognition under section 904(f)(5)(F)</td>
</tr>
<tr>
<td>c</td>
<td>Recapture under section 1503(d)</td>
</tr>
<tr>
<td>d</td>
<td>Exchange gain under section 987 1503(d)</td>
</tr>
</tbody>
</table>

| 19 | Did this transfer result from a change in entity classification? | |

<table>
<thead>
<tr>
<th>20</th>
<th>Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If &quot;Yes,&quot; complete lines 20b and 20c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td>Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

---

Form 926 (Rev. 11-2018)
### U.S. Transferor Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the transferee a specified 10%-owned foreign corporation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If the transferor was a corporation, complete questions 2a through 2d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled by five or fewer domestic corporations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the transferor remain in existence after the transfer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Have basis adjustments under section 367(a)(4) been made?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Controlling shareholder**

<table>
<thead>
<tr>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Name of parent corporation**

<table>
<thead>
<tr>
<th>EIN of parent corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Name of partnership**

<table>
<thead>
<tr>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Transferee Foreign Corporation Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Name of transferee (foreign corporation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Identifying number, if any</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Address (including country)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Country code of country of incorporation or organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Foreign law characterization (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Is the transferee foreign corporation a controlled foreign corporation?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Monomoy Capital Partners AIV III LP**

<table>
<thead>
<tr>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-0944328</td>
</tr>
</tbody>
</table>

**Monomoy AIV III Blocker D LP**

<table>
<thead>
<tr>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-1174851</td>
</tr>
</tbody>
</table>
### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>12/31/2020</td>
<td>118,085.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Was cash the only property transferred?  
   [ ] Yes  [ ] No

   If "Yes," skip the remainder of Part III and go to Part IV.

### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock and securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property with built-in loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

11. Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  
   [ ] Yes  [ ] No

12a. Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  
   [ ] Yes  [ ] No

   If "Yes," go to line 12b.

   b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  
   [ ] Yes  [ ] No

   If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

   c. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  
   [ ] Yes  [ ] No

   If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

   d. Enter the transferred loss amount included in gross income as required under section 91: $  
   [ ] Yes  [ ] No

13. Did the transferor transfer property described in section 367(d)(4)?  
   [ ] Yes  [ ] No

   If "No," skip Section C and questions 14a through 15.

### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Arm's length price on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

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Form 926 (Rev. 11-2018)
Form 926 (Rev. 11-2018) THE RHODE ISLAND COMMUNITY FOUNDATION 22-2604963 Page 3

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ __________

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

PURCHASE OF STOCK

Part IV | Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
   (a) Before 1.078 % (b) After 1.072 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.
   a Gain recognition under section 904(f)(3) ☐ Yes ☐ No
   b Gain recognition under section 904(f)(5)(F) ☐ Yes ☐ No
   c Recapture under section 1503(d) ☐ Yes ☐ No
   d Exchange gain under section 987 ☐ Yes ☐ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☐ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☐ No
   If "Yes," complete lines 20b and 20c.
   b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ __________
   c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☐ No

Form 926 (Rev. 11-2018)
Return by a U.S. Transferor of Property to a Foreign Corporation

Part I — U.S. Transferor Information (see instructions)

Name of transferor: THE RHODE ISLAND COMMUNITY FOUNDATION

Identifying number: 22-2604963

1. Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? □ Yes □ No

2. If the transferor was a corporation, complete questions 2a through 2d.
   a. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? □ Yes □ No
   b. Did the transferor remain in existence after the transfer? □ Yes □ No

   If not, list the controlling shareholder(s) and their identifying number(s).

   Controlling shareholder | Identifying number
   ------------------------|---------------------
   ________________________|____________________

   c. If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? □ Yes □ No

   If not, list the name and employer identification number (EIN) of the parent corporation.

   Name of parent corporation | EIN of parent corporation
   ---------------------------|-----------------------------
   __________________________|___________________________

   d. Have basis adjustments under section 367(a)(4) been made? □ Yes □ No

3. If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
   a. List the name and EIN of the transferor’s partnership.

   Name of partnership | EIN of partnership
   ---------------------|---------------------
   MONOMOY CAPITAL PARTNERS AIV III LP | 30-0944328

   b. Did the partner pick up its pro rata share of gain on the transfer of partnership assets? □ Yes □ No
   c. Is the partner disposing of its entire interest in the partnership? □ Yes □ No
   d. Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? □ Yes □ No

Part II — Transferee Foreign Corporation Information (see instructions)

4. Name of transferee (foreign corporation): MONOMOY AIV III BLOCKER E LP

   Identifying number: 98-1482847

   5a. Identifying number, if any

6. Address (including country):
   600 THIRD AVENUE 27TH FLOOR
   NEW YORK, NY 10016

   Reference ID number: NA

7. Country code of country of incorporation or organization:
   CJ

8. Foreign law characterization (see instructions):
   PARTNERSHIP

9. Is the transferee foreign corporation a controlled foreign corporation? □ Yes □ No

024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.

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11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042
### Part III | Information Regarding Transfer of Property (see instructions)

#### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value of property on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>12/31/2020</td>
<td></td>
<td>292,006</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10 Was cash the only property transferred?  
If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value of property on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Other property (not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Property with built-in loss | | | | | |

| Totals | | | | | |

#### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Arm’s length price on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Totals | | | | | |

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  
☐ Yes ☐ No

12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 $  

13 Did the transferor transfer property described in section 367(d)(4)?  
If "No," skip Section C and questions 14a through 15.

☐ Yes ☐ No
### Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.

   (a) Before 1.078 %  (b) After 1.078 %

17 Type of nonrecognition transaction (see instructions)  SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

   a Gain recognition under section 904(f)(3)  ☐ Yes ☒ No
   b Gain recognition under section 904(f)(5)(F)  ☒ Yes ☐ No
   c Recapture under section 1503(d)  ☒ Yes ☐ No
   d Exchange gain under section 987  ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification?  ☐ Yes ☒ No

20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  ☒ Yes ☐ No

   If "Yes," complete lines 20b and 20c.

   b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)  $

   c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  ☐ Yes ☒ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  ☒ Yes ☐ No
Return by a U.S. Transferor of Property to a Foreign Corporation

Form 926 (Rev. November 2018)

Department of the Treasury
Internal Revenue Service

Part I U.S. Transferor Information (see instructions)

Name of transferor
THE RHODE ISLAND COMMUNITY FOUNDATION

Identifying number
22-2604963

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? □ Yes □ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? □ Yes □ No

b Did the transferor remain in existence after the transfer? □ Yes □ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder

Identifying number

2c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? □ Yes □ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation

EIN of parent corporation

2d Have basis adjustments under section 367(a)(4) been made? □ Yes □ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership

EIN of partnership

PROVIDENCE STRATEGIC GROWTH II 81-2424439

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? □ Yes □ No

c Is the partner disposing of its entire interest in the partnership? □ Yes □ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? □ Yes □ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

1218310 B C LTD

5a Identifying number, if any

6 Address (including country)
THREE BENTALL CENTRE
VANCOUVER, V7X 1L3 CANADA

5b Reference ID number

NA

7 Country code of country of incorporation or organization

8 Foreign law characterization (see instructions)

CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? □ Yes □ No

LHA For Paperwork Reduction Act Notice, see separate instructions.

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11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042
**Part III | Information Regarding Transfer of Property (see instructions)**

### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>01/01/2020</td>
<td>37,023</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Was cash the only property transferred? [X] Yes [ ] No

If "Yes," skip the remainder of Part III and go to Part IV.

### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock and securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property (not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Fair market value on date of transfer</th>
<th>Cost or other basis</th>
<th>Gain recognized on transfer</th>
</tr>
</thead>
</table>

| Property with built-in loss |                             |                      |                             |
| Totals                   |                             |                      |                             |

11. Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? [ ] Yes [X] No

12a. Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? [X] Yes [ ] No

If "Yes," go to line 12b.

b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10% owned foreign corporation? [X] Yes [ ] No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? [X] Yes [ ] No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d. Enter the transferred loss amount included in gross income as required under section 91: $ __________

13. Did the transferor transfer property described in section 367(d)(4)? [ ] Yes [X] No

If "No," skip Section C and questions 14a through 15.

### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Arm’s length price on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Arm’s length price on date of transfer</th>
<th>Cost or other basis</th>
<th>Income inclusion for year of transfer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
14  Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? 
   a) Yes ☐ No ☐
   b) At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? 
      ☐ Yes ☐ No
   c) Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? 
      ☐ Yes ☐ No
   d) If the answer to line 14c is “Yes,” enter the total estimated anticipated income or cost reduction attributable to the intangible property’s, or properties’, as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) $ ▶ ☐ Yes ☐ No

15  Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? 
   ☐ Yes ☐ No

---

**Supplemental Part III Information Required To Be Reported (see instructions)**

**PURCHASE OF STOCK**

---

**Part IV | Additional Information Regarding Transfer of Property (see instructions)**

16  Enter the transferor’s interest in the transferee foreign corporation before and after the transfer.
   (a) Before 0.000 % (b) After 0.211 %

17  Type of nonrecognition transaction (see instructions) SECTION 351

18  Indicate whether any transfer reported in Part III is subject to any of the following.
   a) Gain recognition under section 904(f)(3) ☐ Yes ☐ No
   b) Gain recognition under section 904(f)(5)(F) ☐ Yes ☐ No
   c) Recapture under section 1503(d) ☐ Yes ☐ No
   d) Exchange gain under section 987 ☐ Yes ☐ No

19  Did this transfer result from a change in entity classification? ☐ Yes ☐ No

20  Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☐ No
   If “Yes,” complete lines 20b and 20c.
   b) Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) $ ▶ ☐ Yes ☐ No
   c) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21  Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☐ No

Form 926 (Rev. 11-2018)
Return by a U.S. Transferor of Property to a Foreign Corporation

Name of transferor:
THE RHODE ISLAND COMMUNITY FOUNDATION

Identifying number: 22-2604963

1. Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes [ ] No [X]
2. If the transferor was a corporation, complete questions 2a through 2d.
   a. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes [ ] No [ ]
   b. Did the transferor remain in existence after the transfer? Yes [ ] No [ ]
      If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder

Identifying number

3. If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes [ ] No [ ]
   If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation

EIN of parent corporation

4. Have basis adjustments under section 367(a)(4) been made? Yes [ ] No [ ]

5. If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
   a. List the name and EIN of the transferor’s partnership.

Name of partnership

EIN of partnership

PROVIDENCE STRATIGIC GROWTH IV 98-1538945

b. Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes [ ] No [X]
   c. Is the partner disposing of its entire interest in the partnership? Yes [X] No [ ]
   d. Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes [ ] No [X]

Part II Transferee Foreign Corporation Information

4. Name of transferee (foreign corporation)
   LUSHA SYSTEMS LTD

5a. Identifying number, if any

5b. Reference ID number

6. Address (including country)
   AZRIELI TRIANGLE TOWER 132 MANACHEM BEGIN ST
   ISRAEL

7. Country code of country of incorporation or organization
   IS

8. Foreign law characterization (see instructions)
   CORPORATION

9. Is the transferee foreign corporation a controlled foreign corporation? Yes [ ] No [X]

LHA  04-01-20
11370712  788564  P222604963  2020.06000 THE RHODE ISLAND COMMUNITY  P2226042
### Part III | Information Regarding Transfer of Property (see instructions)

#### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>11/04/2020</td>
<td></td>
<td>131,642.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**10** Was cash the only property transferred?  
- [X] Yes  
- [ ] No

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock and securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Property with built-in loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  
- [ ] Yes  
- [X] No

**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  
- [X] Yes  
- [ ] No

If "Yes," go to line 12b.

**12b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  
- [X] Yes  
- [ ] No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**12c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  
- [ ] Yes  
- [X] No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**12d** Enter the transferred loss amount included in gross income as required under section 91.  
- [ ] Yes  
- [X] No

**13** Did the transferor transfer property described in section 367(d)(4)?  
- [ ] Yes  
- [X] No

If "No," skip Section C and questions 14a through 15.

#### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Arm's length price on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 926 (Rev. 11-2018)
THE RHODE ISLAND COMMUNITY FOUNDATION 22-2604963 Page 3

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) $  

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

PURCHASE OF STOCK

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.

(a) Before 0.000 % (b) After 0.123 %

17 Type of nonrecognition transaction (see instructions) SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) Yes No

b Gain recognition under section 904(f)(5)(F) Yes No
c Recapture under section 1503(d) Yes No
d Exchange gain under section 987 Yes No

19 Did this transfer result from a change in entity classification? Yes No

20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No

If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) $  

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

Form 926 (Rev. 11-2018)
Form 926

**Part I U.S. Transferor Information** (see instructions)

**Name of transferor**

THE RHODE ISLAND COMMUNITY FOUNDATION

<table>
<thead>
<tr>
<th>Identifying number</th>
<th>(see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22-2604963</td>
</tr>
</tbody>
</table>

1. Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? [ ] Yes [x] No

2. If the transferor was a corporation, complete questions 2a through 2d.
   a. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? [ ] Yes [ ] No
   b. Did the transferor remain in existence after the transfer? [ ] Yes [ ] No

   If not, list the controlling shareholder(s) and their identifying number(s).

<table>
<thead>
<tr>
<th>Controlling shareholder</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   c. If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? [ ] Yes [ ] No

   If not, list the name and employer identification number (EIN) of the parent corporation.

<table>
<thead>
<tr>
<th>Name of parent corporation</th>
<th>EIN of parent corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   d. Have basis adjustments under section 367(a)(4) been made? [ ] Yes [ ] No

3. If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
   a. List the name and EIN of the transferor’s partnership.

<table>
<thead>
<tr>
<th>Name of partnership</th>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDENCE STRATIGIC GROWTH IV</td>
<td>98-1538945</td>
</tr>
</tbody>
</table>

   b. Did the partner pick up its pro rata share of gain on the transfer of partnership assets? [ ] Yes [x] No
   c. Is the partner disposing of its entire interest in the partnership? [ ] Yes [x] No
   d. Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? [ ] Yes [x] No

**Part II Transferee Foreign Corporation Information** (see instructions)

4. Name of transferee (foreign corporation)

1257458 B C LTD

5a. Identifying number, if any

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Address (including country)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Suite 1110 240-70 Shawville Bldg SE</td>
<td>CALGARY AB, T2T2Z4 CANADA</td>
</tr>
</tbody>
</table>

5b. Reference ID number

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

7. Country code of country of incorporation or organization

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td></td>
</tr>
</tbody>
</table>

8. Foreign law characterization (see instructions)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CORPORATION</td>
<td></td>
</tr>
</tbody>
</table>

9. Is the transferee foreign corporation a controlled foreign corporation? [ ] Yes [x] No

024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.
### Part III | Information Regarding Transfer of Property

#### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>08/13/2020</td>
<td></td>
<td>158,083</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**10** Was cash the only property transferred?  
[ ] Yes  [ ] No  
If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
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<tr>
<td>Other property (not listed under another category)</td>
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<td>Property with built-in loss</td>
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<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  
[ ] Yes  [ ] No

**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  
[ ] Yes  [ ] No  
If "Yes," go to line 12b.

**12b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%‐owned foreign corporation?  
[ ] Yes  [ ] No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**12c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  
[ ] Yes  [ ] No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**12d** Enter the transferred loss amount included in gross income as required under section 91. $  
[ ] Yes  [ ] No

**13** Did the transferor transfer property described in section 367(d)(4)?  
[ ] Yes  [ ] No  
If "No," skip Section C and questions 14a through 15.

#### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
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</table>

Form 926 (Rev. 11-2018)
14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? □ Yes □ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? □ Yes □ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? □ Yes □ No

d If the answer to line 14c is “Yes,” enter the total estimated anticipated income or cost reduction attributable to the intangible property’s, or properties’, as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► $ __________

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? □ Yes □ No

**Supplemental Part III Information Required To Be Reported (see instructions)**

**PURCHASE OF STOCK**

**Part IV | Additional Information Regarding Transfer of Property (see instructions)**

16 Enter the transferor’s interest in the transferee foreign corporation before and after the transfer.

<table>
<thead>
<tr>
<th>(a) Before</th>
<th>(b) After</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.000 %</td>
<td>0.793 %</td>
</tr>
</tbody>
</table>

17 Type of nonrecognition transaction (see instructions) ► SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

| a | Gain recognition under section 904(f)(3) | □ Yes □ No |
| b | Gain recognition under section 904(f)(5)(F) | □ Yes □ No |
| c | Recapture under section 1503(d) | □ Yes □ No |
| d | Exchange gain under section 987 | □ Yes □ No |

19 Did this transfer result from a change in entity classification? □ Yes □ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) □ Yes □ No

If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► $ __________

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? □ Yes □ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions □ Yes □ No
## Part I  U.S. Transferor Information (see instructions)

### Name of transferor

THE RHODE ISLAND COMMUNITY FOUNDATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2 If the transferor was a corporation, complete questions 2a through 2d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the transferor remain in existence after the transfer?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d Have basis adjustments under section 367(a)(4) been made?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Controlling shareholder

<table>
<thead>
<tr>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Name of parent corporation

<table>
<thead>
<tr>
<th>EIN of parent corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Name of partnership

PROVIDENCE STRATEGIC GROWTH IV

<table>
<thead>
<tr>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>98-1538945</td>
</tr>
</tbody>
</table>

### Name of transferee (foreign corporation)

WAGEPOINT INC

<table>
<thead>
<tr>
<th>Address (including country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1188 LEHIGH DRIVE</td>
</tr>
<tr>
<td>MORGANTOWN, WV 26508</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country code of country of incorporation or organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign law characterization (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORPORATION</td>
</tr>
</tbody>
</table>

### Identifying number, if any

WAGEPOINT INC

<table>
<thead>
<tr>
<th>Reference ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
</tr>
</tbody>
</table>

## Part II  Transferee Foreign Corporation Information (see instructions)

### Name of transferee (foreign corporation)

WAGEPOINT INC

<table>
<thead>
<tr>
<th>Identifying number, if any</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
</tr>
</tbody>
</table>

### Is the transferee foreign corporation a controlled foreign corporation?

<table>
<thead>
<tr>
<th>9 Is the transferee foreign corporation a controlled foreign corporation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OMB No. 1545-0026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 926 (Rev. 11-2018)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11370712 788564 P222604963 2020.06000 THE RHODE ISLAND COMMUNITY P2226042</th>
</tr>
</thead>
</table>
### Part III | Information Regarding Transfer of Property (see instructions)

#### Section A - Cash

<table>
<thead>
<tr>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td></td>
<td>08/14/2020</td>
<td>158,083</td>
<td></td>
</tr>
</tbody>
</table>

10. **Was cash the only property transferred?**

   - ☑ Yes  ☐ No

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock and securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Property with built-in loss | | | | |

<table>
<thead>
<tr>
<th>Totals</th>
</tr>
</thead>
</table>

11. **Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?**

   - ☐ Yes  ☑ No

12a. **Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?**

   - ☑ Yes  ☐ No

If "Yes," go to line 12b.

12b. **Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?**

   - ☐ Yes  ☑ No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

12c. **Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?**

   - ☐ Yes  ☑ No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

12d. **Enter the transferred loss amount included in gross income as required under section 91 $**

13. **Did the transferor transfer property described in section 367(d)(4)?**

   - ☑ Yes  ☐ No

If "No," skip Section C and questions 14a through 15.

#### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Arm's length price on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
</tr>
</thead>
</table>
14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes ☐ No ☐

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes ☐ No ☐

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes ☐ No ☐

d If the answer to line 14c is “Yes,” enter the total estimated anticipated income or cost reduction attributable to the intangible property’s, or properties’, as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ ______

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes ☐ No ☐

Supplemental Part III Information Required To Be Reported (see instructions)

PURCHASE OF STOCK

<table>
<thead>
<tr>
<th>Type of nonrecognition transaction (see instructions)</th>
<th>SECTION 351</th>
</tr>
</thead>
</table>

16 Enter the transferor’s interest in the transferee foreign corporation before and after the transfer.

<table>
<thead>
<tr>
<th>(a) Before</th>
<th>(b) After</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 0.000 %</td>
<td>☒ 0.450 %</td>
</tr>
</tbody>
</table>

17 Indicate whether any transfer reported in Part III is subject to any of the following.

<table>
<thead>
<tr>
<th>a Gain recognition under section 904(f)(3)</th>
<th>☒ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Gain recognition under section 904(f)(5)(F)</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>c Recapture under section 1503(d)</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>d Exchange gain under section 987</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

19 Did this transfer result from a change in entity classification? ☒ Yes ☐ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☒ Yes ☐ No

If “Yes,” complete lines 20b and 20c.

<table>
<thead>
<tr>
<th>b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)</th>
<th>▶ $ ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☒ Yes ☐ No

Form 926 (Rev. 11-2018)
### Part I  U.S. Transferor Information (see instructions)

**Name of transferor**
THE RHODE ISLAND COMMUNITY FOUNDATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Controlling shareholder**

<table>
<thead>
<tr>
<th>Controlling shareholder</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identifying number (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-2604963</td>
</tr>
</tbody>
</table>

### Part II  Transferee Foreign Corporation Information (see instructions)

**Name of transferee (foreign corporation)**
AG REALTY VALUE FUND X

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address (including country)**
5300 COMMERCE COURT W 199 BAY
ST. TORONTO, M5L 1B9 CANADA

**Country code of country of incorporation or organization**
NA

**Foreign law characterization (see instructions)**
CORPORATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Identifying number, if any**
98-1410232

**Reference ID number**
NA
Form 926 (Rev. 11-2018) THE RHODE ISLAND COMMUNITY FOUNDATION 22-2604963 Page 2

**Part III | Information Regarding Transfer of Property** (see instructions)

### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>12/31/2020</td>
<td>153,193.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Was cash the only property transferred? [X] Yes [ ] No

If "Yes," skip the remainder of Part III and go to Part IV.

### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock and securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other property (not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property with built-in loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

11. Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? [ ] Yes [X] No

12a. Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? [ ] Yes [X] No

If "Yes," go to line 12b.

b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? [ ] Yes [X] No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

12c. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? [ ] Yes [X] No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d. Enter the transferred loss amount included in gross income as required under section 91 $ 13. Did the transferor transfer property described in section 367(d)(4)? [ ] Yes [X] No

If "No," skip Section C and questions 14a through 15.

### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Arm's length price on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Income inclusion for year of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

Form 926 (Rev. 11-2018)
Supplemental Part III Information Required To Be Reported (see instructions)

PURCHASE OF STOCK

Part IV | Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor’s interest in the transferee foreign corporation before and after the transfer.
   (a) Before 0.000% (b) After 0.000%

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.
   a Gain recognition under section 904(f)(3) ▶ Yes □ No
   b Gain recognition under section 904(f)(5)(F) ▶ Yes □ No
   c Recapture under section 1503(d) ▶ Yes □ No
   d Exchange gain under section 987 ▶ Yes □ No

19 Did this transfer result from a change in entity classification? ▶ Yes □ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ▶ Yes □ No
   If “Yes,” complete lines 20b and 20c.
   b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $
   c Did the domestic corporation not recognize gain or loss on the distribution of property because the
      property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ▶ Yes □ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation
   covered by section 367(e)(1)? See instructions ▶ Yes □ No
**Return by a U.S. Transferor of Property to a Foreign Corporation**

**Part I U.S. Transferor Information (see instructions)**

<table>
<thead>
<tr>
<th>Name of transferor</th>
<th>Identifying number (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE RHODE ISLAND COMMUNITY FOUNDATION</td>
<td>22-2604963</td>
</tr>
</tbody>
</table>

1. **Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?**
   - Yes [ ] No [x]  

2. **If the transferor was a corporation, complete questions 2a through 2d.**
   - a. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? [ ] Yes [x] No  
   - b. Did the transferor remain in existence after the transfer? [ ] Yes [ ] No  
     If not, list the controlling shareholder(s) and their identifying number(s).

<table>
<thead>
<tr>
<th>Controlling shareholder</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   - c. If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? [ ] Yes [ ] No  
     If not, list the name and employer identification number (EIN) of the parent corporation.

<table>
<thead>
<tr>
<th>Name of parent corporation</th>
<th>EIN of parent corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   - d. Have basis adjustments under section 367(a)(4) been made? [ ] Yes [ ] No  

3. **If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.**
   - a. List the name and EIN of the transferor’s partnership.

<table>
<thead>
<tr>
<th>Name of partnership</th>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>FARALLON</td>
<td>94-3106323</td>
</tr>
</tbody>
</table>

   - b. Did the partner pick up its pro rata share of gain on the transfer of partnership assets? [ ] Yes [x] No  
   - c. Is the partner disposing of its entire interest in the partnership? [ ] Yes [x] No  
   - d. Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? [ ] Yes [ ] No

**Part II Transferee Foreign Corporation Information (see instructions)**

<table>
<thead>
<tr>
<th>Name of transferee (foreign corporation)</th>
<th>5a Identifying number, if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECKLE FUNDING LTD</td>
<td>98-1521001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (including country)</th>
<th>5b Reference ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO BOX 309 UGLAND HOUSE</td>
<td></td>
</tr>
<tr>
<td>CAYMENT ISLANDS KY1-1104 CAYMAN ISLANDS</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country code of country of incorporation or organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>CJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign law characterization (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORPORATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>Is the transferee foreign corporation a controlled foreign corporation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes [x] No</td>
</tr>
</tbody>
</table>

024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 926 (Rev. 11-2018)
## Part III | Information Regarding Transfer of Property (see instructions)

### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Fair market value on date of transfer</th>
<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>02/13/2020</td>
<td></td>
<td>166,567</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10 Was cash the only property transferred? ☑ Yes ☐ No

If "Yes," skip the remainder of Part III and go to Part IV.

### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
<th>Type of property</th>
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<th>(b) Description of property</th>
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<th>(d) Cost or other basis</th>
<th>(e) Gain recognized on transfer</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other property (not listed under another category)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Property with built-in loss

Totals

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☑ No

12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☑ No

If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☑ No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☑ Yes ☐ No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $  

13 Did the transferor transfer property described in section 367(d)(4)? ☑ Yes ☐ No

If "No," skip Section C and questions 14a through 15.

### Section C - Intangible Property Subject to Section 367(d)

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
<th>(b) Description of property</th>
<th>(c) Arm's length price on date of transfer</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Property described in sec. 367(d)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

Form 926 (Rev. 11-2018)
14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ☐ Yes ☐ No

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

PURCHASE OF STOCK

Part IV | Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.

(a) Before 0.408 % (b) After 0.399 %

17 Type of nonrecognition transaction (see instructions) ☐ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☐ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☐ No

c Recapture under section 1503(d) ☐ Yes ☐ No

d Exchange gain under section 987 ☐ Yes ☐ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☐ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☐ No

If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ☐ Yes ☐ No

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☐ No
Part I U.S. Transferor Information (see instructions)

Name of transferor

THE RHODE ISLAND COMMUNITY FOUNDATION

22-2604963

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? □ Yes □ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? □ Yes □ No

b Did the transferor remain in existence after the transfer? □ Yes □ No

If not, list the controlling shareholder(s) and their identifying number(s).

<table>
<thead>
<tr>
<th>Controlling shareholder</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

| c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? □ Yes □ No
| If not, list the name and employer identification number (EIN) of the parent corporation.

<table>
<thead>
<tr>
<th>Name of parent corporation</th>
<th>EIN of parent corporation</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

| d Have basis adjustments under section 367(a)(4) been made? □ Yes □ No |

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor’s partnership.

<table>
<thead>
<tr>
<th>Name of partnership</th>
<th>EIN of partnership</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? □ Yes □ No

c Is the partner disposing of its entire interest in the partnership? □ Yes □ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? □ Yes □ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

CRESCENT DIRECT LENDING LEVERED FUND II (CAYMAN) LP

5a Identifying number, if any

5b Reference ID number

6 Address (including country)

94 SOLARIS AVENUE

CAMANA BAY, GRAND CAYMAN KY1-1108 CAYMAN ISLANDS

NA

7 Country code of country of incorporation or organization

CJ

8 Foreign law characterization (see instructions)

CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? □ Yes □ No

LHA Form 926 (Rev. 11-2018)

THE RHODE ISLAND COMMUNITY FOUNDATION P2226042

11370712 788564 P222604963 2020.06000
### Part III | Information Regarding Transfer of Property (see instructions)

#### Section A - Cash

<table>
<thead>
<tr>
<th>Type of property</th>
<th>(a) Date of transfer</th>
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<tbody>
<tr>
<td>Cash</td>
<td></td>
<td>STMT 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10 Was cash the only property transferred?  
   If "Yes," skip the remainder of Part III and go to Part IV.  
   [X] Yes  
   [ ] No

#### Section B - Other Property (other than intangible property subject to section 367(d))

<table>
<thead>
<tr>
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Totals

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  
   [ ] Yes  
   [X] No

12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  
   If "Yes," go to line 12b.  
   [ ] Yes  
   [X] No

12b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  
   If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.  
   [ ] Yes  
   [X] No

12c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  
   If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.  
   [ ] Yes  
   [X] No

12d Enter the transferred loss amount included in gross income as required under section 91 $ 

13 Did the transferor transfer property described in section 367(d)(4)?  
   If "No," skip Section C and questions 14a through 15.  
   [X] Yes  
   [ ] No

#### Section C - Intangible Property Subject to Section 367(d)

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Totals

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Form 926 (Rev. 11-2018)
14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ➤ $

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part Ill Information Required To Be Reported (see instructions)

PURCHASE OF STOCK

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
   (a) Before 0.493 % (b) After 0.496 %

17 Type of nonrecognition transaction (see instructions) ➤ SECTION 351

18 Indicate whether any transfer reported in Part Ill is subject to any of the following.
   a Gain recognition under section 904(f)(3) ☐ Yes ☒ No
   b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No
   c Recapture under section 1503(d) ☐ Yes ☒ No
   d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
   If "Yes," complete lines 20b and 20c.
   b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ➤ $
   c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No
<table>
<thead>
<tr>
<th>DATE OF TRANSFER</th>
<th>FAIR MARKET VALUE ON DATE OF TRANSFER</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/31/2020</td>
<td>468,611.</td>
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<tr>
<td>04/30/2020</td>
<td>894,295.</td>
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<tr>
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<td>1,362,906.</td>
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