

Public Inspection Copy

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020Open to Public
Inspection**A For the 2020 calendar year, or tax year beginning and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE RHODE ISLAND COMMUNITY FOUNDATION		D Employer identification number 22-2604963
	Doing business as THE RHODE ISLAND FOUNDATION		E Telephone number 401-274-4564
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	ONE UNION STATION		
	City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02903		G Gross receipts \$ 201,403,177.
F Name and address of principal officer: NEIL STEINBERG SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ RIFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1916 M State of legal domicile: RI	

Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	51
	6 Total number of volunteers (estimate if necessary)	6	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-546,850.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 46,718,203.	Current Year 66,239,823.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,141,726.	35,203,033.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	501,298.	388,451.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,361,227.	101,831,307.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,541,613.	74,600,725.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,689,979.	6,672,186.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,534,420.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,897,020.	6,491,435.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,128,612.	87,764,346.
19 Revenue less expenses. Subtract line 18 from line 12	23,232,615.	14,066,961.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,011,786,707.	End of Year 1,115,655,250.
	21 Total liabilities (Part X, line 26)	10,880,112.	5,492,199.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,000,906,595.	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	Signature of officer		Date	
	JENNIFER REID, CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name SANDY ROSS	Preparer's signature SANDY ROSS	Date 07/12/22	Check <input type="checkbox"/> if self-employed PTIN P01399337
	Firm's name ▶ KAHN, LITWIN, RENZA & CO., LTD.	Firm's EIN ▶ 05-0409384	Phone no. 401-274-2001	
	Firm's address ▶ 951 NORTH MAIN STREET PROVIDENCE, RI 02904			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **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? ☐ Yes ☒ No

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

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

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

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

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.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **78,636,944.**Form **990** (2020)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 51		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 0		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

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

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

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

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process 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?		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?		

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.
☒ 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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NEIL STEINBERG PRESIDENT	40.00			X				515,708.	0.	162,165.
(2) JIM SANZI SVP OF DEVELOPMENT	40.00				X			220,655.	0.	30,213.
(3) JENNIFER REID CFO/TREASURER	40.00			X				239,545.	0.	2,401.
(4) KATHLEEN MALIN CTO/VP OF OPERATIONS	40.00				X			175,799.	0.	38,544.
(5) PAM HOWITT SENIOR PHILANTHROPIC ADVIS	40.00				X			141,978.	0.	35,089.
(6) JILL PFITZENMAYER VP OF CAPACITY BUILDING	40.00				X			142,691.	0.	34,252.
(7) DANIEL KERTZNER SENIOR PHILANTHROPIC ADVIS	40.00				X			144,216.	0.	26,215.
(8) MARY BROOKS WALL CHAIRPERSON	1.00	X		X				0.	0.	0.
(9) JANET ROBINSON SECRETARY	1.00	X		X				0.	0.	0.
(10) MICHAEL ALLIO DIRECTOR	1.00	X						0.	0.	0.
(11) JONATHAN D. FAIN DIRECTOR	1.00	X						0.	0.	0.
(12) CARRIE BRIDGES FELIZ, MPH DIRECTOR	1.00	X						0.	0.	0.
(13) ANN-MARIE HARRINGTON DIRECTOR	1.00	X						0.	0.	0.
(14) MEGHAN HUGHES, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(15) G. ALAN KUROSE, MD. MBA. FACP DIRECTOR	1.00	X						0.	0.	0.
(16) MARIE LANGLOIS DIRECTOR	1.00	X						0.	0.	0.
(17) TONY MENDEZ DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THERESA MOORE DIRECTOR	1.00	X						0.	0.	0.
(19) PETER R. PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(20) JAMES WRIGHT DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,580,592.	0.	328,879.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,580,592.	0.	328,879.

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

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MSA MANAGEMENT, 1795 ALYSHEBA WAY SUITE 6202, LEXINGTON, KY 40509	CONSULTING	820,000.
CHARLESBANK EQUITY FUND 200 CLARENDON STREET, BOSTON, MA 02116	ASSET MANAGEMENT	700,000.
ADAGE CAPITAL PARTNERS, 200 CLARENDON STREET 52ND FLOOR, BOSTON, MA 02116	ASSET MANAGEMENT	607,231.
SILCHESTER INTERNATIONAL INVESTORS, 780 THIRD AVE 42ND FLOOR, NEW YORK, NY 10017	ASSET MANAGEMENT	487,145.
MFS INST. INTERNATIONAL EQUITY 111 HUNTINGTON AVE, BOSTON, MA 02199	ASSET MANAGEMENT	454,633.

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

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,059,734.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	61,180,089.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,206,852.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,819,501.		-546,850.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 157,836.	(ii) Personal			
b Less: rental expenses		6b	118,344.				
c Rental income or (loss)		6c	39,492.				
d Net rental income or (loss)				39,492.			39,492.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 125,837,058.	(ii) Other			
b Less: cost or other basis and sales expenses		7b	99,453,526.				
c Gain or (loss)		7c	26,383,532.				
d Net gain or (loss)				26,383,532.			26,383,532.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MANAGEMENT FEE INCOME	Business Code 900099		348,959.			348,959.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			348,959.			
	12 Total revenue. See instructions			101,831,307.	0.	-546,850.	36,138,334.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	72,040,408.	72,040,408.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,560,317.	2,560,317.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	919,820.	101,681.	648,670.	169,469.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,290,840.	1,285,627.	2,097,970.	907,243.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	338,597.	103,917.	181,264.	53,416.
9 Other employee benefits	796,637.	212,232.	480,440.	103,965.
10 Payroll taxes	326,292.	91,702.	173,354.	61,236.
11 Fees for services (nonemployees):				
a Management				
b Legal	82,736.	39,496.	34,606.	8,634.
c Accounting	82,160.		82,160.	
d Lobbying	18,000.		18,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,873,637.		1,873,637.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	412,208.	22,100.	203,604.	186,504.
13 Office expenses	399,232.	166,937.	227,844.	4,451.
14 Information technology	147,752.	12,590.	135,162.	
15 Royalties				
16 Occupancy	594,825.		594,825.	
17 Travel	21,364.	1,170.	14,627.	5,567.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,009.	61,740.	1,198.	71.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	202,994.		202,994.	
23 Insurance	68,550.		68,550.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTANTS	1,661,843.	1,518,664.	119,147.	24,032.
b PURCHASED SERVICES	356,274.	0.	354,964.	1,310.
c FISCAL AGENT PROGRAMS	318,964.	318,964.		
d MEMBERSHIPS	101,755.	17,679.	75,554.	8,522.
e All other expenses	86,132.	81,720.	4,412.	
25 Total functional expenses. Add lines 1 through 24e	87,764,346.	78,636,944.	7,592,982.	1,534,420.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	855,900.	1	1,005,202.
	2 Savings and temporary cash investments	28,162,746.	2	45,884,914.
	3 Pledges and grants receivable, net	2,722,500.	3	1,046,368.
	4 Accounts receivable, net	8,966.	4	64,588.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	247,318.	9	135,253.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,082,279.		
	b Less: accumulated depreciation	10b 4,390,631.	10c	3,691,648.
	11 Investments - publicly traded securities	625,437,086.	11	646,204,650.
	12 Investments - other securities. See Part IV, line 11	336,112,644.	12	401,644,127.
	13 Investments - program-related. See Part IV, line 11	326,012.	13	326,012.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,175,657.	15	15,652,488.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,011,786,707.	16	1,115,655,250.	
Liabilities	17 Accounts payable and accrued expenses	952,024.	17	999,460.
	18 Grants payable	9,928,088.	18	4,492,739.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	10,880,112.	26	5,492,199.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	982,579,956.	27	1,086,316,910.
	28 Net assets with donor restrictions	18,326,639.	28	23,846,141.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,000,906,595.	32	1,110,163,051.
	33 Total liabilities and net assets/fund balances	1,011,786,707.	33	1,115,655,250.

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	101,831,307.
2	Total expenses (must equal Part IX, column (A), line 25)	2	87,764,346.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,066,961.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,000,906,595.
5	Net unrealized gains (losses) on investments	5	94,467,945.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	721,550.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,110,163,051.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	<input checked="" type="checkbox"/>

Form 990 (2020)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number

22-2604963

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,153,849.	37,464,506.	59,807,869.	46,718,203.	66,239,823.	238,384,250.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	28,153,849.	37,464,506.	59,807,869.	46,718,203.	66,239,823.	238,384,250.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						31,068,003.
6 Public support. Subtract line 5 from line 4.						207,316,247.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	28,153,849.	37,464,506.	59,807,869.	46,718,203.	66,239,823.	238,384,250.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,349,804.	6,570,743.	9,797,265.	13,417,041.	8,977,337.	43,112,190.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	208,149.	240,734.	209,752.	345,404.	348,959.	1,352,998.
11 Total support. Add lines 7 through 10						282,849,438.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	73.30 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.22 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

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 ☐**b 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
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 .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 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 (Form 990 or 990-EZ) 2020

SCHEDULE A, PART II, LINE 10

EXPLANATION FOR OTHER INCOME:

MANAGEMENT FEE INCOME

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number

22-2604963

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		21,588.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		65,117.													
c Total lobbying expenditures (add lines 1a and 1b)		86,705.													
d Other exempt purpose expenditures		87,677,641.													
e Total exempt purpose expenditures (add lines 1c and 1d)		87,764,346.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	94,899.	104,369.	78,526.	86,705.	364,499.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	16,720.	12,131.	15,804.	21,588.	66,243.

Schedule C (Form 990 or 990-EZ) 2020

(a)		(b)
Yes	No	Amount

1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number

22-2604963

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	419	18
2 Aggregate value of contributions to (during year)	32,623,127.	23,000.
3 Aggregate value of grants from (during year)	26,785,000.	250,606.
4 Aggregate value at end of year	326,324,541.	6,926,451.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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.
c Net investment earnings, gains, and losses	125,374,112.	161,892,712.	-39,965,560.	129,308,358.	60,112,335.
d Grants or scholarships	64,188,194.	56,145,409.	48,737,534.	42,046,502.	40,454,763.
e Other expenditures for facilities and programs					
f Administrative expenses	9,919,831.	14,406,038.	9,858,765.	9,390,833.	8,723,027.
g End of year balance	1,079,138,902.	980,965,008.	841,211,649.	882,313,834.	763,248,816.

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

- a Board designated or quasi-endowment ☐ 100.0000 %
 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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		450,000.		450,000.
b Buildings		4,108,201.	2,208,158.	1,900,043.
c Leasehold improvements		2,260,244.	1,023,176.	1,237,068.
d Equipment		750,050.	658,159.	91,891.
e Other		513,784.	501,138.	12,646.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,691,648.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

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:

Part XIII Supplemental Information (continued)

THE FOUNDATION MAINTAINS ITS TAX-EXEMPT FILING STATUS BY FULFILLING ITS MISSION AND THE VAST MAJORITY OF ITS OPERATION AND REVENUE ARE EXEMPT FROM INCOME TAX LIABILITY. MANAGEMENT ASSERTS THAT NO SUCH UNCERTAIN TAX POSITION EXISTS FOR THE FOUNDATION AT DECEMBER 31, 2020.

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number

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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		130,505,658.
3 a Subtotal	0	0			130,505,658.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			130,505,658.

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

Schedule F (Form 990) 2020

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," 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)* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," 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)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," 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)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," 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)* ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," 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)* ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2020

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.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number
22-2604963

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A LEADERSHIP JOURNEY P.O. BOX 29163 PROVIDENCE, RI 02909	82-4304890	501(C)(3)	10,000.	0.			SELF CARE FOR GREATER PROVIDENCE'S YOUTH OF COLOR
ACADIA CENTER 8 SUMMER STREET ROCKPORT, ME 04856	01-0518193	501(C)(3)	45,000.	0.			ADVANCING A CLIMATE-SAFE, EQUITABLE, CLEAN ENERGY FUTURE FOR ALL IN RHODE ISLAND
ACCESS TO RECOVERY, INC. 258 PAWTUCKET AVENUE RUMFORD, RI 02916	82-2922060	501(C)(3)	15,000.	0.			ADDICTION RECOVERY ASSISTANCE DURING COVID-19
ACCESS TO RECOVERY, INC. 258 PAWTUCKET AVENUE RUMFORD, RI 02916	82-2922060	501(C)(3)	40,000.	0.			AS A DONATION
ACCESS TO RECOVERY, INC. 258 PAWTUCKET AVENUE RUMFORD, RI 02916	82-2922060	501(C)(3)	7,400.	0.			RECOVERY HOUSE COVID-19 RELIEF FUND
ACCESSPOINT RI 111 COMSTOCK PARKWAY CRANSTON, RI 02920	05-6015153	501(C)(3)	300.	0.			AS NEEDED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **805.**
- 3** Enter total number of other organizations listed in the line 1 table **20.**

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESSPOINT RI 111 COMSTOCK PARKWAY CRANSTON, RI 02920	05-6015153	501(C)(3)	29,108.	0.			RESTORING CONNECTIONS: SUPPORTING CHILDREN AND ADULTS BEHAVIORAL HEALTH VIA TELEHEALTH THROUGHOUT
ACCESSPOINT RI 111 COMSTOCK PARKWAY CRANSTON, RI 02920	05-6015153	501(C)(3)	250.	0.			SUPPORT INDIVIDUALS WITH DIFFERING ABILITIES
ACCESSPOINT RI 111 COMSTOCK PARKWAY CRANSTON, RI 02920	05-6015153	501(C)(3)	1,000.	0.			GENERAL SUPPORT
ADAMS PUBLIC LIBRARY 205 CENTRAL STREET CENTRAL FALLS, RI 02863	45-4182305	501(C)(3)	27,756.	0.			GENERAL OPERATING
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET, SUITE 100 PROVIDENCE, RI 02903	22-2543833	501(C)(3)	16,850.	0.			ARI ASSISTANCE FOR FOSTER YOUTH IMPACTED BY COVID-19
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET, SUITE 100 PROVIDENCE, RI 02903	22-2543833	501(C)(3)	75,000.	0.			ARI INTENSIVE BEHAVIORAL HEALTH SUPPORT FOR FOSTER CHILDREN IMPACTED BY COVID-19
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET, SUITE 100 PROVIDENCE, RI 02903	22-2543833	501(C)(3)	5,000.	0.			BASIC NEEDS FOR YOUTH IN FOSTER CARE AND ADOPTION
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET, SUITE 100 PROVIDENCE, RI 02903	22-2543833	501(C)(3)	5,000.	0.			PURCHASE ESSENTIAL ITEMS
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET, SUITE 100 PROVIDENCE, RI 02903	22-2543833	501(C)(3)	1,500.	0.			SPECIALIZED RECRUITMENT AND SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET, SUITE 100 PROVIDENCE, RI 02903	22-2543833	501(C)(3)	250.	0.			GENERAL SUPPORT
ADOPTION RHODE ISLAND 290 WEST EXCHANGE STREET, SUITE 100 PROVIDENCE, RI 02903	22-2543833	501(C)(3)	61,764.	0.			GENERAL OPERATING
AFRICAN ALLIANCE OF RHODE ISLAND 807 BROAD STREET, ROOM 121 PROVIDENCE, RI 02907	20-1688094	501(C)(3)	40,000.	0.			COVID-19 ASSISTANCE TO UNDERSERVED AFRICAN COMMUNITIES OF RI
AFRICAN ALLIANCE OF RHODE ISLAND 807 BROAD STREET, ROOM 121 PROVIDENCE, RI 02907	20-1688094	501(C)(3)	75,293.	0.			DEVELOPING AND IMPLEMENTING A COMMUNITY HEALTH WORKER INTO A PUBLIC HEALTH ASTHENIS*
AFRICAN ALLIANCE OF RHODE ISLAND 807 BROAD STREET, ROOM 121 PROVIDENCE, RI 02907	20-1688094	501(C)(3)	7,500.	0.			SHARING FOOD TRADITIONS TO BUILD COMMUNITY
AGING WELL, INC. 84 SOCIAL STREET WOONSOCKET, RI 02895-3178	05-0355098	501(C)(3)	35,000.	0.			ACCESS TO FOOD FOR SENIORS AND ADULTS WITH DISABILITIES THROUGHOUT NORTHERN RI
AIA RHODE ISLAND ARCHITECTURAL FORUM - PO BOX 9325 - PROVIDENCE, RI 02940	30-0020074	501(C)(3)	5,640.	0.			ORG ENDOWMENT
AIDS CARE OCEAN STATE INC. 18 PARKIS AVENUE PROVIDENCE, RI 02907-1408	22-2929749	501(C)(3)	20,000.	0.			AIDS CARE OCEAN STATE COVID-19 ASSISTANCE PROGRAM
AIDS CARE OCEAN STATE INC. 18 PARKIS AVENUE PROVIDENCE, RI 02907-1408	22-2929749	501(C)(3)	50.	0.			MATCHING CONTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS CARE OCEAN STATE INC. 18 PARKIS AVENUE PROVIDENCE, RI 02907-1408	22-2929749	501(C)(3)	200.	0.			GENERAL SUPPORT
ALDERSBRIDGE COMMUNITIES 40 IRVING AVENUE EAST PROVIDENCE, RI 02914	05-0500898	501(C)(3)	40,000.	0.			COVID-19 OPERATING EXPENSES
ALEH ISRAEL FOUNDATION, INC. PO BOX 4911 NEW YORK, NY 10185	30-0456686	501(C)(3)	10,000.	0.			FOR PEOPLE WITH DISABILITIES
ALIANZA DE TRANSFORMACION SOCIAL, NATIONAL HISPANIC CHRISTIAN LEADERSHIP CO - 2121 SMITH STREET - PROVIDENCE, RI 02904	76-0745631	501(C)(3)	12,000.	0.			INCREASE THE LATINO COMMUNITY COUNT IN THE 2020 CENSUS
ALL SAINTS ACADEMY 915 WEST MAIN ROAD MIDDLETOWN, RI 02842-6390	05-0345140	501(C)(3)	6,891.	0.			SAFE AND CONNECTED IN COVID-19 TIMES
ALLIANCE OF ARTISTS COMMUNITIES 144 WESTMINSTER STREET PROVIDENCE, RI 02903	58-2138525	501(C)(3)	92,700.	0.			ARTISTS RELIEF FUND
ALLIANCE OF ARTISTS COMMUNITIES 144 WESTMINSTER STREET PROVIDENCE, RI 02903	58-2138525	501(C)(3)	2,500.	0.			RHODE ISLAND ARTIST RELIEF FUND
ALLIANCE OF RI SOUTHEAST ASIANS FOR EDUCATION - ONE EMPIRE PLAZA - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	8,000.	0.			FUND DEVELOPMENT COHORT
ALLIANCE OF RI SOUTHEAST ASIANS FOR EDUCATION - ONE EMPIRE PLAZA - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	55,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION RI CHAPTER 2374 POST ROAD, SUITE 103 WARWICK, RI 02886-2270	05-0460482	501(C)(3)	13,000.	0.			CARE SERVICES PROGRAMS
ALS ASSOCIATION RI CHAPTER 2374 POST ROAD, SUITE 103 WARWICK, RI 02886-2270	05-0460482	501(C)(3)	2,500.	0.			DONATION
ALS ASSOCIATION RI CHAPTER 2374 POST ROAD, SUITE 103 WARWICK, RI 02886-2270	05-0460482	501(C)(3)	1,000.	0.			RESEARCH PROGRAMS
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC. - 245 WATERMAN STREET, SUITE 306 - PROVIDENCE, RI 02906	13-3039601	501(C)(3)	25,000.	0.			DONATION
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC. - 245 WATERMAN STREET, SUITE 306 - PROVIDENCE, RI 02906	13-3039601	501(C)(3)	250.	0.			MATCHING CONTRIBUTION
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC. - 245 WATERMAN STREET, SUITE 306 - PROVIDENCE, RI 02906	13-3039601	501(C)(3)	20,250.	0.			RI ALZHEIMER'S DISEASE AND RELATED DEMENTIA FORUMS
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC. - 245 WATERMAN STREET, SUITE 306 - PROVIDENCE, RI 02906	13-3039601	501(C)(3)	1,100.	0.			GENERAL SUPPORT
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC. - 245 WATERMAN STREET, SUITE 306 - PROVIDENCE, RI 02906	13-3039601	501(C)(3)	75.	0.			GENERAL OPERATING SUPPORT
AMENITY AID 1130 TEN ROD ROAD, SUITE A 201 NORTH KINGSTOWN, RI 02852	46-2347536	501(C)(3)	13,688.	0.			HYGIENE PRODUCTS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN BAPTIST CHURCHES OF RHODE ISLAND - 54 EXETER ROAD - EXETER, RI 02822	13-5563018	501(C)(3)	7,020.	0.			GENERAL OPERATING
AMERICAN CANCER SOCIETY 931 JEFFERSON BOULEVARD, SUITE 3004 WARWICK, RI 02886-2233	13-1788491	501(C)(3)	600.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY 931 JEFFERSON BOULEVARD, SUITE 3004 WARWICK, RI 02886-2233	13-1788491	501(C)(3)	102,524.	0.			PROGRAM SUPPORT
AMERICAN DIABETES ASSOCIATION, INC. - PO BOX 7023 - MERRIFIELD, VA 22116-7023	13-1623888	501(C)(3)	25,000.	0.			EDUCATION RESOURCES FOR SENIOR FOCUS PROGRAM
AMERICAN DIABETES ASSOCIATION, INC. - PO BOX 7023 - MERRIFIELD, VA 22116-7023	13-1623888	501(C)(3)	24,562.	0.			PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 22249 ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	59,357.	0.			PROGRAM SUPPORT
AMERICAN LUNG ASSOCIATION OF NEW ENGLAND - 260 WEST EXCHANGE STREET, SUITE 102B - PROVIDENCE, RI 02903-1000	13-1632524	501(C)(3)	42,475.	0.			GENERAL OPERATING
AMERICAN LUNG ASSOCIATION OF NEW ENGLAND - 260 WEST EXCHANGE STREET, SUITE 102B - PROVIDENCE, RI 02903-1000	13-1632524	501(C)(3)	1,123.	0.			PROGRAM SUPPORT
AMERICAN NATIONAL RED CROSS 431 18TH STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	100.	0.			AS A MATCHING CONTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 431 18TH STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	2,000.	0.			COVID-19 PANDEMIC
AMERICAN NATIONAL RED CROSS 431 18TH STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	2,500.	0.			GENERAL USE
AMERICAN NATIONAL RED CROSS 431 18TH STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	4,000.	0.			GENERAL USES
AMERICAN PARKINSON DISEASE ASSOCIATION - PO BOX 41659 - PROVIDENCE, RI 02940-1659	13-1962771	501(C)(3)	2,500.	0.			2020 AMERICAN PARKINSON DISEASE ASSOCIATION RHODE ISLAND OPTIMISM VIRTUAL WALK
AMERICAN PARKINSON DISEASE ASSOCIATION - PO BOX 41659 - PROVIDENCE, RI 02940-1659	13-1962771	501(C)(3)	5,000.	0.			APDA OPTIMISM WALK
AMERICAN RED CROSS, RI CHAPTER 100 NIAHTIC AVENUE, SUITE A PROVIDENCE, RI 02907	53-0196605	501(C)(3)	5,000.	0.			AMERICAN RED CROSS DISASTER CYCLE SERVICES
AMERICAN RED CROSS, RI CHAPTER 100 NIAHTIC AVENUE, SUITE A PROVIDENCE, RI 02907	53-0196605	501(C)(3)	5,000.	0.			DISASTER SERVICES CYCLE
AMERICAN RED CROSS, RI CHAPTER 100 NIAHTIC AVENUE, SUITE A PROVIDENCE, RI 02907	53-0196605	501(C)(3)	700.	0.			GENERAL SUPPORT
AMERICAN-FRENCH GENEALOGICAL SOCIETY - 78 EARLE STREET - WOONSOCKET, RI 02895	05-0394754	501(C)(3)	5,201.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	150,000.	0.			AMOS HOUSE
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	9,758.	0.			AMOS HOUSE - SAFE HARBOR HOUSING PROGRAM ASSISTANCE PROGRAM
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	75,000.	0.			AMOS HOUSE EMERGENCY RESPONSE TO COVID-19
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT FUNDING
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	1,500.	0.			CONTINUED SUPPORT
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	75,000.	0.			CORONAVIRUS WINTER PREPAREDNESS PROJECT
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	10,000.	0.			COUNTING THE INCARCERATED AND REENTERING POPULATION OF RHODE ISLAND
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	750.	0.			CURRENT EMERGENCIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	50,000.	0.			DONATION
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	10,000.	0.			EDUCATION PROGRAMS
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	1,000.	0.			FOOD DISTRIBUTION
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	400.	0.			GENERAL FUNDS
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	250.	0.			GENERAL USE
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	5,000.	0.			GENERAL USES AND PURPOSES
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	5,000.	0.			HELP THOSE IN NEED
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	1,000.	0.			HOUSING NEEDS
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	500.	0.			MOTHER/CHILD REUNIFICATION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	10,000.	0.			PROVIDING SHELTER
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	175,000.	0.			STRENGTHENING MENTAL HEALTH AND RESILIENCY DURING THE COVID-19 PANDEMIC
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	250.	0.			SUPPORT THE MISSION
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	300.	0.			WHEREVER MOST NEEDED
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	70,060.	0.			GENERAL SUPPORT
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
ANIMAL RESCUE RHODE ISLAND 506B CURTIS CORNER ROAD WAKEFIELD, RI 02880-0458	05-0282432	501(C)(3)	15,600.	0.			ARRI CAPITAL PROJECTS FOR 2020/2021

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL RESCUE RHODE ISLAND 506B CURTIS CORNER ROAD WAKEFIELD, RI 02880-0458	05-0282432	501(C)(3)	1,745.	0.			GENERAL OPERATING
AQUIDNECK COMMUNITY TABLE P.O. BOX 1481 NEWPORT, RI 02840	45-4446964	501(C)(3)	1,200.	0.			EXPAND GARDENING OPPORTUNITIES IN NEWPORT'S NORTH SIDE
AQUIDNECK COMMUNITY TABLE P.O. BOX 1481 NEWPORT, RI 02840	45-4446964	501(C)(3)	1,821.	0.			FOOD INSECURITY
AQUIDNECK COMMUNITY TABLE P.O. BOX 1481 NEWPORT, RI 02840	45-4446964	501(C)(3)	6,500.	0.			MIANTONOMI FARMERS MARKET
AQUIDNECK COMMUNITY TABLE P.O. BOX 1481 NEWPORT, RI 02840	45-4446964	501(C)(3)	10,000.	0.			NEWPORT COMMUNITY AND SCHOOL GARDENS
AQUIDNECK COMMUNITY TABLE P.O. BOX 1481 NEWPORT, RI 02840	45-4446964	501(C)(3)	3,000.	0.			THE 2020 CHALLENGE GRANT
AQUIDNECK COMMUNITY TABLE P.O. BOX 1481 NEWPORT, RI 02840	45-4446964	501(C)(3)	1,000.	0.			GENERAL SUPPORT
AQUIDNECK COMMUNITY TABLE P.O. BOX 1481 NEWPORT, RI 02840	45-4446964	501(C)(3)	1,000.	0.			GENERAL OPERATING SUPPORT
AQUIDNECK LAND TRUST 790 AQUIDNECK AVENUE, 2ND FLOOR MIDDLETOWN, RI 02842	22-3073770	501(C)(3)	3,799.	0.			AQUIDNECK ISLAND LAND TRUST

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AQUIDNECK LAND TRUST 790 AQUIDNECK AVENUE, 2ND FLOOR MIDDLETOWN, RI 02842	22-3073770	501(C)(3)	2,500.	0.			GENERAL PURPOSE GRANT
AQUIDNECK LAND TRUST 790 AQUIDNECK AVENUE, 2ND FLOOR MIDDLETOWN, RI 02842	22-3073770	501(C)(3)	2,500.	0.			LAND PRESERVATION/STEWARDSHIP ENDOW/ANNUAL
AQUIDNECK LAND TRUST 790 AQUIDNECK AVENUE, 2ND FLOOR MIDDLETOWN, RI 02842	22-3073770	501(C)(3)	500.	0.			PRESERVING 7.5 ACRES AT GLEN FARM
AQUIDNECK LAND TRUST 790 AQUIDNECK AVENUE, 2ND FLOOR MIDDLETOWN, RI 02842	22-3073770	501(C)(3)	250.	0.			GENERAL SUPPORT
AQUIDNECK LAND TRUST 790 AQUIDNECK AVENUE, 2ND FLOOR MIDDLETOWN, RI 02842	22-3073770	501(C)(3)	500.	0.			GENERAL OPERATING SUPPORT
ARBOR HILL ASSISTED LIVING 153 DEAN STREET PROVIDENCE, RI 02903	45-2047960	501(C)(3)	37,000.	0.			ARBOR HILL COVID-19 STAFFING AND PPE
ART CONNECTION IN RHODE ISLAND 36 PARK PLACE #2 PAWTUCKET, RI 02860	46-3770718	501(C)(3)	2,500.	0.			CONNECTING LIVES WITH ART"
ART CONNECTION IN RHODE ISLAND 36 PARK PLACE #2 PAWTUCKET, RI 02860	46-3770718	501(C)(3)	10,500.	0.			GENERAL SUPPORT
ARTHRITIS FOUNDATION NATIONAL OFFICE - 1355 PEACHTREE STREET NE, SUITE 600 - ATLANTA, GA 30309	58-1341679	501(C)(3)	6,720.	0.			GENERAL OPERATING

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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ARTHRITIS FOUNDATION, SOUTHERN NEW ENGLAND CHAPTER - 2348 POST ROAD, SUITE 104 - WARWICK, RI 02886	58-1341679	501(C)(3)	1,525.	0.			ARTHRITIS FOUNDATION
ARTHRITIS FOUNDATION, SOUTHERN NEW ENGLAND CHAPTER - 2348 POST ROAD, SUITE 104 - WARWICK, RI 02886	58-1341679	501(C)(3)	24,302.	0.			PROGRAM SUPPORT
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	500.	0.			ANNUAL GIFT
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	200.	0.			AREA OF GREATEST NEED
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	30,000.	0.			AS220 EMERGENCY FUNDS FOR TENANTS AND YOUTH
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	24,825.	0.			AS220 RACIAL JUSTICE INITIATIVE
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	1,000.	0.			FINANCIAL PROBLEMS CREATED BY COVID-19
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	4,000.	0.			TV220 ARCHIVAL PROJECT
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	29,000.	0.			YOUTH SERVICES & RENT FORGIVENESS FOR LMI TENANTS

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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AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	20,000.	0.			ZENNOVATION COMMUNITY PROJECTS
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	60,000.	0.			ZENNOVATION PROJECTS
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	50,000.	0.			ZENNOVATION PROJECTS
AS220 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501(C)(3)	21,500.	0.			GENERAL SUPPORT
ASSOCIATION TO PRESERVE CAPE COD 482 MAIN STREET DENNIS, MA 02638	04-2462788	501(C)(3)	50,000.	0.			PROTECTING THE NATURAL ENVIRONMENT OF THE CAPE
ASSOCIATION TO PRESERVE CAPE COD 482 MAIN STREET DENNIS, MA 02638	04-2462788	501(C)(3)	1,000.	0.			GENERAL SUPPORT
ASTHMA & ALLERGY FOUNDATION OF AMERICA NATIONAL - PO BOX 424053 - WASHINGTON, DC 20042	13-1691693	501(C)(3)	10,000.	0.			KIDS WITH FOOD ALLERGIES PROGRAM
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	21,472.	0.			2021 CONSERVATION STEWARDSHIP COLLABORATIVE
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	1,000.	0.			ANNUAL FUND

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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AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	7,500.	0.			AUDUBON ANIMAL AMBASSADORS
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	500.	0.			CHILDREN'S PROGRAMMING
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	92,106.	0.			DESIGNATED GRANT
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	1,000.	0.			FOR WHEREVER IT IS MOST NEEDED
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	8,500.	0.			GENERAL FUND
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	5,000.	0.			GENERAL USE
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	1,000.	0.			STRATEGIC PLAN
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	2,000.	0.			TEAM SERVICE PROJECTS - CONNECTING THROUGH KINDNESS
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	70,802.	0.			GENERAL OPERATING

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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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AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON ROAD SMITHFIELD, RI 02917-2600	05-0265675	501(C)(3)	121,235.	0.			PROGRAM SUPPORT
AUREA, INC. 195 SESSIONS STREET PROVIDENCE, RI 02906	20-2229979	501(C)(3)	11,000.	0.			GENERAL SUPPORT
BACK TO SCHOOL CELEBRATION OF RI P.O. BOX 72799 PROVIDENCE, RI 02907	20-2305971	501(C)(3)	20,000.	0.			PROVIDENCE BACKPACKER PROGRAM
BALLOU HOME FOR THE AGED 60 MENDON ROAD WOONSOCKET, RI 02895	05-0260671	501(C)(3)	30,000.	0.			FUNDING ADDED SERVICES DUE TO COVID-19
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION, INC. - 6855 RED ROAD - CORAL GABLES, FL 33143	59-1923401	501(C)(3)	10,000.	0.			MARINERS HOSPITAL
BAPTIST HOME OF RHODE ISLAND 501 CENTERVILLE ROAD, SUITE 103 WARWICK, RI 02886	05-0267949	501(C)(3)	6,039.	0.			GENERAL OPERATING
BARNSTABLE LAND TRUST, INC. 1540 MAIN STREET WEST BARNSTABLE, MA 02668	22-2483963	501(C)(3)	25,000.	0.			DEMOLITION OF BUILDING AT FULLER FARM
BARNSTABLE LAND TRUST, INC. 1540 MAIN STREET WEST BARNSTABLE, MA 02668	22-2483963	501(C)(3)	25,000.	0.			DEVELOPING FULLER FARM
BARRINGTON CHRISTIAN ACADEMY NINE OLD COUNTY ROAD BARRINGTON, RI 02806	05-0425477	501(C)(3)	25,000.	0.			SUPPORT THE MISSION OF THE PROGRAM

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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BARRINGTON CHRISTIAN ACADEMY NINE OLD COUNTY ROAD BARRINGTON, RI 02806	05-0425477	501(C)(3)	1,561.	0.			GENERAL OPERATING
BARRINGTON CHRISTIAN ACADEMY NINE OLD COUNTY ROAD BARRINGTON, RI 02806	05-0425477	501(C)(3)	1,138.	0.			PROGRAM SUPPORT
BARRINGTON CONGREGATIONAL CHURCH 461 COUNTY ROAD BARRINGTON, RI 02806	05-0304531	501(C)(3)	37,380.	0.			GENERAL OPERATING
BARRINGTON FARM SCHOOL PO BOX 41 BARRINGTON, RI 02806	82-1037005	501(C)(3)	7,000.	0.			LEARNING GARDEN
BARRINGTON SCHOOL DEPARTMENT 283 COUNTY ROAD BARRINGTON, RI 02806	82-1037005	501(C)(3)	20,000.	0.			BARRINGTON HIGH SCHOOL XQ+RI CHALLENGE: MOMENTUM SCHOOL
BARRINGTON TAP-IN, INC. 281 COUNTY ROAD BARRINGTON, RI 02806	22-2481382	501(C)(3)	3,000.	0.			BARRINGTON TAP-IN FOOD PANTRY
BARRINGTON TAP-IN, INC. 281 COUNTY ROAD BARRINGTON, RI 02806	22-2481382	501(C)(3)	2,860.	0.			BARRINGTON TAP-IN FOOD PANTRY
BARRINGTON TAP-IN, INC. 281 COUNTY ROAD BARRINGTON, RI 02806	22-2481382	501(C)(3)	350.	0.			GENERAL FUNDS
BARRINGTON TAP-IN, INC. 281 COUNTY ROAD BARRINGTON, RI 02806	22-2481382	501(C)(3)	3,959.	0.			LIABILITY INSURANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYSIDE FAMILY YMCA 70 WEST STREET BARRINGTON, RI 02806-3526	05-0258878	501(C)(3)	8,000.	0.			SENIOR HEALTH AND WELLNESS
BEAUTIFUL DAY 10 DAVOL SQUARE, SUITE 100 PROVIDENCE, RI 02903	45-4946110	501(C)(3)	50,000.	0.			EMERGENCY FUNDING FOR OPERATIONS
BEAUTIFUL DAY 10 DAVOL SQUARE, SUITE 100 PROVIDENCE, RI 02903	45-4946110	501(C)(3)	3,000.	0.			GENERAL BUDGET
BEAUTIFUL DAY 10 DAVOL SQUARE, SUITE 100 PROVIDENCE, RI 02903	45-4946110	501(C)(3)	5,000.	0.			SUPPORT THE MISSION OF THE ORGANIZATION
BEAUTIFUL DAY 10 DAVOL SQUARE, SUITE 100 PROVIDENCE, RI 02903	45-4946110	501(C)(3)	5,000.	0.			VIRTUAL REFUGEE YOUTH JOB TRAINING PROGRAM
BEAUTIFUL DAY 10 DAVOL SQUARE, SUITE 100 PROVIDENCE, RI 02903	45-4946110	501(C)(3)	500.	0.			GENERAL SUPPORT
BENEFICENT CONGREGATIONAL CHURCH 300 WEYBOSSET STREET PROVIDENCE, RI 02903	05-0258894	501(C)(3)	5,000.	0.			NGRITUDE THROUGH THE EYES OF NICOLS GUILLN AND LANGSTON HUGHES 90 YEARS LATER
BENEFICENT CONGREGATIONAL CHURCH 300 WEYBOSSET STREET PROVIDENCE, RI 02903	05-0258894	501(C)(3)	17,088.	0.			GENERAL OPERATING
BETH ISRAEL DEACONNESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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BETTER LIVES RHODE ISLAND 15 HAYES STREET PROVIDENCE, RI 02903	22-2672825	501(C)(3)	500.	0.			ANNUAL CAMPAIGN
BETTER LIVES RHODE ISLAND 15 HAYES STREET PROVIDENCE, RI 02903	22-2672825	501(C)(3)	17,686.	0.			COVID 19 SUPPORT FOR PROGRAMS
BETTER LIVES RHODE ISLAND 15 HAYES STREET PROVIDENCE, RI 02903	22-2672825	501(C)(3)	60,000.	0.			COVID-19 RESPONSE FUND GRANT
BEYOND CELIAC PO BOX 544 AMBLER, PA 19002-0544	90-0108854	501(C)(3)	100,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF RHODE ISLAND - 1540 PONTIAC AVENUE - CRANSTON, RI 02920	22-2606942	501(C)(3)	5,000.	0.			BBBSRI COVID-19 CRISIS PLAN
BIG BROTHERS BIG SISTERS OF RHODE ISLAND - 1540 PONTIAC AVENUE - CRANSTON, RI 02920	22-2606942	501(C)(3)	5,000.	0.			EMERGENCY ASSISTANCE FUND
BIG BROTHERS BIG SISTERS OF RHODE ISLAND - 1540 PONTIAC AVENUE - CRANSTON, RI 02920	22-2606942	501(C)(3)	10,000.	0.			EMERGENCY FUND
BIG BROTHERS BIG SISTERS OF RHODE ISLAND - 1540 PONTIAC AVENUE - CRANSTON, RI 02920	22-2606942	501(C)(3)	500.	0.			GENERAL FUNDS
BIG BROTHERS BIG SISTERS OF RHODE ISLAND - 1540 PONTIAC AVENUE - CRANSTON, RI 02920	22-2606942	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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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BIG BROTHERS BIG SISTERS OF RHODE ISLAND - 1540 PONTIAC AVENUE - CRANSTON, RI 02920	22-2606942	501(C)(3)	522.	0.			PROGRAM SUPPORT
BIKE NEWPORT 62 BROADWAY NEWPORT, RI 02840	45-3804746	501(C)(3)	5,000.	0.			IMPORTANT WORK
BIKE NEWPORT 62 BROADWAY NEWPORT, RI 02840	45-3804746	501(C)(3)	28,704.	0.			MEETING COMMUNITY NEED BY TAKING THE BIKE GARAGE OUTSIDE
BIRTHDAY WISHES INC. 24 SUPERIOR DRIVE, SUITE B1 NATICK, MA 01760	55-0856553	501(C)(3)	6,000.	0.			CRAFT AND ACTIVITY KITS FOR BIRTHDAY PARTIES
BIRTHDAY WISHES INC. 24 SUPERIOR DRIVE, SUITE B1 NATICK, MA 01760	55-0856553	501(C)(3)	500.	0.			GENERAL SUPPORT
BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE WARWICK, RI 02889-4292	53-0196617	501(C)(3)	40,000.	0.			BOYS TUITION ASSISTANCE
BLACKSTONE RIVER WATERSHED COUNCIL PO BOX 8068 CUMBERLAND, RI 02864-0810	37-1505294	501(C)(3)	7,717.	0.			OPERATION BLUE MIND; BUILDING COMMUNITY THROUGH IMPROVED VIEWSCAPE AND PLANT
BLACKSTONE VALLEY ADVOCACY CENTER PO BOX 5643 PAWTUCKET, RI 02862	05-0460224	501(C)(3)	55,000.	0.			BVAC COVID-19 SUPPORT REQUEST
BLACKSTONE VALLEY ADVOCACY CENTER PO BOX 5643 PAWTUCKET, RI 02862	05-0460224	501(C)(3)	250.	0.			TO SUPPORT THE ORGANIZATION

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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BLACKSTONE VALLEY COMMUNITY ACTION PROGRAM, INC. - 32 GOFF AVENUE - PAWTUCKET, RI 02860	05-0312991	501(C)(3)	75,000.	0.			BVCAP COVID-19 RELIEF
BLACKSTONE VALLEY COMMUNITY ACTION PROGRAM, INC. - 32 GOFF AVENUE - PAWTUCKET, RI 02860	05-0312991	501(C)(3)	35,000.	0.			BVCAP CRISIS RESPONSE
BLACKSTONE VALLEY COMMUNITY HEALTH CARE INC - 39 EAST AVENUE - PAWTUCKET, RI 02860	51-0183476	501(C)(3)	75,000.	0.			COVID-19 RESPONSE
BLACKSTONE VALLEY EMERGENCY FOOD CENTER - 75 BENEFIT STREET - PAWTUCKET, RI 02861	05-0460226	501(C)(3)	650.	0.			CURRENT EMERGENCIES
BLACKSTONE VALLEY EMERGENCY FOOD CENTER - 75 BENEFIT STREET - PAWTUCKET, RI 02861	05-0460226	501(C)(3)	10,000.	0.			FEEDING THE NEEDY
BLACKSTONE VALLEY EMERGENCY FOOD CENTER - 75 BENEFIT STREET - PAWTUCKET, RI 02861	05-0460226	501(C)(3)	1,250.	0.			NEEDS OF FAMILIES
BLACKSTONE VALLEY TOURISM COUNCIL 175 MAIN STREET PAWTUCKET, RI 02860	05-0424318	501(C)(3)	10,000.	0.			BROAD STREET WINDOW ACTIVATION
BLITHEWOLD, INC. 101 FERRY ROAD BRISTOL, RI 02809-0716	05-0503407	501(C)(3)	5,000.	0.			2020 FUNDRAISING GALA HONORING NOREEN ACKERMAN
BLITHEWOLD, INC. 101 FERRY ROAD BRISTOL, RI 02809-0716	05-0503407	501(C)(3)	750.	0.			ANNUAL FUND

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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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BLITHEWOLD, INC. 101 FERRY ROAD BRISTOL, RI 02809-0716	05-0503407	501(C)(3)	1,000.	0.			ANNUAL FUND
BLITHEWOLD, INC. 101 FERRY ROAD BRISTOL, RI 02809-0716	05-0503407	501(C)(3)	500.	0.			GIFT TO THE CHALLENGE MATCH
BLITHEWOLD, INC. 101 FERRY ROAD BRISTOL, RI 02809-0716	05-0503407	501(C)(3)	2,500.	0.			MATCH \$25,000 CHALLENGE GRANT
BLITHEWOLD, INC. 101 FERRY ROAD BRISTOL, RI 02809-0716	05-0503407	501(C)(3)	2,250.	0.			GENERAL SUPPORT
BLOCK ISLAND CONSERVANCY P.O. BOX 84 BLOCK ISLAND, RI 02807	23-7226378	501(C)(3)	13,237.	0.			GENERAL OPERATING
BLOCK ISLAND CONSERVANCY P.O. BOX 84 BLOCK ISLAND, RI 02807	23-7226378	501(C)(3)	3,519.	0.			PROGRAM SUPPORT
BLOCK ISLAND HEALTH SERVICES, INC. 6 PAYNE ROAD BLOCK ISLAND, RI 02807	22-2570482	501(C)(3)	6,986.	0.			GENERAL OPERATING
BLOCK ISLAND MARITIME INSTITUTE PO BOX 358 BLOCK ISLAND, RI 02807	05-0496605	501(C)(3)	60,000.	0.			CAPITAL IMPROVEMENTS
BOCA HELPING HANDS 1500 NW 1ST COURT BOCA RATON, FL 33432	31-1713631	501(C)(3)	10,000.	0.			COVID 19 EMERGENCY FOOD FUNDING

Schedule I (Form 990)

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BOCA HELPING HANDS 1500 NW 1ST COURT BOCA RATON, FL 33432	31-1713631	501(C)(3)	10,000.	0.			COVID 19 EMERGENCY FOOD
BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501(C)(3)	10,000.	0.			BOOKS ARE WINGS - KEEPING KIDS READING
BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501(C)(3)	1,500.	0.			BOOKS ARE WINGS - LITERACY PARTNER
BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501(C)(3)	300.	0.			FOR WHEREVER IT IS MOST NEEDED
BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501(C)(3)	300.	0.			WHEREVER IT IS NEEDED MOST
BOOKS ARE WINGS 1005 MAIN STREET, SUITE 8116 PAWTUCKET, RI 02860	27-0045877	501(C)(3)	40,500.	0.			GENERAL SUPPORT
BORDERS FARM PRESERVATION, INC. 90A WINSOR ROAD FOSTER, RI 02825	05-0512998	501(C)(3)	17,903.	0.			GENERAL OPERATING

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BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	2,000.	0.			BOSTON COLLEGE LAW SCHOOL 25TH REUNION
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	12,500.	0.			FLYNN FUND
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116	04-2104021	501(C)(3)	250,000.	0.			COVID-19 RESPONSE FUND
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116	04-2104021	501(C)(3)	5,000.	0.			THE NEW COMMONWEALTH FUND
BOSTON SYMPHONY ORCHESTRA INC. 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550	501(C)(3)	5,000.	0.			ANNUAL GIFT
BOSTON SYMPHONY ORCHESTRA INC. 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550	501(C)(3)	19,325.	0.			GENERAL OPERATING
BOYS & GIRLS CLUB OF EAST PROVIDENCE - 115 WILLIAMS AVENUE - EAST PROVIDENCE, RI 02914	05-0278988	501(C)(3)	5,000.	0.			BASIC NEEDS
BOYS & GIRLS CLUB OF EAST PROVIDENCE - 115 WILLIAMS AVENUE - EAST PROVIDENCE, RI 02914	05-0278988	501(C)(3)	125,000.	0.			BOYS & GIRLS CLUBS IN RHODE ISLAND STATEWIDE FREE MEAL PROGRAM
BOYS & GIRLS CLUB OF EAST PROVIDENCE - 115 WILLIAMS AVENUE - EAST PROVIDENCE, RI 02914	05-0278988	501(C)(3)	60,000.	0.			EMERGENCY DINNER KIT DELIVERY PROGRAM

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BOYS & GIRLS CLUB OF EAST PROVIDENCE - 115 WILLIAMS AVENUE - EAST PROVIDENCE, RI 02914	05-0278988	501(C)(3)	51,533.	0.			EPBGC SUPPLEMENTAL COVID COSTS
BOYS & GIRLS CLUB OF EAST PROVIDENCE - 115 WILLIAMS AVENUE - EAST PROVIDENCE, RI 02914	05-0278988	501(C)(3)	2,500.	0.			PURCHASE OF SUPPLIES
BOYS & GIRLS CLUB OF EAST PROVIDENCE - 115 WILLIAMS AVENUE - EAST PROVIDENCE, RI 02914	05-0278988	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN
BOYS & GIRLS CLUB OF EAST PROVIDENCE - 115 WILLIAMS AVENUE - EAST PROVIDENCE, RI 02914	05-0278988	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF EAST PROVIDENCE - 115 WILLIAMS AVENUE - EAST PROVIDENCE, RI 02914	05-0278988	501(C)(3)	10,188.	0.			GENERAL OPERATING
BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840	05-0281572	501(C)(3)	5,000.	0.			BASIC NEEDS
BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840	05-0281572	501(C)(3)	10,000.	0.			CAMP G.R.E.A.T. (GROW, RESPECT, EXPERIENCE, ACCOMPLISH, TRANSFORM), SUMMER 2020
BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840	05-0281572	501(C)(3)	30,000.	0.			COVID-19 HYGIENE SUPPORT
BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840	05-0281572	501(C)(3)	2,500.	0.			GENERAL PURPOSE

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BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840	05-0281572	501(C)(3)	5,000.	0.			IMPORTANT WORK
BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840	05-0281572	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN
BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840	05-0281572	501(C)(3)	2,628.	0.			YOUTH FOR UNITY PROGRAM AT MIDDLETOWN HIGH SCHOOL
BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840	05-0281572	501(C)(3)	10,096.	0.			GENERAL OPERATING
BOYS & GIRLS CLUB OF NEWPORT COUNTY - 95 CHURCH STREET - NEWPORT, RI 02840	05-0281572	501(C)(3)	902.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)(3)	5,000.	0.			BASIC NEEDS
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)(3)	500.	0.			COVID-19 SUPPORT
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)(3)	5,000.	0.			HOMERS/MAJOR GIFTS
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN

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BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)(3)	23,200.	0.			TEEN WORKFORCE DEVELOPMENT PROGRAM
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)(3)	1,000.	0.			YOUTH OF THE YEAR
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)(3)	8,500.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)(3)	2,004.	0.			GENERAL OPERATING
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)(3)	22,015.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF NORTHERN RHODE ISLAND - ONE JAMES J. MCKEE WAY - CUMBERLAND, RI 02864	05-0280121	501(C)(3)	11,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
BOYS & GIRLS CLUBS OF NORTHERN RHODE ISLAND - ONE JAMES J. MCKEE WAY - CUMBERLAND, RI 02864	05-0280121	501(C)(3)	5,000.	0.			BASIC NEEDS
BOYS & GIRLS CLUBS OF NORTHERN RHODE ISLAND - ONE JAMES J. MCKEE WAY - CUMBERLAND, RI 02864	05-0280121	501(C)(3)	18,000.	0.			BASIC NEEDS FOR BGCNRI MEMBERS
BOYS & GIRLS CLUBS OF NORTHERN RHODE ISLAND - ONE JAMES J. MCKEE WAY - CUMBERLAND, RI 02864	05-0280121	501(C)(3)	23,336.	0.			COVID RESPONSE PROGRAMS

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BOYS & GIRLS CLUBS OF NORTHERN RHODE ISLAND - ONE JAMES J. MCKEE WAY - CUMBERLAND, RI 02864	05-0280121	501(C)(3)	31,200.	0.			FUNDING FOR VIRTUAL PROGRAM/MARKETING COORDINATOR POSITION
BOYS & GIRLS CLUBS OF NORTHERN RHODE ISLAND - ONE JAMES J. MCKEE WAY - CUMBERLAND, RI 02864	05-0280121	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF NORTHERN RHODE ISLAND - ONE JAMES J. MCKEE WAY - CUMBERLAND, RI 02864	05-0280121	501(C)(3)	1,129.	0.			GENERAL OPERATING
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	44,770.	0.			COME ON HOME ""
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	5,000.	0.			BASIC NEEDS
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	10,000.	0.			COVID-19 RECOVERY
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	5,000.	0.			FAMILY, FOOD, AND FUN PROGRAM
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	50,000.	0.			HUMAN RESOURCES
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	5,000.	0.			PURCHASE ESSENTIAL ITEMS

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BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	2,000.	0.			SUMMER LEARNING
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	500.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	64,232.	0.			GENERAL OPERATING
BOYS & GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903-4438	05-0258929	501(C)(3)	9,756.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF WARWICK 42 FREDERICK STREET WARWICK, RI 02888	05-6019193	501(C)(3)	48,804.	0.			KEEPING KIDS SAFE AND WORKING FAMILIES WORKING
BOYS & GIRLS CLUBS OF WARWICK 42 FREDERICK STREET WARWICK, RI 02888	05-6019193	501(C)(3)	3,500.	0.			PURCHASE ESSENTIAL ITEMS
BOYS & GIRLS CLUBS OF WARWICK 42 FREDERICK STREET WARWICK, RI 02888	05-6019193	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN
BOYS & GIRLS CLUBS OF WARWICK 42 FREDERICK STREET WARWICK, RI 02888	05-6019193	501(C)(3)	500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF WARWICK 42 FREDERICK STREET WARWICK, RI 02888	05-6019193	501(C)(3)	3,996.	0.			GENERAL OPERATING
BOYS TOWN NEW ENGLAND, INC. 58 FLANAGAN ROAD PORTSMOUTH, RI 02871	20-0655240	501(C)(3)	5,000.	0.			BASIC NEEDS AND HOLIDAY SUPPORT
BOYS TOWN NEW ENGLAND, INC. 58 FLANAGAN ROAD PORTSMOUTH, RI 02871	20-0655240	501(C)(3)	75,000.	0.			BOYS TOWN NEW ENGLAND: HELPING CHILDREN SUCCEED DURING COVID-19
BOYS TOWN NEW ENGLAND, INC. 58 FLANAGAN ROAD PORTSMOUTH, RI 02871	20-0655240	501(C)(3)	75,000.	0.			COVID-19 EMERGENCY SUPPORT
BOYS TOWN NEW ENGLAND, INC. 58 FLANAGAN ROAD PORTSMOUTH, RI 02871	20-0655240	501(C)(3)	30,000.	0.			DONATION
BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02915	05-0258806	501(C)(3)	15,000.	0.			BRADLEY HOSPITAL CENTER FOR AUTISM AND DEVELOPMENTAL DISABILITIES SAFEQUEST
BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02915	05-0258806	501(C)(3)	42,500.	0.			DONATION
BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02915	05-0258806	501(C)(3)	250,000.	0.			EMERGENCY PEDIATRIC BEHAVIORAL HEALTH RESPONSE TO COVID-19
BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02915	05-0258806	501(C)(3)	50,000.	0.			EXPANDING PROFESSIONAL DEVELOPMENT OPPORTUNITIES IN BEHAVIORAL HEALTH FOR EDUCATORS AND OTHER

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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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BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02915	05-0258806	501(C)(3)	1,000.	0.			ONGOING SUPPORT
BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02915	05-0258806	501(C)(3)	10,000.	0.			PROGRAMS FOR CHILDREN WITH AUTISM
BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02915	05-0258806	501(C)(3)	17,544.	0.			PROGRAM SUPPORT
BRANDEIS UNIVERSITY 415 SOUTH STREET, MS 126 WALTHAM, MA 02453	04-2103552	501(C)(3)	22,000.	0.			BRANDEIS OSHER LIFELONG LEARNING INSTITUTE
BRANDEIS UNIVERSITY 415 SOUTH STREET, MS 126 WALTHAM, MA 02453	04-2103552	501(C)(3)	5,600.	0.			GENERAL SUPPORT
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH STREET, SUITE 609 NEW YORK, NY 10036	13-3727250	501(C)(3)	12,500.	0.			GENERAL PURPOSES
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH STREET, SUITE 609 NEW YORK, NY 10036	13-3727250	501(C)(3)	500.	0.			GENERAL OPERATING SUPPORT
BRIDGEMARK 2020 ELMWOOD AVENUE WARWICK, RI 02888-2413	05-0358120	501(C)(3)	40,000.	0.			EMPLOYEE SHORTAGE
BRISTOL COMMUNITY COLLEGE FOUNDATION, INC. - 777 ELSBREE STREET, ROOM D118 - FALL RIVER, MA 02720-7399	04-2707491	501(C)(3)	50,000.	0.			MACLEAN ENDOWMENT

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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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BRISTOL COMMUNITY COLLEGE FOUNDATION, INC. - 777 ELSBREE STREET, ROOM D118 - FALL RIVER, MA 02720-7399	04-2707491	501(C)(3)	5,000.	0.			SUPPORT THE MISSION OF THE PROGRAM
BRISTOL COMMUNITY COLLEGE FOUNDATION, INC. - 777 ELSBREE STREET, ROOM D118 - FALL RIVER, MA 02720-7399	04-2707491	501(C)(3)	5,000.	0.			THE HIGH SCHOOL COLLEGE ACCESS FUND
BRISTOL HISTORICAL & PRESERVATION SOCIETY - 48 COURT STREET - BRISTOL, RI 02809	05-6010399	501(C)(3)	300.	0.			ANNUAL FUND
BRISTOL HISTORICAL & PRESERVATION SOCIETY - 48 COURT STREET - BRISTOL, RI 02809	05-6010399	501(C)(3)	2,500.	0.			EDUCATIONAL VIDEO PROGRAM FOR HISTORIC DISTRICT COMMISSION APPLICANTS AND COMMISSION MEMBERS
BRISTOL HISTORICAL & PRESERVATION SOCIETY - 48 COURT STREET - BRISTOL, RI 02809	05-6010399	501(C)(3)	78,778.	0.			GENERAL OPERATING
BRISTOL HISTORICAL & PRESERVATION SOCIETY - 48 COURT STREET - BRISTOL, RI 02809	05-6010399	501(C)(3)	6,568.	0.			PROGRAM SUPPORT
BRISTOL-WARREN SCHOOL DISTRICT 151 STATE STREET BRISTOL, RI 02809	05-0494840	501(C)(3)	20,000.	0.			MT. HOPE HIGH SCHOOL XQ+RI CHALLENGE: MOMENTUM SCHOOL
BROWN UNIVERSITY BOX 1893 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	810.	0.			DESIGNATED GRANT
BROWN UNIVERSITY BOX 1893 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	12,078.	0.			GENERAL OPERATING

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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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BROWN UNIVERSITY BOX 1893 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	53,554.	0.			PROGRAM SUPPORT
BROWN UNIVERSITY BOX 1860 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	100.	0.			ALUMNI MAGAZINE
BROWN UNIVERSITY BOX 1860 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	50,000.	0.			ANNUAL FUND
BROWN UNIVERSITY BOX 1860 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	6,500.	0.			ANNUAL FUND GIFT
BROWN UNIVERSITY BOX 1860 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	7,000.	0.			ANNUAL FUND/ENGINEERING
BROWN UNIVERSITY BOX 1860 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	5,000.	0.			ASSISTANCE FOR STUDENTS STRANDED BY COVID-19
BROWN UNIVERSITY BOX 1860 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	750.	0.			HAFFENREFFER MUSEUM OF ANTHROPOLOGY
BROWN UNIVERSITY BOX 1860 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	100,000.	0.			INCORPORATING THE CONSUMER VOICE IN CARE TRANSFORMATION IN RHODE ISLAND
BROWN UNIVERSITY BOX 1860 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	5,000.	0.			STUDENT EMERGENCY SUPPORT FUND

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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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BROWN UNIVERSITY BOX 1860 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	1,750.	0.			GENERAL SUPPORT
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	05-0258810	501(C)(3)	5,600.	0.			GENERAL OPERATING SUPPORT
BUILDING FUTURES ONE ACORN STREET PROVIDENCE, RI 02903	81-3939129	501(C)(3)	40,000.	0.			APPRENTICE SUPPORT FUND
BUILDING FUTURES ONE ACORN STREET PROVIDENCE, RI 02903	81-3939129	501(C)(3)	100,000.	0.			SUPPORTING FUTURES
BUSINESS INNOVATION FACTORY 60 VALLEY STREET, SUITE 107B PROVIDENCE, RI 02909	52-2446909	501(C)(3)	500.	0.			LUNAYOU
BUSINESS INNOVATION FACTORY 60 VALLEY STREET, SUITE 107B PROVIDENCE, RI 02909	52-2446909	501(C)(3)	30,000.	0.			LUNAYOU - REIMAGINING MATERNAL HEALTH: A WOMAN-CENTERED WELLBEING MODEL
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	1,000.	0.			ANNUAL GIFT
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	5,000.	0.			BASIC HUMAN NEEDS
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	141,200.	0.			BUTLER HOSPITAL COVID-19 RESPONSE

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BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	3,000.	0.			FOR THE ARONSON CHAIR
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	500.	0.			MEMORY AND AGING PROGRAM
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	3,000.	0.			TO SUPPORT THE PLACEMENT OF ART AND MURALS
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	100.	0.			GENERAL SUPPORT
BUTTON HOLE ONE BUTTON HOLE DRIVE, SUITE 1 PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	3,000.	0.			CAMPAIGN
BUTTON HOLE ONE BUTTON HOLE DRIVE, SUITE 1 PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	1,500.	0.			GENERAL DONATION
BUTTON HOLE ONE BUTTON HOLE DRIVE, SUITE 1 PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	1,500.	0.			GENERAL PURPOSE GRANT
BUTTON HOLE ONE BUTTON HOLE DRIVE, SUITE 1 PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	1,000.	0.			UNRESTRICTED DONATION
BUTTON HOLE ONE BUTTON HOLE DRIVE, SUITE 1 PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	1,250.	0.			GENERAL SUPPORT

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BUTTON HOLE ONE BUTTON HOLE DRIVE, SUITE 1 PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	118,583.	0.			GENERAL OPERATING
BUTTON HOLE ONE BUTTON HOLE DRIVE, SUITE 1 PROVIDENCE, RI 02909-5750	05-0497481	501(C)(3)	6,129.	0.			PROGRAM SUPPORT
BUZZARDS BAY COALITION 114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501(C)(3)	50,000.	0.			CUTTYHUNK LAND PRESERVATION PROJECT
BUZZARDS BAY COALITION 114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501(C)(3)	500.	0.			GENERAL SUPPORT
CAMP JORI PO BOX 5299 WAKEFIELD, RI 02880	05-0268612	501(C)(3)	2,000.	0.			CAPITAL CAMPAIGN
CAMP JORI PO BOX 5299 WAKEFIELD, RI 02880	05-0268612	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CAMP JORI PO BOX 5299 WAKEFIELD, RI 02880	05-0268612	501(C)(3)	1,166.	0.			PROGRAM SUPPORT
CAMP KESEM NATIONAL 10586 WEST PICO BOULEVARD #196 LOS ANGELES, CA 90064	51-0454157	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CAMP RUGGLES, INC. P.O. BOX 353 CHEPACHET, RI 02814	23-7448135	501(C)(3)	2,500.	0.			2020 GEORGE M. JACQUES CAMPERSHIPS FOR NEEDY CHILDREN

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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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CAMP RUGGLES, INC. P.O. BOX 353 CHEPACHET, RI 02814	23-7448135	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN
CAMP STREET COMMUNITY MINISTRIES 190 CAMP STREET PROVIDENCE, RI 02906	05-0458477	501(C)(3)	10,000.	0.			COVID-19 RELIEF EFFORTS
CAMP SUREFIRE FOUNDATION 290 HOPE STREET BRISTOL, RI 02809	26-4816130	501(C)(3)	5,000.	0.			DIABETES HEALTH MANAGEMENT
CAMP SUREFIRE FOUNDATION 290 HOPE STREET BRISTOL, RI 02809	26-4816130	501(C)(3)	5,000.	0.			DONATION
CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 44 SANTA ROSA, CA 95402-0446	94-2494324	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CANONICUS CAMP AND CONFERENCE CENTER - 54 EXETER ROAD - EXETER, RI 02822	13-5563018	501(C)(3)	7,020.	0.			PROGRAM SUPPORT
CAPEVERDEAN AMERICAN COMMUNITY DEVELOPMENT - 120 HIGH STREET - PAWTUCKET, RI 02860	05-0476404	501(C)(3)	10,000.	0.			CAPE VERDEANS COUNT: "" 2020 U.S. CENSUS ENGAGEMENT PROJECT
CAPEVERDEAN AMERICAN COMMUNITY DEVELOPMENT - 120 HIGH STREET - PAWTUCKET, RI 02860	05-0476404	501(C)(3)	35,000.	0.			CAPEVERDEAN AMERICAN COMMUNITY DEVELOPMENT
CAPITAL CITY COMMUNITY CENTERS, INC. - 25 DANFORTH STREET - PROVIDENCE, RI 02908	05-0259090	501(C)(3)	29,279.	0.			BASIC NEEDS SECURITY

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CARE NEW ENGLAND HEALTH SYSTEM 45 WILLARD AVENUE PROVIDENCE, RI 02905	05-0490997	501(C)(3)	25,000.	0.			CARE NEW ENGLAND EMERGENCY FUND
CARE NEW ENGLAND HEALTH SYSTEM 45 WILLARD AVENUE PROVIDENCE, RI 02905	05-0490997	501(C)(3)	50,000.	0.			EMERGENCY TELEMEDICINE SUPPORT
CARE TRANSFORMATION COLLABORATIVE OF RI - 235 PROMENADE STREET, SUITE 500, BOX 18 - PROVIDENCE, RI 02908	47-2304987	501(C)(3)	70,000.	0.			COMMUNITY HEALTH TEAMS
CARELINK, INC. 400 MASSASOIT AVENUE, SUITE 113 EAST PROVIDENCE, RI 02914	06-1493839	501(C)(3)	70,000.	0.			COVID-19 CARELINK HEALTHCARE SUPPLIES
CARELINK, INC. 400 MASSASOIT AVENUE, SUITE 113 EAST PROVIDENCE, RI 02914	06-1493839	501(C)(3)	180,000.	0.			ROOM WITH A VIEW-BRINGING THE WORLD OF ACTIVITIES SAFELY INTO YOUR ROOM
CARELINK, INC. 400 MASSASOIT AVENUE, SUITE 113 EAST PROVIDENCE, RI 02914	06-1493839	501(C)(3)	27,520.	0.			TELEHEALTH PARTNERSHIP FOR HOMEBOUND SENIORS
CARELINK, INC. 400 MASSASOIT AVENUE, SUITE 113 EAST PROVIDENCE, RI 02914	06-1493839	501(C)(3)	15,000.	0.			WISDOM TOOTH MOBILE DENTISTRY
CAREMESSAGE 322 PINE STREET, SUITE 300 SAN FRANCISCO, CA 94104	27-3252911	501(C)(3)	25,000.	0.			SUPPORT WORK IN THE GREATER BOSTON AREA AND RHODE ISLAND
CASADY SCHOOL 9500 NORTH PENNSYLVANIA AVENUE OKLAHOMA CITY, OK 73120	73-0587209	501(C)(3)	37,000.	0.			ADDITIONAL COVID PREPARATION EXPENSES

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CATHOLIC SOCIAL SERVICES FOR RI ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	05-6033966	501(C)(3)	30,000.	0.			COVID-19 RELIEF
CENTER FOR DYNAMIC LEARNING INC. 1 LOUISA STREET, LOWER LEVEL PROVIDENCE, RI 02905	20-3056191	501(C)(3)	12,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
CENTER FOR DYNAMIC LEARNING INC. 1 LOUISA STREET, LOWER LEVEL PROVIDENCE, RI 02905	20-3056191	501(C)(3)	17,062.	0.			THE CENTER FOR DYNAMIC LEARNING GROWTH AND VISION FOR THE NEXT FIVE YEARS
CENTER FOR ECONOMIC DEMOCRACY 434 MASSACHUSETTS AVE. SUITE #201 BOSTON, MA 02118	47-3589804	501(C)(3)	100,000.	0.			MASS RE-DISTRIBUTION FUND
CENTER FOR LEADERSHIP AND EDUCATIONAL EQUITY - 40 1/2 RICE STREET, SUITE 100 - PROVIDENCE, RI 02907	27-1863010	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR SOUTHEAST ASIANS 270 ELMWOOD AVENUE PROVIDENCE, RI 02907-1524	22-2914654	501(C)(3)	50,000.	0.			CSEA COMBATING COVID-19
CENTER FOR SOUTHEAST ASIANS 270 ELMWOOD AVENUE PROVIDENCE, RI 02907-1524	22-2914654	501(C)(3)	35,000.	0.			CSEA RESPOND TO COVID-19
CENTER FOR SOUTHEAST ASIANS 270 ELMWOOD AVENUE PROVIDENCE, RI 02907-1524	22-2914654	501(C)(3)	70,000.	0.			DREAM STUDY
CENTER FOR SOUTHEAST ASIANS 270 ELMWOOD AVENUE PROVIDENCE, RI 02907-1524	22-2914654	501(C)(3)	525.	0.			GENERAL OPERATING

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CENTER FOR WOMEN & ENTERPRISES 132 GEORGE M. COHAN BOULEVARD, 2ND PROVIDENCE, RI 02903	04-3256236	501(C)(3)	100,000.	0.			GENERAL OPERATIONS OF CWE RHODE ISLAND
CENTER FOR WOMEN & ENTERPRISES 132 GEORGE M. COHAN BOULEVARD, 2ND PROVIDENCE, RI 02903	04-3256236	501(C)(3)	500.	0.			GENERAL SUPPORT
CENTRAL BAPTIST CHURCH 16 ELM STREET WESTERLY, RI 02891	05-0283794	501(C)(3)	11,020.	0.			GENERAL OPERATING
CENTRAL BAPTIST CHURCH 16 ELM STREET WESTERLY, RI 02891	05-0283794	501(C)(3)	9,786.	0.			PROGRAM SUPPORT
CENTRAL BAPTIST CHURCH 99 NARRAGANSETT AVENUE JAMESTOWN, RI 02835	23-7153056	501(C)(3)	8,174.	0.			PROGRAM SUPPORT
CENTRAL CONGREGATIONAL CHURCH 296 ANGELL STREET PROVIDENCE, RI 02906	05-0258817	501(C)(3)	300.	0.			CAMP STREET MINISTRIES
CENTRAL CONGREGATIONAL CHURCH 296 ANGELL STREET PROVIDENCE, RI 02906	05-0258817	501(C)(3)	9,930.	0.			RELIGION-RELATED
CENTRAL CONGREGATIONAL CHURCH 296 ANGELL STREET PROVIDENCE, RI 02906	05-0258817	501(C)(3)	1,657.	0.			GENERAL OPERATING
CENTRAL FALLS FAMILY SELF-SUFFICIENCY FDN. - 30 WASHINGTON STREET - CENTRAL FALLS, RI 02863	05-0486135	501(C)(3)	8,000.	0.			CF FSS COMMUNITY COVID SUPPORT

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CENTRAL FALLS FAMILY SELF-SUFFICIENCY FDN. - 30 WASHINGTON STREET - CENTRAL FALLS, RI 02863	05-0486135	501(C)(3)	75,000.	0.			THE CENTRAL FALLS FSS FOUNDATION COMMUNITY COVID RESPONSE PROJECT
CENTRAL FALLS SCHOOL DEPARTMENT 949 DEXTER STREET CENTRAL FALLS, RI 02863	05-0459947	CITY GOV	10,000.	0.			WE MATTER"" AFTER SCHOOL PROGRAM
CENTRAL FALLS SCHOOL DEPARTMENT 949 DEXTER STREET CENTRAL FALLS, RI 02863	05-0459947	CITY GOV	25,000.	0.			TECHNOLOGY PURCHASES
CENTRAL FALLS SCHOOL DEPARTMENT 949 DEXTER STREET CENTRAL FALLS, RI 02863	05-0459947	CITY GOV	25,000.	0.			TECHNOLOGY PURCHASES
CHARIHO REGIONAL SCHOOL DISTRICT 455A SWITCH ROAD WOOD RIVER JUNCTION, RI 02894	05-6002814	CITY GOV	20,000.	0.			CHARIHO HIGH SCHOOL XQ+RI CHALLENGE: MOMENTUM SCHOOL
CHARTERCARE FOUNDATION 7 WATERMAN AVENUE NORTH PROVIDENCE, RI 02911	26-4235815	501(C)(3)	412,779.	0.			GENERAL OPERATING
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	2,000.	0.			ADOPT AN ARTIST
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	10,000.	0.			BASIC NEEDS
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT FUNDING
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	75,000.	0.			CHILD & FAMILY'S COVID-19 RESPONSE
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	75,000.	0.			CONTINUUM OF CARE FOR NEWPORT COUNTY FAMILIES
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	100,000.	0.			COVID-19 BEHAVIORAL HEALTH SUPPORT FOR EAST BAY COMMUNITIES
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	10,000.	0.			PURCHASE ESSENTIAL ITEMS
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	25,000.	0.			SUPPORT OF SINGLE MOTHERS
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	10,000.	0.			SUPPORTIVE HOUSING FOR NEWPORT COUNTY FAMILIES
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	2,000.	0.			GENERAL SUPPORT
CHILD AND FAMILY OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	6,147.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DYSLEXIA CENTER ONE RHODES PLACE CRANSTON, RI 02905	04-3169620	501(C)(3)	7,277.	0.			GENERAL OPERATING
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	1,525.	0.			CHILDREN/YOUTH
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	500.	0.			CHILDREN'S SERVICES
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	5,000.	0.			DONATION
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	5,000.	0.			EMERGENCY ASSISTANCE FUND
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	500.	0.			FAMILIES IN NEED
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	250.	0.			GENERAL OPERATIONS
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	250.	0.			MATCHING CONTRIBUTION
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	200.	0.			NEEDY FAMILIES DURING PANDEMIC OF COVID-19

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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CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	100,000.	0.			PREVENTING AND REDUCING THE EXACERBATION OF BEHAVIORAL HEALTH NEEDS FOR VULNERABLE YOUNG
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	50,000.	0.			PROVIDING CHILD CARE SERVICES FOR THE CHILDREN OF EMERGENCY RESPONDERS AND HEALTH CARE WORKERS
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	5,000.	0.			PURCHASE ESSENTIAL ITEMS
CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	47,178.	0.			GENERAL OPERATING
CHILDREN'S HEALTH FUND 215 WEST 125TH STREET, SUITE 301 NEW YORK, NY 10027	13-3468427	501(C)(3)	10,000.	0.			GENERAL PURPOSES
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	250.	0.			BOSTON CHILDREN'S HOSPITAL
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	1,500.	0.			ROYA KABUKI CLINIC
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	250.	0.			GENERAL SUPPORT
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	5,284.	0.			PROGRAM SUPPORT

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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CHOPIN CLUB 36 FAIRVIEW AVENUE CRANSTON, RI 02905	23-7182592	501(C)(3)	5,056.	0.			GENERAL OPERATING
CHRIST COMMUNITY CHURCH 224 WOODWARD ROAD PROVIDENCE, RI 02904	05-0514984	501(C)(3)	7,020.	0.			PROGRAM SUPPORT
CHRISTIAN CAMPS & CONFERENCES 34 CAMP BROOKWOODS ROAD ALTON, NH 03809	23-7305424	501(C)(3)	25,000.	0.			CAPITAL SUPPORT
CHRISTIAN CAMPS & CONFERENCES 34 CAMP BROOKWOODS ROAD ALTON, NH 03809	23-7305424	501(C)(3)	20,000.	0.			SUPPORT THE MISSION OF THE ORGANIZATION
CHURCH COMMUNITY HOUSING CORP. 50 WASHINGTON SQUARE NEWPORT, RI 02840	05-0343709	501(C)(3)	25,000.	0.			RIH HOMESAFE MATCHING FUNDS
CITY OF PAWTUCKET 137 ROOSEVELT AVENUE PAWTUCKET, RI 02860	05-6000307	CITY GOV	8,000.	0.			PAWTUCKET STUDENT ENGAGEMENT
CITY OF PROVIDENCE PARKS DEPARTMENT - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02905	05-6000329	CITY GOV	2,793.	0.			DESIGNATED GRANT
CITY OF PROVIDENCE PARKS DEPARTMENT - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02905	05-6000329	CITY GOV	6,023.	0.			GENERAL OPERATING
CITY OF WOONSOCKET 169 MAIN STREET WOONSOCKET, RI 02895	05-6000587	CITY GOV	10,000.	0.			2020 CENSUS OUTREACH PROGRAM

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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CITY OF WOONSOCKET 169 MAIN STREET WOONSOCKET, RI 02895	05-6000587	CITY GOV	500.	0.			AUTUMNFEST
CITY OF WOONSOCKET 169 MAIN STREET WOONSOCKET, RI 02895	05-6000587	CITY GOV	9,995.	0.			STUDENT-LED COMMUNITY GARDEN COLLABORATION WOONSOCKET
CITY YEAR RHODE ISLAND 275 WESTMINSTER STREET, SUITE 500 PROVIDENCE, RI 02903	22-2882549	501(C)(3)	12,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
CITY YEAR RHODE ISLAND 275 WESTMINSTER STREET, SUITE 500 PROVIDENCE, RI 02903	22-2882549	501(C)(3)	180.	0.			CITY YEAR PROVIDENCE - CORPS MEMBER EMERGENCY FUND
CITY YEAR RHODE ISLAND 275 WESTMINSTER STREET, SUITE 500 PROVIDENCE, RI 02903	22-2882549	501(C)(3)	180.	0.			CORPS MEMBER EMERGENCY FUND
CITY YEAR RHODE ISLAND 275 WESTMINSTER STREET, SUITE 500 PROVIDENCE, RI 02903	22-2882549	501(C)(3)	10,000.	0.			DONATION
CITY YEAR RHODE ISLAND 275 WESTMINSTER STREET, SUITE 500 PROVIDENCE, RI 02903	22-2882549	501(C)(3)	12,500.	0.			STARRY STARRY NIGHT 2020
CITY YEAR RHODE ISLAND 275 WESTMINSTER STREET, SUITE 500 PROVIDENCE, RI 02903	22-2882549	501(C)(3)	300,000.	0.			WHOLE SCHOOL WHOLE CHILD PROGRAM
CITY YEAR RHODE ISLAND 275 WESTMINSTER STREET, SUITE 500 PROVIDENCE, RI 02903	22-2882549	501(C)(3)	31,580.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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CLASSICAL ASSOCIATION OF NEW ENGLAND - 79 MARKET STREET - AMESBURY, MA 01913	04-6038680	501(C)(3)	44,081.	0.			GENERAL OPERATING
CLEAN OCEAN ACCESS 21 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	46-4894628	501(C)(3)	5,000.	0.			BLUE ACCESS FOR ALL
CLEAN OCEAN ACCESS 21 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	46-4894628	501(C)(3)	500.	0.			GENERAL OPERATIONS
CLEAN OCEAN ACCESS 21 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	46-4894628	501(C)(3)	1,500.	0.			GENERAL SUPPORT
CLEAN WATER FUND, RI CHAPTER 60 VALLEY STREET, SUITE 101 PROVIDENCE, RI 02909	52-1043444	501(C)(3)	50,000.	0.			WASTE AND WATER, TOXICS, AND CLIMATE ORGANIZING IN RHODE ISLAND
CLINICA ESPERANZA / HOPE CLINIC 188 VALLEY STREET, SUITE 424 PROVIDENCE, RI 02909	26-1714340	501(C)(3)	70,000.	0.			BRIDGING THE GAP PROGRAM AND COVID-19 RESPONSE
CLINICA ESPERANZA / HOPE CLINIC 188 VALLEY STREET, SUITE 424 PROVIDENCE, RI 02909	26-1714340	501(C)(3)	35,000.	0.			BRIDGING THE HEALTH EQUITY GAP 2020
CLINICA ESPERANZA / HOPE CLINIC 188 VALLEY STREET, SUITE 424 PROVIDENCE, RI 02909	26-1714340	501(C)(3)	50,000.	0.			CLINICA ESPERANZA/ HOPE CLINIC RESPONSE TO COVID-19 CRISIS
CLINICA ESPERANZA / HOPE CLINIC 188 VALLEY STREET, SUITE 424 PROVIDENCE, RI 02909	26-1714340	501(C)(3)	70,000.	0.			CLINICA ESPERANZA/ HOPE CLINIC: ADDRESSING HEALTH INEQUITY AMID THE COVID-19 PANDEMIC

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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CLINICA ESPERANZA / HOPE CLINIC 188 VALLEY STREET, SUITE 424 PROVIDENCE, RI 02909	26-1714340	501(C)(3)	10,000.	0.			PROVIDING QUALITY HEALTH CARE SERVICES
CLOTHES TO KIDS RI, INC. 77 RESERVOIR AVENUE, #5 PROVIDENCE, RI 02907	81-1292784	501(C)(3)	40,000.	0.			BUILDING CAPACITY TO CLOTHE A CHILD AND CHANGE A LIFE
CLOTHES TO KIDS RI, INC. 77 RESERVOIR AVENUE, #5 PROVIDENCE, RI 02907	81-1292784	501(C)(3)	500.	0.			CHAMPION GRANT
CLOTHES TO KIDS RI, INC. 77 RESERVOIR AVENUE, #5 PROVIDENCE, RI 02907	81-1292784	501(C)(3)	8,000.	0.			FUND DEVELOPMENT COHORT
COCUMSCUSSOC ASSOCIATION 55 RICHARD SMITH DRIVE NORTH KINGSTOWN, RI 02852	05-0305722	501(C)(3)	8,647.	0.			GENERAL OPERATING
COCUMSCUSSOC ASSOCIATION 55 RICHARD SMITH DRIVE NORTH KINGSTOWN, RI 02852	05-0305722	501(C)(3)	2,954.	0.			PROGRAM SUPPORT
CODAC, INC. 1052 PARK AVENUE CRANSTON, RI 02910	05-0414696	501(C)(3)	15,000.	0.			CODAC BEHAVIORAL HEALTH CARE RESPONDS TO COVID-19 WITH TELEHEALTH FOR THOSE THEY SERVE
CODAC, INC. 1052 PARK AVENUE CRANSTON, RI 02910	05-0414696	501(C)(3)	200,000.	0.			CODAC BEHAVIORAL HEALTH CRITICAL HAZARD PAY FOR FRONTLINE CLINICAL STAFF
CODAC, INC. 1052 PARK AVENUE CRANSTON, RI 02910	05-0414696	501(C)(3)	25,000.	0.			DONATION

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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CODAC, INC. 1052 PARK AVENUE CRANSTON, RI 02910	05-0414696	501(C)(3)	5,000.	0.			MOBILE TELEHEALTH SUPPORT
COGGESHALL FARM MUSEUM 1 COLT DRIVE BRISTOL, RI 02809	23-7378777	501(C)(3)	400.	0.			ANNUAL FUND
COGGESHALL FARM MUSEUM 1 COLT DRIVE BRISTOL, RI 02809	23-7378777	501(C)(3)	1,000.	0.			BRISTOL'S COGGESHALL FARM
COGGESHALL FARM MUSEUM 1 COLT DRIVE BRISTOL, RI 02809	23-7378777	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COLLEGE CRUSADE OF RHODE ISLAND 134 THURBERS AVENUE, SUITE 111 PROVIDENCE, RI 02905-4742	22-3031765	501(C)(3)	12,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
COLLEGE CRUSADE OF RHODE ISLAND 134 THURBERS AVENUE, SUITE 111 PROVIDENCE, RI 02905-4742	22-3031765	501(C)(3)	10,000.	0.			GAP YEAR COHORT
COLLEGE CRUSADE OF RHODE ISLAND 134 THURBERS AVENUE, SUITE 111 PROVIDENCE, RI 02905-4742	22-3031765	501(C)(3)	10,000.	0.			GENERAL FUND AND GENERAL USE
COLLEGE CRUSADE OF RHODE ISLAND 134 THURBERS AVENUE, SUITE 111 PROVIDENCE, RI 02905-4742	22-3031765	501(C)(3)	19,100.	0.			GENERAL SUPPORT
COLLEGE OF THE HOLY CROSS ONE COLLEGE STREET WORCESTER, MA 01610	04-2103558	501(C)(3)	12,500.	0.			GENERAL UNRESTRICTED SUPPORT

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COLLEGE UNBOUND 325 PUBLIC STREET, JUSTICE BLDG., 2 PROVIDENCE, RI 02905	46-2470807	501(C)(3)	5,000.	0.			COLLEGE UNBOUND IN NEWPORT STUDENT SUPPORT SERVICES
COLLEGE UNBOUND 325 PUBLIC STREET, JUSTICE BLDG., 2 PROVIDENCE, RI 02905	46-2470807	501(C)(3)	7,500.	0.			LEARNING THROUGH CENSUS AWARENESS @COLLEGE UNBOUND
COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	5,000.	0.			EMERGENCY FUND
COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	250.	0.			EMERGENCY GRANTS
COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	400.	0.			GENERAL FUNDS
COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	5,000.	0.			HELP YOUNG PEOPLE
COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	75,000.	0.			IMPROVING COLLEGE ACCESS AND SUCCESS OUTCOMES FOR URBAN RI STUDENTS
COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	6,500.	0.			SUPPORT FOR FIRST GENERATION COLLEGE STUDENTS
COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	15,000.	0.			SUPPORTING LOW-INCOME COLLEGE AND COLLEGE-BOUND STUDENTS DURING COVID

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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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COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	1,000.	0.			THE COLLEGE ACCESS PROGRAM
COLLEGE VISIONS 131 WASHINGTON STREET, SUITE 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	35,700.	0.			GENERAL SUPPORT
COLUMBIA UNIVERSITY 622 WEST 113TH STREET, MC 4524 NEW YORK, NY 10025	13-5598093	501(C)(3)	250.	0.			ANNUAL FUND
COLUMBIA UNIVERSITY 622 WEST 113TH STREET, MC 4524 NEW YORK, NY 10025	13-5598093	501(C)(3)	50,000.	0.			VAGBLOS COLLEGE OF PHYSICIANS AND SURGEONS
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON, MA 02110	04-2103559	501(C)(3)	100,000.	0.			GENERAL SUPPORT
COMMON CAUSE EDUCATION FUND 245 WATERMAN STREET, SUITE 400A PROVIDENCE, RI 02906	31-1705370	501(C)(3)	1,000.	0.			ANNUAL FUND
COMMON CAUSE EDUCATION FUND 245 WATERMAN STREET, SUITE 400A PROVIDENCE, RI 02906	31-1705370	501(C)(3)	250.	0.			COMMON CAUSE RHODE ISLAND
COMMON CAUSE EDUCATION FUND 245 WATERMAN STREET, SUITE 400A PROVIDENCE, RI 02906	31-1705370	501(C)(3)	1,000.	0.			GENERAL SUPPORT
COMMON CAUSE EDUCATION FUND 245 WATERMAN STREET, SUITE 400A PROVIDENCE, RI 02906	31-1705370	501(C)(3)	20,417.	0.			GENERAL OPERATING

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COMMON CAUSE EDUCATION FUND 245 WATERMAN STREET, SUITE 400A PROVIDENCE, RI 02906	31-1705370	501(C)(3)	1,117.	0.			PROGRAM SUPPORT
COMMUNITIES FOR PEOPLE 623 ATWELLS AVENUE, SUITE 201 PROVIDENCE, RI 02909-2413	04-2573248	501(C)(3)	35,000.	0.			COVID-19 SUPPORT FOR COMMUNITIES FOR PEOPLE'S RI PROGRAMS AND SERVICES
COMMUNITY 2000 EDUCATION FOUNDATION - P.O. BOX 1161 - CHARLESTOWN, RI 02813	05-0511235	501(C)(3)	12,617.	0.			DESIGNATED GRANT
COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE COUNTY - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501(C)(3)	5,000.	0.			BASIC NEEDS
COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE COUNTY - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501(C)(3)	75,000.	0.			CAPP CARING FOR THE COMMUNITY THROUGH COVID
COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE COUNTY - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501(C)(3)	10,000.	0.			CAPP FOOD PANTRY
COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE COUNTY - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501(C)(3)	75,000.	0.			CAPP RESPONSE TO COVID-19
COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE COUNTY - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501(C)(3)	75,000.	0.			CAPP RESPONSE TO COVID-19
COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE COUNTY - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501(C)(3)	10,000.	0.			COVID-19 RELIEF EFFORTS

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COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE COUNTY - 518 HARTFORD AVENUE - PROVIDENCE, RI 02909	46-1472304	501(C)(3)	125.	0.			GENERAL OPERATING SUPPORT
COMMUNITY BOATING CENTER, INC. 109 INDIA STREET PROVIDENCE, RI 02903	22-2946979	501(C)(3)	600.	0.			ECOADVENTURE FOR LATINO YOUTH
COMMUNITY BOATING CENTER, INC. 109 INDIA STREET PROVIDENCE, RI 02903	22-2946979	501(C)(3)	6,000.	0.			GENERAL SUPPORT
COMMUNITY BOATING CENTER, INC. 109 INDIA STREET PROVIDENCE, RI 02903	22-2946979	501(C)(3)	26,250.	0.			GENERAL OPERATING SUPPORT
COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895	05-0312278	501(C)(3)	5,000.	0.			BASIC NEEDS
COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895	05-0312278	501(C)(3)	75,000.	0.			CCA COVID COMMUNITY RESPONSE
COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895	05-0312278	501(C)(3)	38,500.	0.			COVID-19 RELIEF PROJECT
COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895	05-0312278	501(C)(3)	150,000.	0.			OPERATION SERVICE AND PROTECTION PROJECT
COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895	05-0312278	501(C)(3)	2,500.	0.			PURCHASE ESSENTIAL ITEMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895	05-0312278	501(C)(3)	55,159.	0.			GENERAL OPERATING
COMMUNITY CHURCH OF THE VERDES 25603 NORTH DANNY LANE RIO VERDE, AZ 85263	86-0468658	501(C)(3)	5,000.	0.			OPERATING BUDGET
COMMUNITY CHURCH OF THE VERDES 25603 NORTH DANNY LANE RIO VERDE, AZ 85263	86-0468658	501(C)(3)	5,000.	0.			PURCHASE AND INSTALLATION OF VARIOUS SAFETY EQUIPMENT
COMMUNITY CHURCH OF THE VERDES 25603 NORTH DANNY LANE RIO VERDE, AZ 85263	86-0468658	501(C)(3)	5,000.	0.			RESPONDING TO THE COVID-19 CRISIS
COMMUNITY COLLEGE OF RHODE ISLAND FOUNDATION - 1762 LOUISQUISSET PIKE - LINCOLN, RI 02865	05-0394214	501(C)(3)	20,000.	0.			STUDENT EMERGENCY FUND
COMMUNITY COLLEGE OF RHODE ISLAND FOUNDATION - 1762 LOUISQUISSET PIKE - LINCOLN, RI 02865	05-0394214	501(C)(3)	30,000.	0.			STUDENT EMERGENCY RELIEF FUND
COMMUNITY COLLEGE OF RHODE ISLAND FOUNDATION - 1762 LOUISQUISSET PIKE - LINCOLN, RI 02865	05-0394214	501(C)(3)	8,806.	0.			GENERAL OPERATING
COMMUNITY COLLEGE OF RHODE ISLAND 1762 LOUISQUISSET PIKE LINCOLN, RI 02865-4585	05-0394214	501(C)(3)	5,000.	0.			RAISING OPPORTUNITIES
COMMUNITY COLLEGE OF RHODE ISLAND 1762 LOUISQUISSET PIKE LINCOLN, RI 02865-4585	05-0394214	501(C)(3)	1,000.	0.			STUDENT FOOD PANTRY

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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COMMUNITY COLLEGE OF RHODE ISLAND 1762 LOUISQUISSET PIKE LINCOLN, RI 02865-4585	05-0394214	501(C)(3)	250.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF ORANGE AND SULLIVAN - 20 SCOTT'S CORNERS DRIVE, SUITE 203 - MONTGOMERY, NY 12549	06-1551843	501(C)(3)	25,000.	0.			THE FUND FOR A SINGLE BITE
COMMUNITY HOUSING RESOURCE BOARDS HOUSING HOTLINE - 40 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0393655	501(C)(3)	10,000.	0.			HOUSING HOTLINE
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	25,000.	0.			ANNUAL FUND
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	10,000.	0.			ANNUAL GIFT
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	100,000.	0.			ANNUAL OPERATIONS GRANT
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	1,000.	0.			CMW TEACHERS/CMW STUDENTS
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	1,000.	0.			CONTINUED SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	1,000.	0.			KEEP THE MUSIC PLAYING!
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	75,000.	0.			YOUTH EMPOWERMENT AND INSTITUTIONAL EQUITY INITIATIVE
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	5,000.	0.			YOUTH MUSIC PROGRAM
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	11,550.	0.			GENERAL SUPPORT
COMMUNITY MUSICWORKS 1392 WESTMINSTER STREET PROVIDENCE, RI 02909	05-0507426	501(C)(3)	6,717.	0.			GENERAL OPERATING
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905-2413	22-2485332	501(C)(3)	3,000.	0.			CAPITAL NEEDS/ANNUAL FUND
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905-2413	22-2485332	501(C)(3)	21,900.	0.			COVID RELIEF FUND
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905-2413	22-2485332	501(C)(3)	10,000.	0.			EDUCATIONAL EXCELLENCE
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905-2413	22-2485332	501(C)(3)	1,000.	0.			GENERAL USES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905-2413	22-2485332	501(C)(3)	3,470.	0.			SECONDARY EDUCATION
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905-2413	22-2485332	501(C)(3)	2,000.	0.			SUMMER PROGRAMS
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905-2413	22-2485332	501(C)(3)	48,125.	0.			GENERAL SUPPORT
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905-2413	22-2485332	501(C)(3)	10,990.	0.			GENERAL OPERATING
COMMUNITY PROVIDER NETWORK OF RHODE ISLAND - P.O. BOX 20307 - CRANSTON, RI 02920	05-0417016	501(C)(3)	10,000.	0.			2020 DISABILITY CENSUS OUTREACH
COMMUNITY PROVIDER NETWORK OF RHODE ISLAND - P.O. BOX 20307 - CRANSTON, RI 02920	05-0417016	501(C)(3)	45,000.	0.			DISABILITY ADVOCACY CAPACITY BUILDING FOR SYSTEMS CHANGE
COMMUNITY PROVIDER NETWORK OF RHODE ISLAND - P.O. BOX 20307 - CRANSTON, RI 02920	05-0417016	501(C)(3)	250.	0.			GENERAL SUPPORT
COMMUNITY STRING PROJECT, INC. PO BOX 513 BRISTOL, RI 02809	27-0676956	501(C)(3)	10,000.	0.			CAPACITY-BUILDING THROUGH NEW INSTRUMENTS FOR THE COMMUNITY STRING PROJECT
COMMUNITY STRING PROJECT, INC. PO BOX 513 BRISTOL, RI 02809	27-0676956	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPREHENSIVE COMMUNITY ACTION, INC. (CCAP) - 311 DORIC AVENUE - CRANSTON, RI 02910	05-6018801	501(C)(3)	5,000.	0.			BASIC NEEDS
COMPREHENSIVE COMMUNITY ACTION, INC. (CCAP) - 311 DORIC AVENUE - CRANSTON, RI 02910	05-6018801	501(C)(3)	75,000.	0.			BASIC NEEDS TO VULNERABLE INDIVIDUALS AND FAMILIES
COMPREHENSIVE COMMUNITY ACTION, INC. (CCAP) - 311 DORIC AVENUE - CRANSTON, RI 02910	05-6018801	501(C)(3)	25,937.	0.			BEHAVIORAL HEALTH SUPPORT
COMPREHENSIVE COMMUNITY ACTION, INC. (CCAP) - 311 DORIC AVENUE - CRANSTON, RI 02910	05-6018801	501(C)(3)	25.	0.			MATCHING CONTRIBUTION
COMPREHENSIVE COMMUNITY ACTION, INC. (CCAP) - 311 DORIC AVENUE - CRANSTON, RI 02910	05-6018801	501(C)(3)	40,000.	0.			SATELLITE FOOD PANTRY AND NAVIGATOR
CONANICUT ISLAND SAILING FOUNDATION - 7 FELUCCA AVENUE - JAMESTOWN, RI 02835	05-0513580	501(C)(3)	5,000.	0.			JAMESTOWN NEEDS ASSESSMENT AND FORT GETTY LAND USE PLANNING PROJECT
CONANICUT ISLAND SAILING FOUNDATION - 7 FELUCCA AVENUE - JAMESTOWN, RI 02835	05-0513580	501(C)(3)	10,000.	0.			STEAM OCEAN INITIATIVE
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 06320-4196	06-0646587	501(C)(3)	5,698.	0.			GENERAL SUPPORT
CONNECTICUT LEAGUE OF CONSERVATION VOTERS EDUCATION FUND, INC. - 553 FARMINGTON AVENUE, SUITE 201 - HARTFORD, CT 06105	06-1582273	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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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CONNECTICUT SCIENCE CENTER INC. 250 COLUMBUS BOULEVARD HARTFORD, CT 06103	06-1538101	501(C)(3)	12,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
CONNECTING FOR CHILDREN AND FAMILIES - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501(C)(3)	12,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
CONNECTING FOR CHILDREN AND FAMILIES - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501(C)(3)	28,000.	0.			DELIVERING CARE IN WOONSOCKET
CONNECTING FOR CHILDREN AND FAMILIES - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501(C)(3)	15,000.	0.			DONATION
CONNECTING FOR CHILDREN AND FAMILIES - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501(C)(3)	16,200.	0.			SUPPORTING CHILDREN, FAMILIES, AND SENIORS AS COVID ENDURES
CONNECTING FOR CHILDREN AND FAMILIES - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501(C)(3)	65,000.	0.			SUPPORTING INCREASED CAPACITY TO BETTER SERVICE CHILDREN AND FAMILIES
CONNECTING FOR CHILDREN AND FAMILIES - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501(C)(3)	10,000.	0.			WOONSOCKET COUNTS
CONNECTING FOR CHILDREN AND FAMILIES - 46 HOPE STREET - WOONSOCKET, RI 02895	05-0475365	501(C)(3)	15,000.	0.			WOONSOCKET PROTEIN COLLABORATIVE
CONSERVATION FOUNDATION OF THE GULF COAST - 400 PALMETTO AVENUE - OSPREY, FL 34229-0902	20-0345249	501(C)(3)	10,000.	0.			CONSERVATION OF ORANGE HAMMOCK RANCH

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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CORLISS INSTITUTE, INC. 290 MAIN STREET WARREN, RI 02885	22-2550175	501(C)(3)	32,769.	0.			GENERAL OPERATING
CORLISS INSTITUTE, INC. 290 MAIN STREET WARREN, RI 02885	22-2550175	501(C)(3)	34,189.	0.			PROGRAM SUPPORT
CORNERSTONE ADULT SERVICES 140 WARWICK NECK AVENUE WARWICK, RI 02889	05-0429500	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COURTHOUSE CENTER FOR THE ARTS 3481 KINGSTOWN ROAD WEST KINGSTON, RI 02892-0186	05-0440571	501(C)(3)	50,000.	0.			WHERE IT IS NEEDED MOST
COURTHOUSE CENTER FOR THE ARTS 3481 KINGSTOWN ROAD WEST KINGSTON, RI 02892-0186	05-0440571	501(C)(3)	281.	0.			GENERAL OPERATING
CRADLES TO CRAYONS INC 155 NORTH BEACON STREET BRIGHTON, MA 02135	04-3584367	501(C)(3)	5,000.	0.			GENERAL ACTIVITIES
CRADLES TO CRAYONS INC 155 NORTH BEACON STREET BRIGHTON, MA 02135	04-3584367	501(C)(3)	3,500.	0.			GENERAL SUPPORT
CRANSTON PUBLIC LIBRARY ASSOCIATION - 140 SOCKANOSSET CROSS ROAD - CRANSTON, RI 02920-5539	27-3228437	501(C)(3)	5,000.	0.			CRANSTON COMPLETE COUNT COMMITTEE/CENSUS OUTREACH
CRANSTON PUBLIC LIBRARY ASSOCIATION - 140 SOCKANOSSET CROSS ROAD - CRANSTON, RI 02920-5539	27-3228437	501(C)(3)	440.	0.			GENERAL OPERATING

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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CRANSTON PUBLIC LIBRARY ASSOCIATION - 140 SOCKANOSSET CROSS ROAD - CRANSTON, RI 02920-5539	27-3228437	501(C)(3)	5,335.	0.			PROGRAM SUPPORT
CRANSTON SCHOOL DEPARTMENT 845 PARK AVENUE CRANSTON, RI 02920	30-0243173	CITY GOV	110,000.	0.			STEM ADVANCE
CRANSTON SCHOOL DEPARTMENT 845 PARK AVENUE CRANSTON, RI 02920	30-0243173	CITY GOV	16,007.	0.			PROGRAM SUPPORT
CREATING OUTREACH ABOUT ADDICTION SUPPORT TOGETHER - 249 WOODRUFF AVENUE - WAKEFIELD, RI 02879	81-3694797	501(C)(3)	10,000.	0.			COAAST MERGER AGREEMENT WITH IMPROBABLE PLAYERS
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	1,000.	0.			HELP WITH HOUSING CRISIS
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	1,000.	0.			ANNUAL GIFT
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	5,000.	0.			ANNUAL GIFT
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	1,500.	0.			BE USED ONLY TO HELP THOSE WHO ARE HOMELESS
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	500.	0.			BOARD MATCH

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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CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	1,500.	0.			CONTINUED SUPPORT
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	75,000.	0.			COVID-19 HOMELESSNESS PREVENTION
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	500.	0.			DOMESTIC VIOLENCE PROGRAM
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	10,000.	0.			DOMESTIC VIOLENCE PROGRAM AT CROSSROADS
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	50,000.	0.			DONATION
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	250.	0.			EMERGENCY SHELTER, EDUCATION AND EMPLOYMENT SERVICES
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	125,000.	0.			GENERAL OPERATIONS OF ORGANIZATION
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	2,000.	0.			GENERAL PURPOSES AND SUPPORT DUE TO COVID-19
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	25,000.	0.			HEALTH NAVIGATOR PROGRAM

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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CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	4,000.	0.			HELP THOSE IN NEED
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	2,500.	0.			KEYS FOR ALL
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	1,000.	0.			LUNCH AND GIFT BAG SUPPORT
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	3,000.	0.			PROGRAMS AND SERVICES
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	60,000.	0.			PROTECTING HOMELESS RHODE ISLANDERS FROM COVID-19
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	5,000.	0.			PURCHASE ESSENTIAL ITEMS
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	250.	0.			SERVICES AND ADVOCACY FOR PEOPLE WHO ARE HOMELESS
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	45,356.	0.			SUPPORTING DOMESTIC VIOLENCE SURVIVORS DURING THE CORONAVIRUS PANDEMIC
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	400.	0.			WHEREVER IT IS MOST NEEDED

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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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CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	500.	0.			WHEREVER IT IS MOST NEEDED
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	300.	0.			WHEREVER MOST NEEDED
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	107,344.	0.			GENERAL SUPPORT
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	22,469.	0.			GENERAL OPERATING
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	4,265.	0.			PROGRAM SUPPORT
CUMBERLAND LAND TRUST 56 OLD WEST WRENTHAM ROAD CUMBERLAND, RI 02864	22-3020024	501(C)(3)	6,090.	0.			GENERAL OPERATING
CUMBERLAND LIBRARY FUND 1464 DIAMOND HILL ROAD CUMBERLAND, RI 02864	05-0480964	501(C)(3)	12,789.	0.			GENERAL OPERATING
CUMBERLAND LIBRARY FUND 1464 DIAMOND HILL ROAD CUMBERLAND, RI 02864	05-0480964	501(C)(3)	1,563.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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DA VINCI CENTER FOR COMMUNITY PROGRESS, INC. - 470 CHARLES STREET - PROVIDENCE, RI 02904	05-0352730	501(C)(3)	60,000.	0.			DA VINCI CENTER COVID-19 SERVICE PROVISION
DA VINCI CENTER FOR COMMUNITY PROGRESS, INC. - 470 CHARLES STREET - PROVIDENCE, RI 02904	05-0352730	501(C)(3)	5,000.	0.			DAVINCI CENTER BASIC HUMAN NEEDS PROGRAM
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	250.	0.			ANNUAL FUND
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	125.	0.			CANCER RESEARCH AND PATIENT CARE
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	50,000.	0.			CANCER SUPPORT
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	100,000.	0.			DIRECT TOWARD OVARIAN AND BLOOD CANCER TREATMENTS
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	250.	0.			GENERAL OPERATIONS
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	5,000.	0.			HEALTHCARE
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	100.	0.			MATCHING CONTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	50.	0.			MATCHING CONTRIBUTION
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	250.	0.			MATCHING CONTRIBUTION
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	500.	0.			SUPPORT THE ORGANIZATIONS MISSION
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	250.	0.			GENERAL SUPPORT
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	485.	0.			PROGRAM SUPPORT
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	250.	0.			AS MOST NEEDED
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	10,000.	0.			DARE TO BE COUNTED
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	25,000.	0.			GRASSROOTS RESPONSES TO COVID-19 IN RHODE ISLAND
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	30,000.	0.			HOUSING STABILIZATION FOR LOW-INCOME COMMUNITIES OF COLOR

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	75,000.	0.			SUSTAINING SUPPORT FOR LOW-INCOME FAMILIES IN CRISIS
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	1,000.	0.			TO SUPPORT THE ORGANIZATION'S MISSION
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	300.	0.			WHEREVER IT MOST NEEDED
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	300.	0.			WHEREVER MOST NEEDED
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	250.	0.			WHEREVER MOST NEEDED
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	1,500.	0.			GENERAL SUPPORT
DARE, DIRECT ACTION FOR RIGHTS AND EQUALITY INC. - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)(3)	50,000.	0.			GENERAL OPERATING
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	15,000.	0.			DARTMOUTH COLLEGE HILLEL/DARTMOUTH COLLEGE ANNUAL FUND

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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DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	90,000.	0.			FOR THE ATHLETICS DEPT.
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	500.	0.			GENERAL FUND
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	250.	0.			UNRESTRICTED ANNUAL FUND
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	1,000.	0.			GENERAL SUPPORT
DARTMOUTH-HITCHCOCK HEALTH ONE MEDICAL CENTER DRIVE, HB7070 LEBANON, NH 03756	26-4812335	501(C)(3)	7,500.	0.			CHILDREN'S HOSPITAL OF DARTMOUTH (CHAD)
DAY BY DE FOUNDATION 5645 EAST FLORA PLACE DENVER, CO 80222	81-2267086	501(C)(3)	9,000.	0.			GENERAL PROGRAM SUPPORT
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	800.	0.			BE EMPOWERMENT
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	35,000.	0.			COVID-19 RESPONSE TO VICTIMS OF SEXUAL VIOLENCE
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	150,000.	0.			DAY ONE COVID-19 BEHAVIORAL HEALTH PROGRAM

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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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DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	20,000.	0.			DONATION
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	125.	0.			EMPLOYEE MATCHING PROGRAM
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	1,000.	0.			FIGHT AGAINST SEXUAL VIOLENCE
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	4,000.	0.			IMENTOR
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	10,000.	0.			PROGRAMMING FOR CHILD AND ADULT VICTIMS OF SEXUAL ASSAULT
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	1,500.	0.			PROMOTING ONLINE SAFETY IN THE LATINO COMMUNITY
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	3,500.	0.			PURCHASE ESSENTIAL ITEMS SERVICES TO CHILD & ADULT VICTIMS OF SEXUAL VIOLENCE IN BRISTOL COUNTY
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	3,000.	0.			SUPPORT FOR CHILD AND ADULT VICTIMS OF SEXUAL ASSAULT

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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DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	5,250.	0.			GENERAL SUPPORT
DEERFIELD ACADEMY PO BOX 87 DEERFIELD, MA 01342	04-2103563	501(C)(3)	25,000.	0.			OUTDOOR EXPERIENCE PROJECT
DENTAL LIFELINE NETWORK RI PO BOX 175 WEST WARWICK, RI 02893	36-4690899	501(C)(3)	15,000.	0.			LAB COSTS FOR DONATED DENTAL CARE
DENTAL LIFELINE NETWORK RI PO BOX 175 WEST WARWICK, RI 02893	36-4690899	501(C)(3)	12,850.	0.			GENERAL SUPPORT
DERRIBANDO MURALLAS MINISTRIES 155 MOSHASSUCK STREET PAWTUCKET, RI 02860	04-3318286	501(C)(3)	32,000.	0.			AGENTE COMUNITARIO DE LA SALUD MENTAL
DERRIBANDO MURALLAS MINISTRIES 155 MOSHASSUCK STREET PAWTUCKET, RI 02860	04-3318286	501(C)(3)	50,000.	0.			COMMUNITY AGENT MENTAL HEALTH
DERRIBANDO MURALLAS MINISTRIES 155 MOSHASSUCK STREET PAWTUCKET, RI 02860	04-3318286	501(C)(3)	25,000.	0.			COMMUNITY AGENT MENTAL HEALTH
DERRIBANDO MURALLAS MINISTRIES 155 MOSHASSUCK STREET PAWTUCKET, RI 02860	04-3318286	501(C)(3)	5,000.	0.			HEALTHY NUTRITION: FOOD PANTRY
DESIGNXRI 19 BASSETT STREET, #235 PROVIDENCE, RI 02903	47-1269955	501(C)(3)	82,695.	0.			SUSTAINABILITY PLAN CONTINUATION

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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DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	53-0196617	501(C)(3)	15,000.	0.			ANNUAL CONTRIBUTION
DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	53-0196617	501(C)(3)	2,000.	0.			CAPITAL CAMPAIGN
DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	53-0196617	501(C)(3)	91,142.	0.			GENERAL OPERATING
DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	53-0196617	501(C)(3)	10,085.	0.			PROGRAM SUPPORT
DIRT PALACE PUBLIC PROJECTS 14 OLNEYVILLE SQUARE PROVIDENCE, RI 02909	47-2681547	501(C)(3)	1,500.	0.			IGF ARTIST RELIEF FUND
DIRT PALACE PUBLIC PROJECTS 14 OLNEYVILLE SQUARE PROVIDENCE, RI 02909	47-2681547	501(C)(3)	4,000.	0.			INTERLACE FUND
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	240.	0.			EMPLOYEE MATCHING PROGRAM
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	250.	0.			GENERAL OPERATIONS
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	250.	0.			SUPPORT THE ORGANIZATIONS MISSION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	11,250.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	1,054.	0.			GENERAL OPERATING
DOMESTIC VIOLENCE RESOURCE CTR. OF SOUTH COUNTY - 61 MAIN STREET - WAKEFIELD, RI 02879	05-0377538	501(C)(3)	5,000.	0.			ADVOCACY FOR VICTIMS OF DOMESTIC VIOLENCE IN KINGSTON VILLAGE
DOMESTIC VIOLENCE RESOURCE CTR. OF SOUTH COUNTY - 61 MAIN STREET - WAKEFIELD, RI 02879	05-0377538	501(C)(3)	15,065.	0.			VOLUNTEER TRAINING PROGRAM
DON BOSCO CRISTO REY HIGH SCHOOL PO BOX 56481 WASHINGTON, DC 20040	06-1786297	501(C)(3)	6,500.	0.			SCHOOL'S CAPITAL CAMPAIGN
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	75,000.	0.			COVID-19 EXPANDED ASSISTANCE TO UNACCOMPANIED MINORS
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	60,000.	0.			COVID-19 SUPPORT
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	50,000.	0.			EMERGENCY HOUSING ASSISTANCE FOR NEWCOMERS
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	500.	0.			GENERAL FUNDS

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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DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	1,000.	0.			GENERAL PURPOSES
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	44,000.	0.			REFUGEE AND IMMIGRANT MENTAL HEALTH SERVICES AT DORCAS INTERNATIONAL COVID-19
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	250.	0.			SUPPORT REFUGEES SETTLING IN RI
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	500,000.	0.			WER1 RHODE ISLAND INITIATIVE
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	200,000.	0.			WER1 RHODE ISLAND INITIATIVE
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	550,000.	0.			WER1 RHODE ISLAND INITIATIVE
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	250,000.	0.			WER1 RHODE ISLAND INITIATIVE
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	863,000.	0.			WER1 RHODE ISLAND INITIATIVE
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	500,000.	0.			WER1 RHODE ISLAND INITIATIVE

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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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DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	27,900.	0.			GENERAL SUPPORT
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	32,512.	0.			GENERAL OPERATING
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	2,177.	0.			PROGRAM SUPPORT
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	12,500.	0.			BLUEANGEL COMMUNITY HEALTH GRANT
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	12,500.	0.			BLUEANGEL COMMUNITY HEALTH GRANT - CHILDREN'S & FAMILY WELLNESS PROGRAMS
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	5,000.	0.			CENSUS PARTICIPATION OUTREACH FOR NEWPORT COUNTY
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	35,000.	0.			COVID-19 RI RESPONSE
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	1,000.	0.			FOOD SUFFICIENCY PROGRAMS IN THE AGENCY'S RESPONSE TO THE COVID-19 CRISIS
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	2,500.	0.			GENERAL PURPOSE GRANT

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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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DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	5,154.	0.			HUNGER RELIEF
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	500.	0.			HUNGER SERVICES
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	15,000.	0.			HUNGER SUPPORT FOR NEWPORT COUNTY
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	1,000.	0.			IMPORTANT WORK
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	3,000.	0.			NUTRITION EDUCATION FOR LOW-INCOME WOMEN
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	10,000.	0.			OUT-OF-SCHOOL-TIME PROGRAMS SERVING AT-RISK NEWPORT COUNTY CHILDREN
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	1,000.	0.			SPRING FUNDRAISER TO SUPPORT THE AGENCY'S SOCIAL SERVICES
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	500.	0.			WHEREVER IT IS NEEDED MOST
DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	1,870.	0.			GENERAL SUPPORT

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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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DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER - 20 DR. MARCUS F. WHEATLAND BOULEVARD - NEWPORT, RI 02840	05-0271882	501(C)(3)	2,121.	0.			GENERAL OPERATING
DUKE UNIVERSITY PO BOX 90581 DURHAM, NC 27708-0581	56-0532129	501(C)(3)	50,000.	0.			DEPARTMENT OF PSYCHIATRY
DUKE UNIVERSITY PO BOX 90581 DURHAM, NC 27708-0581	56-0532129	501(C)(3)	5,000.	0.			FUQUA ANNUAL FUND/DUKE ALUMNI ANNUAL FUND
DUTCH ISLAND LIGHTHOUSE SOCIETY P.O. BOX 435 SAUNDERSTOWN, RI 02874	01-0499730	501(C)(3)	8,048.	0.			PROGRAM SUPPORT
DUTCHESS COUNTY HISTORICAL SOCIETY PO BOX 88 POUGHKEEPSIE, NY 12602	14-1505142	501(C)(3)	8,000.	0.			COLLECTIONS/YEARBOOK/GENE FUND
EAST BAY COMMUNITY ACTION PROGRAM 100 BULLOCKS POINT AVENUE RIVERSIDE, RI 02915	05-0310024	501(C)(3)	10,000.	0.			EBCAP CENSUS 2020
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	1,000.	0.			AGENCY'S FOOD PANTRIES
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	10,000.	0.			BABY STEPS
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	5,000.	0.			BASIC NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	3,000.	0.			EAST BAY COALITION FOR THE HOMELESS HOUSING
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	200,000.	0.			EAST BAY COMMUNITY ACTION PROGRAM COVID-19 COMMUNITY BEHAVIORAL HEALTH RESPONSE ACTION
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	75,000.	0.			EAST BAY COMMUNITY ACTION PROGRAM COVID-19 TELEHEALTH COMMUNITY RESPONSE ACTION PLAN
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	75,000.	0.			EBCAP COVID 19 EMERGENCY
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	8,000.	0.			EBCAP DIABETES GROUP
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	2,657.	0.			GED & JOB READINESS FOR NORTH END WOMEN: SUMMER & FALL SESSIONS
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	4,176.	0.			ACCESS NUTRITION FOR EAST BAY FOOD PANTRY CLIENTS
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	1,500.	0.			FOOD STOCK
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	1,350.	0.			HEALTHY FOOD FOR LOW-INCOME BRISTOL SENIORS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	25,000.	0.			HUNGER RELIEF PROGRAMS FOR EAST BAY RESIDENTS
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	5,000.	0.			NUTRITIOUS FOOD FOR EAST BAY PANTRY CLIENTS
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	30,000.	0.			OPERATING AND DIRECT SUPPORT
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	7,132.	0.			SAFEGUARDING EAST BAY RESIDENTS RECEIVING FOOD ASSISTANCE DURING THE COVID-19 PANDEMIC
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	32,500.	0.			GENERAL SUPPORT
EAST BAY FOOD PANTRY 532 WOOD STREET BRISTOL, RI 02809	26-4757945	501(C)(3)	4,395.	0.			GENERAL OPERATING
EAST GREENWICH ANIMAL PROTECTION LEAGUE - 44 WORTHINGTON ROAD - CRANSTON, RI 02920	05-0388049	501(C)(3)	6,300.	0.			LAUNDRY ROOM IMPROVEMENTS PROJECT
EAST PROVIDENCE HISTORICAL SOCIETY P.O. BOX 4774 RUMFORD, RI 02916	05-0379655	501(C)(3)	8,500.	0.			EAST PROVIDENCE COMMUNITY GARDENING PROJECT
EAST PROVIDENCE SCHOOL DEPARTMENT 145 TAUNTON AVENUE EAST PROVIDENCE, RI 02914	05-6000126	CITY GOV	20,000.	0.			EAST PROVIDENCE XQ+RI: MOMENTUM SCHOOL

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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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EAST SMITHFIELD PUBLIC LIBRARY 50 ESMOND STREET ESMOND, RI 02917	05-0315484	501(C)(3)	5,940.	0.			GENERAL OPERATING
EASTERN STAR FOUNDATION OF RHODE ISLAND - 57 INTERVALE ROAD - CRANSTON, RI 02910	05-0462285	501(C)(3)	9,388.	0.			PROGRAM SUPPORT
EATING WITH THE ECOSYSTEM PO BOX 295 WAKEFIELD, RI 02880	46-5158442	501(C)(3)	35,000.	0.			KEEPING THE SEAFOOD INDUSTRY INFORMED AND AFLOAT DURING THE COVID-19 CRISIS
ECORI, INC. 10 DAVOL SQUARE, SUITE 100 PROVIDENCE, RI 02903	26-4267233	501(C)(3)	10,000.	0.			IMPROVING DIGITAL EXPERIENCE FOR OUR AUDIENCE
ECORI, INC. 10 DAVOL SQUARE, SUITE 100 PROVIDENCE, RI 02903	26-4267233	501(C)(3)	1,000.	0.			GENERAL SUPPORT
EDESIA INC. 550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852	26-0359866	501(C)(3)	15,000.	0.			MEWE SUPPORT FOR LOCAL HOMELESS SHELTERS
EDESIA INC. 550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852	26-0359866	501(C)(3)	500.	0.			GENERAL SUPPORT
EDUCATIONAL CENTER FOR ARTS & SCIENCE - PO BOX 27124 - PROVIDENCE, RI 02907	05-0503197	501(C)(3)	10,000.	0.			CRM AND MARKETING STRATEGY
EDUCATIONAL CENTER FOR ARTS & SCIENCE - PO BOX 27124 - PROVIDENCE, RI 02907	05-0503197	501(C)(3)	5,000.	0.			DONATION

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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EDUCATIONAL CENTER FOR ARTS & SCIENCE - PO BOX 27124 - PROVIDENCE, RI 02907	05-0503197	501(C)(3)	30,720.	0.			IMPROVING YOUNG LIVES THROUGH THE ARTS IN PROVIDENCE AND PAWTUCKET
EDUCATIONAL CENTER FOR ARTS & SCIENCE - PO BOX 27124 - PROVIDENCE, RI 02907	05-0503197	501(C)(3)	5,000.	0.			YO CUENTO T CUENTAS - A RAP SONG
EDUCATIONAL CENTER FOR ARTS & SCIENCE - PO BOX 27124 - PROVIDENCE, RI 02907	05-0503197	501(C)(3)	5,000.	0.			GENERAL SUPPORT
EDUCATIONAL RESOURCES FOR CHILDREN 174 SOUTH ROAD, SUITE 200 ENFIELD, CT 06082	03-0399205	501(C)(3)	12,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
EDUCATIONAL RESOURCES OF ANTIGUA GUATEMALA, INC. - 1625 HILL FARM ROAD - COVENTRY, RI 02816	82-2981248	501(C)(3)	15,000.	0.			MAYANS IN PROVIDENCE METRO AREA NEED TO BE COUNTED IN THE 2020 CENSUS
EDWARD KING HOUSE SENIOR CENTER 35 KING STREET NEWPORT, RI 02840	05-0312277	501(C)(3)	11,094.	0.			PROGRAM SUPPORT
ELISHA PROJECT 29 WEEDEN AVENUE RUMFORD, RI 02916	45-4507647	501(C)(3)	75,000.	0.			ELISHA PROJECT CARES PROGRAM
ELISHA PROJECT 29 WEEDEN AVENUE RUMFORD, RI 02916	45-4507647	501(C)(3)	25,000.	0.			ELISHA PROJECT MOBILE SHARE MARKET
ELISHA PROJECT 29 WEEDEN AVENUE RUMFORD, RI 02916	45-4507647	501(C)(3)	45,000.	0.			ELISHA PROJECT SHARE MARKET

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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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ELIZABETH BUFFUM CHACE CENTER PO BOX 9476 WARWICK, RI 02889	05-0384053	501(C)(3)	47,000.	0.			COVID-19 RELIEF
ELIZABETH BUFFUM CHACE CENTER PO BOX 9476 WARWICK, RI 02889	05-0384053	501(C)(3)	47,688.	0.			DOMESTIC VIOLENCE/SEXUAL ASSAULT ADVOCACY PROGRAM
ELIZABETH BUFFUM CHACE CENTER PO BOX 9476 WARWICK, RI 02889	05-0384053	501(C)(3)	250.	0.			PREVENTION AND SOCIAL JUSTICE
ELIZABETH BUFFUM CHACE CENTER PO BOX 9476 WARWICK, RI 02889	05-0384053	501(C)(3)	3,540.	0.			GENERAL OPERATING
EMMANUEL CHURCH 42 DEARBORN STREET NEWPORT, RI 02840	05-0263225	501(C)(3)	18,578.	0.			GENERAL OPERATING
ENVIRONMENT COUNCIL OF RI EDUCATION FUND - PO BOX 40568 - PROVIDENCE, RI 02940	05-0456927	501(C)(3)	500.	0.			COMPOST CONFERENCE
ENVIRONMENT COUNCIL OF RI EDUCATION FUND - PO BOX 40568 - PROVIDENCE, RI 02940	05-0456927	501(C)(3)	75,000.	0.			PROMOTING NATURE BASED STORMWATER SOLUTIONS
EPISCOPAL DIOCESE OF RHODE ISLAND 275 NORTH MAIN STREET PROVIDENCE, RI 02903	05-0258952	501(C)(3)	300.	0.			ANNUAL FUND
EPISCOPAL DIOCESE OF RHODE ISLAND 275 NORTH MAIN STREET PROVIDENCE, RI 02903	05-0258952	501(C)(3)	15,000.	0.			CENTER FOR RECONCILIATION/EPISCOPAL CHARITIES/OLD NARRAGANSETT CHURCH

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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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EPISCOPAL DIOCESE OF RHODE ISLAND 275 NORTH MAIN STREET PROVIDENCE, RI 02903	05-0258952	501(C)(3)	250.	0.			EMPLOYEE MATCHING PROGRAM
EPISCOPAL DIOCESE OF RHODE ISLAND 275 NORTH MAIN STREET PROVIDENCE, RI 02903	05-0258952	501(C)(3)	1,000.	0.			EPISCOPAL CONFERENCE CENTER
EPISCOPAL DIOCESE OF RHODE ISLAND 275 NORTH MAIN STREET PROVIDENCE, RI 02903	05-0258952	501(C)(3)	5,000.	0.			HALLWORTH HOUSE
EPISCOPAL DIOCESE OF RHODE ISLAND 275 NORTH MAIN STREET PROVIDENCE, RI 02903	05-0258952	501(C)(3)	4,000.	0.			GENERAL SUPPORT
EPISCOPAL DIOCESE OF RHODE ISLAND 275 NORTH MAIN STREET PROVIDENCE, RI 02903	05-0258952	501(C)(3)	3,669.	0.			PROGRAM SUPPORT
EPISCOPAL HOUSING FOUNDATION OF RHODE ISLAND - 275 NORTH MAIN STREET - PROVIDENCE, RI 02903	05-0395439	501(C)(3)	10,000.	0.			STAFF NEEDS RELATED TO COVID 19 EMERGENCY
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	2,500.	0.			GENERAL DONATION TO SUPPORT THE ORGANIZATION
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	2,500.	0.			WHEREVER NEEDED
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	6,100.	0.			GENERAL SUPPORT

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EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	1,180.	0.			GENERAL OPERATING SUPPORT
EQUITY INSTITUTE 225 DYER STREET PROVIDENCE, RI 02903	83-4472785	501(C)(3)	92,000.	0.			BUILDING PARENT POWER ACROSS RHODE ISLAND
EQUITY INSTITUTE 225 DYER STREET PROVIDENCE, RI 02903	83-4472785	501(C)(3)	100,000.	0.			EDULEADERS OF COLOR PROJECT
EQUITY INSTITUTE 225 DYER STREET PROVIDENCE, RI 02903	83-4472785	501(C)(3)	2,000.	0.			GENERAL SUPPORT
ESPERANZA-HOPE 54 NETHERLANDS AVENUE CRANSTON, RI 02905	30-0891931	501(C)(3)	13,000.	0.			HELPING FAMILIES & HOMELESS DURING THE CORONAVIRUS PANDEMIC
ESPERANZA-HOPE 54 NETHERLANDS AVENUE CRANSTON, RI 02905	30-0891931	501(C)(3)	20,000.	0.			RAINBOW OF HOPE DURING THE COVID-19 PANDEMIC
EVERETT: COMPANY, STAGE & SCHOOL 9 DUNCAN AVENUE PROVIDENCE, RI 02906	05-0451784	501(C)(3)	5,000.	0.			EVERETT SCHOOL
EVERETT: COMPANY, STAGE & SCHOOL 9 DUNCAN AVENUE PROVIDENCE, RI 02906	05-0451784	501(C)(3)	2,000.	0.			EVERETT SCHOOL
EVERETT: COMPANY, STAGE & SCHOOL 9 DUNCAN AVENUE PROVIDENCE, RI 02906	05-0451784	501(C)(3)	250.	0.			GENERAL SUPPORT

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EYE TO EYE, INC. 50 BROAD STREET, SUITE 1702 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.			PVD YOUNG MAKERS YOUTH 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 PO BOX 6688 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 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	75,000.	0.			BE SAFE RI - EMERGENCY ASSISTANCE FOR RHODE ISLANDERS IN NEED
FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	15,775.	0.			DONATION

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FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	1,525.	0.			FAMILY SERVICES
FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	100,000.	0.			FOOD AND HOUSING SECURITY EMERGENCY PROJECT
FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	250.	0.			FOSTER PARENTING PROGRAM
FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	65,000.	0.			GENERAL OPERATIONS: RESPONDING TO COVID
FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	20,000.	0.			MEASURING CHILD DEVELOPMENT VIA ZOOM
FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	2,000.	0.			PURCHASE ESSENTIAL ITEMS
FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	165,000.	0.			TRAUMA RESPONSE TO COVID-19
FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	18,250.	0.			GENERAL SUPPORT
FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0258858	501(C)(3)	1,625.	0.			GENERAL OPERATING

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FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	11,000.	0.			BLUEANGEL COMMUNITY HEALTH GRANT
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	11,000.	0.			BLUEANGEL COMMUNITY HEALTH GRANT - HEALTHY FOODS, HEALTHY FAMILIES
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	25,000.	0.			COVID RESPONSE PROCEDURES
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	35,000.	0.			COVID-19 RI RESPONSE
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	39,250.	0.			FARMERS FEEDING NEIGHBORS COVID RESPONSE
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	5,154.	0.			FUNDS FOR HOPE'S HARVEST
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	60,176.	0.			HOPES HARVEST RI - BRINGING LOCAL SURPLUS PRODUCE TO COMMUNITIES IMPACTED BY COVID
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	5,000.	0.			HOPE'S HARVEST RI
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	5,000.	0.			HOPE'S HARVEST RI

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FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	20,000.	0.			HOPE'S HARVEST RI - FOOD RESCUE FOR HUNGER RELIEF
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	35,000.	0.			RI HEALTHY SCHOOLS COALITION
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	5,705.	0.			GENERAL SUPPORT
FARM FRESH RHODE ISLAND 10 SIMS AVENUE PROVIDENCE, RI 02909	20-4625643	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909	05-0258871	501(C)(3)	14,000.	0.			AGENCY TRAUMA TRAINING
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909	05-0258871	501(C)(3)	75,000.	0.			FHH BASIC NEEDS, TECHNOLOGY & EDUCATION SUPPORT
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909	05-0258871	501(C)(3)	35,000.	0.			FHH FOOD PANTRIES & SENIOR MEAL DELIVERY
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909	05-0258871	501(C)(3)	25,000.	0.			FHH OLNEYVILLE FOOD CENTER
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909	05-0258871	501(C)(3)	250.	0.			WHEREVER IT IS MOST NEEDED

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FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	1,250.	0.			COVID-19 DONATION
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	500.	0.			FEEDING THE HUNGRY
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	10,000.	0.			FOOD BANKS MOST IN NEED
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	25.	0.			MATCHING CONTRIBUTION
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	250.	0.			FOR GENERAL SUPPORT
FELLOWSHIP HEALTH RESOURCES, INC. 24 ALBION ROAD, SUITE 420 LINCOLN, RI 02865-1163	05-0373414	501(C)(3)	50,000.	0.			HAZARD PAY, TELEHEALTH PHONE, AND FOOD FOR GROUP HOMES IN RI
FESTIVAL BALLET PROVIDENCE 825 HOPE STREET PROVIDENCE, RI 02906	05-0377245	501(C)(3)	25,000.	0.			DISCOVER DANCE PROGRAM 2020
FESTIVAL BALLET PROVIDENCE 825 HOPE STREET PROVIDENCE, RI 02906	05-0377245	501(C)(3)	3,000.	0.			GENERAL SUPPORT
FESTIVAL BALLET PROVIDENCE 825 HOPE STREET PROVIDENCE, RI 02906	05-0377245	501(C)(3)	1,000.	0.			SUPPORT FOR DANCERS AND THE BALLET

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FESTIVAL BALLET PROVIDENCE 825 HOPE STREET PROVIDENCE, RI 02906	05-0377245	501(C)(3)	4,500.	0.			GENERAL SUPPORT
FESTIVAL BALLET PROVIDENCE 825 HOPE STREET PROVIDENCE, RI 02906	05-0377245	501(C)(3)	413.	0.			GENERAL OPERATING
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0001	11-0303001	501(C)(3)	25,671.	0.			FIDELITY CHARITABLE GIVING ACCOUNT, DARWIN'S VIEW
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0001	11-0303001	501(C)(3)	60,000.	0.			THE KARL AND MARY L. HAFFENREFFER FUND
FIRST BAPTIST CHURCH IN AMERICA 75 NORTH MAIN STREET PROVIDENCE, RI 02903	05-0284736	501(C)(3)	18,038.	0.			GENERAL OPERATING
FIRST BAPTIST CHURCH OF PAWTUCKET 91 COTTAGE STREET PAWTUCKET, RI 02860	05-0283795	501(C)(3)	36,097.	0.			PROGRAM SUPPORT
FIRST CHURCH OF CHRIST SCIENTIST 71 PROSPECT STREET PROVIDENCE, RI 02906	05-0297831	REL	164,244.	0.			GENERAL OPERATING
FIRST NIGHT NEWPORT P.O. BOX 2505 NEWPORT, RI 02840	16-1616990	501(C)(3)	7,500.	0.			RHODE ISLAND SLAVE HISTORY MEDALLIONS
FIRST NIGHT NEWPORT P.O. BOX 2505 NEWPORT, RI 02840	16-1616990	501(C)(3)	250.	0.			RHODE ISLAND SLAVE HISTORY MEDALLIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST NIGHT NEWPORT P.O. BOX 2505 NEWPORT, RI 02840	16-1616990	501(C)(3)	2,500.	0.			RHODE ISLAND SLAVE HISTORY MEDALLIONS
FIRST UNITARIAN CHURCH OF PROVIDENCE - ONE BENEVOLENT STREET - PROVIDENCE, RI 02906	04-2103733	501(C)(3)	9,104.	0.			GENERAL OPERATING
FIRST UNITARIAN CHURCH OF PROVIDENCE - ONE BENEVOLENT STREET - PROVIDENCE, RI 02906	04-2103733	501(C)(3)	24,282.	0.			PROGRAM SUPPORT
FIRSTWORKS 275 WESTMINSTER STREET, SUITE 501 PROVIDENCE, RI 02903	22-2597014	501(C)(3)	2,500.	0.			LIFTING STUDENTS THROUGH THE ARTS: FIRSTWORKS RAISE YOUR VOICE INITIATIVE
FIRSTWORKS 275 WESTMINSTER STREET, SUITE 501 PROVIDENCE, RI 02903	22-2597014	501(C)(3)	5,000.	0.			LIFTING URBAN YOUTH IN PROVIDENCE AND CENTRAL FALLS THROUGH THE ARTS
FIRSTWORKS 275 WESTMINSTER STREET, SUITE 501 PROVIDENCE, RI 02903	22-2597014	501(C)(3)	30,750.	0.			GENERAL SUPPORT
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	200,000.	0.			FOR ASSISTANCE DUE TO PANDEMIC CRISIS
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	50,000.	0.			GENERAL SUPPORT
FORT ADAMS TRUST INC. 90 FORT ADAMS DRIVE NEWPORT, RI 02840	05-0475756	501(C)(3)	100.	0.			GENERAL SUPPORT

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FORT ADAMS TRUST INC. 90 FORT ADAMS DRIVE NEWPORT, RI 02840	05-0475756	501(C)(3)	27,097.	0.			GENERAL OPERATING
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	30,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	30,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT FUNDING
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	65,000.	0.			FOSTER FORWARD / THE VILLAGE FOR RI FOSTER AND ADOPTIVE FAMILIES COVID-19 RELIEF
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	3,000.	0.			IMPROVE LIVES
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	2,625.	0.			RHODE ISLAND FOUNDATION EMPLOYEE FUND
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	60,000.	0.			YOUR WAY HOME
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	1,000.	0.			GENERAL SUPPORT
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	45,438.	0.			PROGRAM SUPPORT

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FOSTER PARROTS, LTD. 87 WOODVILLE ALTON ROAD HOPKINTON, RI 02832	04-3458267	501(C)(3)	25,000.	0.			THE NEW ENGLAND EXOTIC WILDLIFE SANCTUARY
FOSTER-GLOCESTER REGIONAL SCHOOL DISTRICT - 91 ANAN WADE ROAD - NORTH SCITUATE, RI 02857	05-6000168	CITY GOV	500,000.	0.			PONAGANSETT HIGH SCHOOL XQ+RI CHALLENGE: XQ SCHOOL
FOUNDATION OF MASSACHUSETTS EYE & EAR INFIRMARY - 243 CHARLES STREET - BOSTON, MA 02114	04-2785453	501(C)(3)	6,000.	0.			DR. HADLOCK MISSION
FOUNDATION OF MASSACHUSETTS EYE & EAR INFIRMARY - 243 CHARLES STREET - BOSTON, MA 02114	04-2785453	501(C)(3)	4,000.	0.			IN SUPPORT OF DR. HADLOCK'S MISSION
FRANK OLEAN CENTER, INC. 93 AIRPORT ROAD WESTERLY, RI 02891	05-0311198	501(C)(3)	10,000.	0.			CONNECTING THERAPIES TO CHILDREN IN THE TIME OF COVID-19
FRANK OLEAN CENTER, INC. 93 AIRPORT ROAD WESTERLY, RI 02891	05-0311198	501(C)(3)	35,893.	0.			COVID-19 PROGRAM ADAPTATIONS AND SAFEGUARDS
FRANK OLEAN CENTER, INC. 93 AIRPORT ROAD WESTERLY, RI 02891	05-0311198	501(C)(3)	500.	0.			FOOD FOR CHILDREN AND FAMILIES IN NEED
FRIENDS OF ANIMALS IN NEED 105 NARRAGANSETT STREET NORTH KINGSTOWN, RI 02852	56-2393798	501(C)(3)	15,000.	0.			VETERINARY ASSISTANCE PROGRAM
FRIENDS OF BARRINGTON SENIOR CENTER - 281 COUNTY ROAD - BARRINGTON, RI 02806	05-0482262	501(C)(3)	7,000.	0.			OUTREACH PROGRAM

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FRIENDS OF BARRINGTON SENIOR CENTER - 281 COUNTY ROAD - BARRINGTON, RI 02806	05-0482262	501(C)(3)	10,000.	0.			SENIOR CENTER ZOOM TECHNOLOGY PLAN
FRIENDS OF CENTRAL FALLS ANIMALS 160 ILLINOIS STREET CENTRAL FALLS, RI 02863	46-5478376	501(C)(3)	25,000.	0.			FIXME 6
FRIENDS OF LINDEN PLACE 500 HOPE STREET BRISTOL, RI 02809	05-0435741	501(C)(3)	750.	0.			ANNUAL FUND
FRIENDS OF LINDEN PLACE 500 HOPE STREET BRISTOL, RI 02809	05-0435741	501(C)(3)	5,201.	0.			GENERAL OPERATING
FRIENDS OF LITTLE COMPTON WELLNESS CENTER INC. - 115 EAST MAIN ROAD - LITTLE COMPTON, RI 02837	05-0491348	501(C)(3)	4,500.	0.			GENERAL SUPPORT
FRIENDS OF LITTLE COMPTON WELLNESS CENTER INC. - 115 EAST MAIN ROAD - LITTLE COMPTON, RI 02837	05-0491348	501(C)(3)	3,868.	0.			GENERAL OPERATING
FRIENDS OF POMHAM ROCKS LIGHTHOUSE 1481 WAMPANOAG TRAIL, SUITE 2 RIVERSIDE, RI 02915	01-0499730	501(C)(3)	30,452.	0.			GENERAL OPERATING
FRIENDS OF RHODE ISLAND CASA, INC. PO BOX 20059 CRANSTON, RI 02920	05-0461271	501(C)(3)	49,000.	0.			CONNECTING VULNERABLE COURT-INVOLVED YOUTH TO BEHAVIORAL HEALTH SUPPORTS
FRIENDS OF RHODE ISLAND CASA, INC. PO BOX 20059 CRANSTON, RI 02920	05-0461271	501(C)(3)	5,000.	0.			DREAMS COME TRUE FUND - BASIC NEEDS

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FRIENDS OF RHODE ISLAND CASA, INC. PO BOX 20059 CRANSTON, RI 02920	05-0461271	501(C)(3)	1,000.	0.			DREAMS FUND FOR EDUCATION PROGRAM
FRIENDS OF ROGERS FREE LIBRARY 525 HOPE STREET BRISTOL, RI 02809	05-0368834	501(C)(3)	1,100,000.	0.			FLEXIBLE ENDOWMENT WITHDRAWAL
FRIENDS OF ROGERS FREE LIBRARY 525 HOPE STREET BRISTOL, RI 02809	05-0368834	501(C)(3)	500.	0.			ONGOING LITERACY SUPPORT
FRIENDS OF ROGERS FREE LIBRARY 525 HOPE STREET BRISTOL, RI 02809	05-0368834	501(C)(3)	93,507.	0.			GENERAL OPERATING
FRIENDS OF SAKONNET LIGHTHOUSE, INC. - PO BOX 154 - LITTLE COMPTON, RI 02837	22-2559874	501(C)(3)	9,000.	0.			GENERAL SUPPORT
FRIENDS OF THE PAWTUCKET PUBLIC LIBRARY - 13 SUMMER STREET - PAWTUCKET, RI 02860	05-0381053	501(C)(3)	6,964.	0.			TEEN SPACE
FRIENDS OF THE PAWTUCKET PUBLIC LIBRARY - 13 SUMMER STREET - PAWTUCKET, RI 02860	05-0381053	501(C)(3)	1,716.	0.			PROGRAM SUPPORT
FRIENDS OF THE SCITUATE ANIMAL SHELTER - P. O. BOX 14 - CLAYVILLE, RI 02815	30-0018488	501(C)(3)	13,000.	0.			MEDICAL TESTING AND TREATMENT PROGRAM/ROOF PAVILION COVERING OUTDOOR DOG EXERCISE AREAS
FRIENDS OF THE SCITUATE ANIMAL SHELTER - P. O. BOX 14 - CLAYVILLE, RI 02815	30-0018488	501(C)(3)	2,867.	0.			GENERAL OPERATING

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FUERZA LABORAL 131 CLAY STREET, SUITE 101 CENTRAL FALLS, RI 02863	20-5428607	501(C)(3)	75,000.	0.			FUERZA EXPANDED COVID-19 CENTRAL FALLS LOW INCOME LATINO WORKER ASSISTANCE
FUND FOR UCAP 75 CARPENTER STREET PROVIDENCE, RI 02903	26-0656828	501(C)(3)	54,000.	0.			THE UCAP SCHOOL - EDUCATING THROUGH COVID-19
FUND FOR UCAP 75 CARPENTER STREET PROVIDENCE, RI 02903	26-0656828	501(C)(3)	75,000.	0.			GENERAL SUPPORT
FUND FOR UCAP 75 CARPENTER STREET PROVIDENCE, RI 02903	26-0656828	501(C)(3)	904.	0.			GENERAL OPERATING
GALILEE MISSION, INC. PO BOX 459 NARRAGANSETT, RI 02882	22-2573917	501(C)(3)	50,807.	0.			COVID-19 OPERATING EXPENSES
GARDEN FOUNDATION OF RHODE ISLAND 30 PROSPECT AVENUE COVENTRY, RI 02816	27-0159260	501(C)(3)	6,218.	0.			GENERAL OPERATING
GARDEN TIME INC. 286 ROCHAMBEAU AVENUE PROVIDENCE, RI 02906	90-1002432	501(C)(3)	20,000.	0.			2020 GARDEN TIME TO WORK PROGRAM
GARDEN TIME INC. 286 ROCHAMBEAU AVENUE PROVIDENCE, RI 02906	90-1002432	501(C)(3)	1,000.	0.			GENERAL SUPPORT
GARFIELD MIDDLE SCHOOL 13114 DETROIT AVENUE LAKEWOOD, OH 44107	23-7252910	501(C)(3)	10,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT

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GARY BALLETT FOUNDATION 786 ATWOOD AVENUE CRANSTON, RI 02920	30-0963431	501(C)(3)	25,000.	0.			GAP FUNDING FOR ADAPTIVE GYM
GATEWAY HEALTHCARE, INC. 1 VIRGINIA AVE STE 200 PROVIDENCE, RI 02905	05-0309043	501(C)(3)	40,120.	0.			SUPPORTING TELEHEALTH INTENSIVE SERVICES FOR CHILDREN & FAMILIES
GATEWAYS TO CHANGE, INC. 1060 PARK AVENUE CRANSTON, RI 02910	05-0468333	501(C)(3)	5,000.	0.			EMERGENCY CLOTHING NEEDS
GATEWAYS TO CHANGE, INC. 1060 PARK AVENUE CRANSTON, RI 02910	05-0468333	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GATEWAYS: ACCESS TO JEWISH EDUCATION - 333 NAHANTON STREET - NEWTON, MA 02459	04-3494246	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907	22-3001721	501(C)(3)	74,946.	0.			REBUILDING COMMUNITY SUPPORTS DURING COVID-19
GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907	22-3001721	501(C)(3)	5,000.	0.			STUDENT EMERGENCY COVID FUND
GENESIS CENTER 620 POTTERS AVENUE PROVIDENCE, RI 02907	22-3001721	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GILBERT STUART MEMORIAL, INC. 815 GILBERT STUART ROAD SAUNDERSTOWN, RI 02874	05-0262720	501(C)(3)	1,000.	0.			2020 PRESIDENT'S ANNUAL APPEAL

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GILBERT STUART MEMORIAL, INC. 815 GILBERT STUART ROAD SAUNDERSTOWN, RI 02874	05-0262720	501(C)(3)	250.	0.			GENERAL SUPPORT
GILBERT STUART MEMORIAL, INC. 815 GILBERT STUART ROAD SAUNDERSTOWN, RI 02874	05-0262720	501(C)(3)	15,942.	0.			GENERAL OPERATING
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724	501(C)(3)	2,000.	0.			COMMUNITY OUTREACH AND EXTENDED LEARNING PROGRAM
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724	501(C)(3)	2,000.	0.			COMMUNITY OUTREACH AND EXTENDED LEARNING PROGRAM
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724	501(C)(3)	5,000.	0.			GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND COMMUNITY OUTREACH AND EXTENDED LEARNING PROGRAM
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724	501(C)(3)	7,500.	0.			WOMAN OF DISTINCTION AWARD LUNCHEON
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724	501(C)(3)	12,507.	0.			GENERAL OPERATING
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND - 500 GREENWICH AVENUE - WARWICK, RI 02886	05-0300724	501(C)(3)	5,841.	0.			PROGRAM SUPPORT
GIRLS ON THE RUN RHODE ISLAND PO BOX 72787 PROVIDENCE, RI 02907	45-3061488	501(C)(3)	500.	0.			CHAMPION GRANT

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GIRLS ON THE RUN RHODE ISLAND PO BOX 72787 PROVIDENCE, RI 02907	45-3061488	501(C)(3)	2,500.	0.			GENERAL SUPPORT
GIRLS ON THE RUN RHODE ISLAND PO BOX 72787 PROVIDENCE, RI 02907	45-3061488	501(C)(3)	4,000.	0.			PROGRAM SUPPORT
GIRLS ROCK! RHODE ISLAND 763 R WESTMINSTER STREET PROVIDENCE, RI 02903	27-4243892	501(C)(3)	19,000.	0.			ANTI-OPPRESSION INITIATIVE: EVALUATION, DEMOGRAPHIC PARITY, AND PROGRAM RESTRUCTURING
GIRLS ROCK! RHODE ISLAND 763 R WESTMINSTER STREET PROVIDENCE, RI 02903	27-4243892	501(C)(3)	1,400.	0.			REPRESENTANDO @ YOUTH ROCK CAMP
GIRLS ROCK! RHODE ISLAND 763 R WESTMINSTER STREET PROVIDENCE, RI 02903	27-4243892	501(C)(3)	2,000.	0.			YOUTH ROCK CAMP 2020
GLBTQ LEGAL ADVOCATES & DEFENDERS 18 TREMONT STREET, SUITE 950 BOSTON, MA 02108	04-2660498	501(C)(3)	10,000.	0.			RHODE ISLAND FAMILY AND CIVIL RIGHTS WORK
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 ROOSEVELT AVENUE, SUITE 201 - PAWTUCKET, RI 02860	13-4283582	501(C)(3)	500.	0.			GIVING TUESDAY
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 ROOSEVELT AVENUE, SUITE 201 - PAWTUCKET, RI 02860	13-4283582	501(C)(3)	20,000.	0.			GLORIA'S ANGELS HEALTHY MEALS DELIVERY SERVICE
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 ROOSEVELT AVENUE, SUITE 201 - PAWTUCKET, RI 02860	13-4283582	501(C)(3)	1,000.	0.			GLORIA'S ANGELS MEALS PROGRAM

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GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 ROOSEVELT AVENUE, SUITE 201 - PAWTUCKET, RI 02860	13-4283582	501(C)(3)	10,000.	0.			HANDS OF HOPE PROGRAM
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 ROOSEVELT AVENUE, SUITE 201 - PAWTUCKET, RI 02860	13-4283582	501(C)(3)	2,500.	0.			HOPE BUS
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 ROOSEVELT AVENUE, SUITE 201 - PAWTUCKET, RI 02860	13-4283582	501(C)(3)	2,000.	0.			HOPE BUS
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 ROOSEVELT AVENUE, SUITE 201 - PAWTUCKET, RI 02860	13-4283582	501(C)(3)	2,378.	0.			GENERAL OPERATING
GOOD NEIGHBORS, INC. 55 TURNER AVENUE EAST PROVIDENCE, RI 02915	05-0455668	501(C)(3)	28,750.	0.			COVID-COMPLIANT IN-DOOR FOOD PANTRY
GOOD NEIGHBORS, INC. 55 TURNER AVENUE EAST PROVIDENCE, RI 02915	05-0455668	501(C)(3)	7,000.	0.			DONATION
GOOD NEIGHBORS, INC. 55 TURNER AVENUE EAST PROVIDENCE, RI 02915	05-0455668	501(C)(3)	8,000.	0.			FRESH FOOD
GOOD NEIGHBORS, INC. 55 TURNER AVENUE EAST PROVIDENCE, RI 02915	05-0455668	501(C)(3)	5,000.	0.			SOUP KITCHEN AND FOOD PANTRY
GOOD NEIGHBORS, INC. 55 TURNER AVENUE EAST PROVIDENCE, RI 02915	05-0455668	501(C)(3)	74,000.	0.			GENERAL SUPPORT

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GOOD NEIGHBORS, INC. 55 TURNER AVENUE EAST PROVIDENCE, RI 02915	05-0455668	501(C)(3)	25,000.	0.			GENERAL OPERATING
GOODWILL INDUSTRIES OF SOUTHERN NEW ENGLAND, INC. - 100 HOUGHTON STREET - PROVIDENCE, RI 02904	23-7431264	501(C)(3)	250.	0.			GENERAL PURPOSE
GOODWILL INDUSTRIES OF SOUTHERN NEW ENGLAND, INC. - 100 HOUGHTON STREET - PROVIDENCE, RI 02904	23-7431264	501(C)(3)	300.	0.			GENERAL PURPOSE
GOODWILL INDUSTRIES OF SOUTHERN NEW ENGLAND, INC. - 100 HOUGHTON STREET - PROVIDENCE, RI 02904	23-7431264	501(C)(3)	40,000.	0.			WAREHOUSE TRAINING PROGRAM
GORDON SCHOOL 45 MAXFIELD AVENUE EAST PROVIDENCE, RI 02914	05-0258876	501(C)(3)	1,000.	0.			ARTS/AFTER SCHOOL CARE
GORDON SCHOOL 45 MAXFIELD AVENUE EAST PROVIDENCE, RI 02914	05-0258876	501(C)(3)	4,204.	0.			EDUCATION
GORDON SCHOOL 45 MAXFIELD AVENUE EAST PROVIDENCE, RI 02914	05-0258876	501(C)(3)	501.	0.			EDUCATION
GORDON SCHOOL 45 MAXFIELD AVENUE EAST PROVIDENCE, RI 02914	05-0258876	501(C)(3)	10,000.	0.			THE GORDON FUND
GORDON SCHOOL 45 MAXFIELD AVENUE EAST PROVIDENCE, RI 02914	05-0258876	501(C)(3)	3,357.	0.			PROGRAM SUPPORT

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GRACE CHURCH IN PROVIDENCE 175 MATHEWSON STREET PROVIDENCE, RI 02903-3499	05-0258877	501(C)(3)	851.	0.			RELIGION
GRACE CHURCH IN PROVIDENCE 175 MATHEWSON STREET PROVIDENCE, RI 02903-3499	05-0258877	501(C)(3)	23,927.	0.			GENERAL OPERATING
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)	4,000.	0.			OPERATING BUDGET
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)	533,000.	0.			GENERAL SUPPORT
GREEN ENERGY CONSUMERS ALLIANCE 188 VALLEY STREET, SUITE 221 PROVIDENCE, RI 02909	04-2791314	501(C)(3)	70,000.	0.			CLEAN ENERGY RHODE ISLAND & BLOCK ISLAND
GREEN ENERGY CONSUMERS ALLIANCE 188 VALLEY STREET, SUITE 221 PROVIDENCE, RI 02909	04-2791314	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GREENAGERS, INC. PO BOX 157 SOUTH EGREMONT, MA 01258	46-1728356	501(C)(3)	25,000.	0.			GENERAL FARM/GARDENS SUPPORT
GREENAGERS, INC. PO BOX 157 SOUTH EGREMONT, MA 01258	46-1728356	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GREENLOCK THERAPEUTIC RIDING CENTER, INC. - 55 SUMMER STREET - REHOBOTH, MA 02769-2221	22-3017971	501(C)(3)	500.	0.			GENERAL PURPOSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENLOCK THERAPEUTIC RIDING CENTER, INC. - 55 SUMMER STREET - REHOBOTH, MA 02769-2221	22-3017971	501(C)(3)	5,000.	0.			SUPPORT OF THE 30TH ANNIVERSARY
GREENLOCK THERAPEUTIC RIDING CENTER, INC. - 55 SUMMER STREET - REHOBOTH, MA 02769-2221	22-3017971	501(C)(3)	1,500.	0.			GENERAL SUPPORT
GREENLOCK THERAPEUTIC RIDING CENTER, INC. - 55 SUMMER STREET - REHOBOTH, MA 02769-2221	22-3017971	501(C)(3)	808.	0.			PROGRAM SUPPORT
GREENVILLE PUBLIC LIBRARY 573 PUTNAM PIKE GREENVILLE, RI 02828	05-0297407	501(C)(3)	2,856.	0.			HISTORIC
GREENVILLE PUBLIC LIBRARY 573 PUTNAM PIKE GREENVILLE, RI 02828	05-0297407	501(C)(3)	7,563.	0.			GENERAL OPERATING
GROW SMART RHODE ISLAND 144 WESTMINSTER ST., SUITE 303 PROVIDENCE, RI 02903	05-0499148	501(C)(3)	17,000.	0.			DEVELOPING A NEW 3 YEAR STRATEGIC PLAN FOR GROW SMART RI
GROW SMART RHODE ISLAND 144 WESTMINSTER ST., SUITE 303 PROVIDENCE, RI 02903	05-0499148	501(C)(3)	5,000.	0.			FIGHT AGAINST FOREST LANDS BEING USED FOR SOLAR FARMS
GROW SMART RHODE ISLAND 144 WESTMINSTER ST., SUITE 303 PROVIDENCE, RI 02903	05-0499148	501(C)(3)	500.	0.			GENERAL SUPPORT
GROW SMART RHODE ISLAND 144 WESTMINSTER ST., SUITE 303 PROVIDENCE, RI 02903	05-0499148	501(C)(3)	1,750.	0.			GROW SMART RI'S TRANSPORTATION POLICY REFORM WORK

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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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GROW SMART RHODE ISLAND 144 WESTMINSTER ST., SUITE 303 PROVIDENCE, RI 02903	05-0499148	501(C)(3)	1,000.	0.			RI'S PUBLIC TRANSPORTATION POLICY REFORM WORK
GROW SMART RHODE ISLAND 144 WESTMINSTER ST., SUITE 303 PROVIDENCE, RI 02903	05-0499148	501(C)(3)	12,000.	0.			GENERAL SUPPORT
GROW SMART RHODE ISLAND 144 WESTMINSTER ST., SUITE 303 PROVIDENCE, RI 02903	05-0499148	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	13-1854606	501(C)(3)	85,323.	0.			GENERAL OPERATING
HABITAT FOR HUMANITY NORTH CENTRAL MASSACHUSETTS - 201 GREAT ROAD, SUITE #301 - ACTON, MA 01720	04-2999854	501(C)(3)	75,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF WEST BAY & NORTHERN RI - PO BOX 6743 - WARWICK, RI 02887	05-0458404	501(C)(3)	6,000.	0.			DONATION
HAITIAN BAPTIST CHURCH OF RHODE ISLAND - 12 LINCOLN AVENUE - CRANSTON, RI 02920	13-5563018	501(C)(3)	12,000.	0.			NON PROFIT SUPPORT FUNDS
HAITIAN BAPTIST CHURCH OF RHODE ISLAND - 12 LINCOLN AVENUE - CRANSTON, RI 02920	13-5563018	501(C)(3)	5,000.	0.			THE MANNA FOOD PANTRY PROJECT-CHILDRINE BALTAZAR HARVEST
HALLWORTH HOUSE 66 BENEFIT STREET PROVIDENCE, RI 02904	05-0395439	501(C)(3)	30,000.	0.			COVID 19 ASSISTANCE

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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HAMILTON HOUSE 276 ANGELL STREET PROVIDENCE, RI 02906	23-7188201	501(C)(3)	10,000.	0.			PROGRAMMING SUPPORT
HAMILTON HOUSE 276 ANGELL STREET PROVIDENCE, RI 02906	23-7188201	501(C)(3)	10,000.	0.			TO BE USED AT THE DISCRETION OF JESSICA HALEY, EXECUTIVE DIRECTOR
HAMILTON HOUSE 276 ANGELL STREET PROVIDENCE, RI 02906	23-7188201	501(C)(3)	10,000.	0.			ZOOM CLASSES
HAMILTON HOUSE 276 ANGELL STREET PROVIDENCE, RI 02906	23-7188201	501(C)(3)	1,800.	0.			GENERAL SUPPORT
HARMONY HILL SCHOOL 63 HARMONY HILL ROAD CHEPACHET, RI 02814	05-0369168	501(C)(3)	100,000.	0.			HARMONY HILL BEHAVIORAL HEALTH COVID19
HASBRO CHILDREN'S HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	35,000.	0.			GUIDING PEDIATRIC TRANSITION- CHILDREN'S NEURODEVELOPMENT CENTER
HASBRO CHILDREN'S HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	45,998.	0.			PROGRAM SUPPORT
HAVEN OF GRACE MINISTRIES, INC. PO BOX 224 WOONSOCKET, RI 02895	05-0461293	501(C)(3)	20,000.	0.			DONATION
HAVEN OF GRACE MINISTRIES, INC. PO BOX 224 WOONSOCKET, RI 02895	05-0461293	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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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HBC AFFORDABLE APARTMENTS PO BOX 484 BLOCK ISLAND, RI 02807	82-3576920	501(C)(3)	400,000.	0.			BLOCK ISLAND SOLAR INITIATIVE
HBC AFFORDABLE APARTMENTS PO BOX 484 BLOCK ISLAND, RI 02807	82-3576920	501(C)(3)	400,000.	0.			BLOCK ISLAND SOLAR INITIATIVE
HBC AFFORDABLE APARTMENTS PO BOX 484 BLOCK ISLAND, RI 02807	82-3576920	501(C)(3)	200,000.	0.			SOLAR INITIATIVE WORK
HEALTHCENTRIC ADVISORS, INC. 235 PROMENADE STREET, SUITE 500, BO PROVIDENCE, RI 02908	05-0487616	501(C)(3)	30,000.	0.			DIGITAL PLATFORM FOR COVID-19 TRACKING
HEATHER ABBOTT FOUNDATION 181 BELLEVUE AVENUE, #407 NEWPORT, RI 02840-3989	47-2475200	501(C)(3)	250.	0.			GENERAL PURPOSE
HEATHER ABBOTT FOUNDATION 181 BELLEVUE AVENUE, #407 NEWPORT, RI 02840-3989	47-2475200	501(C)(3)	7,060.	0.			SUPPORT FOR PROSTHESES PROGRAM FOR VICTIMS OF TRAUMATIC LIMB LOSS
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	3,000.	0.			GREATEST NEED
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	3,000.	0.			WHEREVER NEEDED MOST
HELPUADOPT.ORG PO BOX 787 NEW YORK, NY 10150	20-8823606	501(C)(3)	9,000.	0.			GENERAL SUPPORT

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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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HERA EDUCATIONAL FOUNDATION INC. PO BOX 336 WAKEFIELD, RI 02880	51-0137529	501(C)(3)	8,000.	0.			THE GREEN STITCH: KNITTING COMMUNITY TOGETHER
HERITAGE HARBOR CORPORATION 1445 WAMPANOAG TRAIL, SUITE 201 RIVERSIDE, RI 02915	05-0384641	501(C)(3)	250,000.	0.			REQUEST FROM FLEXIBLE ENDOWMENT FUND
HERITAGE HARBOR CORPORATION 1445 WAMPANOAG TRAIL, SUITE 201 RIVERSIDE, RI 02915	05-0384641	501(C)(3)	165,883.	0.			GENERAL OPERATING
HERRESHOFF MARINE MUSEUM ONE BURNSIDE STREET BRISTOL, RI 02809-0450	23-7102744	501(C)(3)	300.	0.			ANNUAL FUND
HERRESHOFF MARINE MUSEUM ONE BURNSIDE STREET BRISTOL, RI 02809-0450	23-7102744	501(C)(3)	12,277.	0.			GENERAL OPERATING
HIAS, INC. 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	13-5633307	501(C)(3)	1,000.	0.			GENERAL OPERATIONS SUPPORT
HIAS, INC. 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	13-5633307	501(C)(3)	500.	0.			SUPPORT THE ORGANIZATIONS MISSION
HIAS, INC. 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	13-5633307	501(C)(3)	500.	0.			WHEREVER MOST NEEDED
HIAS, INC. 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	13-5633307	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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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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HIGHER GROUND INTERNATIONAL PO BOX 41166 PROVIDENCE, RI 02940	11-3842652	501(C)(3)	45,491.	0.			CULTURALLY RESPONSIVE EXPANDED COMMUNITY COVID-19 RELIEF EFFORTS
HIGHER GROUND INTERNATIONAL PO BOX 41166 PROVIDENCE, RI 02940	11-3842652	501(C)(3)	1,000.	0.			FOR THE RHODE ISLAND CENTER
HIGHER GROUND INTERNATIONAL PO BOX 41166 PROVIDENCE, RI 02940	11-3842652	501(C)(3)	50,000.	0.			HGI SWEETIE CARE AFRICAN IMMIGRANT / REFUGEE ELDERS - COVID-19 OPERATION SUPPORT
HIGHER GROUND INTERNATIONAL PO BOX 41166 PROVIDENCE, RI 02940	11-3842652	501(C)(3)	5,000.	0.			HIGHER GROUND INTERNATIONAL COVID-19 CULTURALLY RESPONSIVE COMMUNITY OUTREACH
HIGHLANDER CHARTER SCHOOL 42 LEXINGTON AVENUE PROVIDENCE, RI 02907	05-0517389	501(C)(3)	8,850.	0.			DEVELOPMENT OF STRATEGY MAPPING FRAMEWORK
HIGHLANDER CHARTER SCHOOL 42 LEXINGTON AVENUE PROVIDENCE, RI 02907	05-0517389	501(C)(3)	20,000.	0.			HIGHLANDER CHARTER XQ+RI CHALLENGE: MOMENTUM SCHOOL
HILLEL FOUNDATION AT UNIVERSITY OF RHODE ISLAND - 6 FRATERNITY CIRCLE - KINGSTON, RI 02881	05-6019148	501(C)(3)	3,000.	0.			GENERAL PURPOSE
HILLEL FOUNDATION AT UNIVERSITY OF RHODE ISLAND - 6 FRATERNITY CIRCLE - KINGSTON, RI 02881	05-6019148	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HOLY TRINITY MONASTERY P. O. BOX 36 JORDANVILLE, NY 13361-0036	15-0564075	501(C)(3)	45,116.	0.			PROGRAM SUPPORT

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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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HOPE & MAIN 691 MAIN STREET WARREN, RI 02885	27-2917974	501(C)(3)	75,000.	0.			NOURISH OUR NEIGHBORS (EAST BAY)
HOPE ALZHEIMER'S CENTER 25 BRAYTON AVENUE CRANSTON, RI 02920	05-0478448	501(C)(3)	30,425.	0.			BRIGHTER HOURS, FULLER DAYS, RICHER LIVES" "
HOPE ALZHEIMER'S CENTER 25 BRAYTON AVENUE CRANSTON, RI 02920	05-0478448	501(C)(3)	1,000.	0.			GENERAL SUPPORT
HOPE ALZHEIMER'S CENTER 25 BRAYTON AVENUE CRANSTON, RI 02920	05-0478448	501(C)(3)	8,184.	0.			GENERAL OPERATING
HOPE ASSOCIATES PO BOX 416 HOPE, RI 02831	05-0389937	501(C)(3)	10,515.	0.			GENERAL OPERATING
HOPE RECOVERY NETWORK, INC. 8 NICOLE LANE JOHNSTON, RI 02919	83-3736772	501(C)(3)	5,000.	0.			HOUSING ASSISTANCE
HOPE RECOVERY NETWORK, INC. 8 NICOLE LANE JOHNSTON, RI 02919	83-3736772	501(C)(3)	50,000.	0.			RECOVERY HOUSING RELIEF
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	1,000.	0.			ANNUAL FUND
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	5,000.	0.			ARTHUR S. ROBBINS HOPE FUND

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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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HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	1,000.	0.			'CONNECTING TOGETHER'
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	50,000.	0.			COVID-19 CARE FUND: EMERGENCY RESPONSE FUND
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	50,000.	0.			DONATION
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	250.	0.			GENERAL FUND
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	1,000.	0.			GENERAL PURPOSE
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	2,190.	0.			GRIEF SUPPORT PROGRAMS FOR SOUTH KINGSTOWN AREA RESIDENTS
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	1,500.	0.			HOPE HEALTH CELEBRATION OF HOPE & GRATITUDE
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	1,000.	0.			PALLIATIVE CARE PROGRAM
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	45,185.	0.			PROVIDING EXCELLENCE IN PALLIATIVE CARE FOR RHODE ISLAND PATIENTS

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HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	34,950.	0.			GENERAL SUPPORT
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	77,160.	0.			GENERAL OPERATING
HOPEHEALTH HOSPICE & PALLIATIVE CARE - 1085 NORTH MAIN STREET - PROVIDENCE, RI 02904	51-0192422	501(C)(3)	13,712.	0.			PROGRAM SUPPORT
HORIZON HEALTHCARE PARTNERS 971 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	45-2131381	501(C)(3)	75,000.	0.			MAINTAINING THE PSYCHOLOGICAL HEALTH & WELL-BEING OF FRONT LINE BEHAVIORAL HEALTH STAFF
HORSE PLAY PO BOX 305 SAUNDERSTOWN, RI 02874	05-0506340	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151	501(C)(3)	2,500.	0.			BOARD CHAIR/ED COACHING PROGRAM - MINI GRANT
HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151	501(C)(3)	75,000.	0.			COVID-19 SUPPORT
HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151	501(C)(3)	75,000.	0.			EMERGENCY COVID HOUSING OPPORTUNITIES
HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151	501(C)(3)	25,000.	0.			HOMELESS MOTHERS AND THEIR CHILDREN

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HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151	501(C)(3)	10,000.	0.			MEETING AGENCY-WIDE BASIC NEEDS
HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151	501(C)(3)	10,000.	0.			THE NEED FOR SHELTER
HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 3188 POST ROAD - WARWICK, RI 02886	05-0448151	501(C)(3)	1,000.	0.			GENERAL SUPPORT
HOUSING NETWORK OF RHODE ISLAND 1070 MAIN STREET, SUITE 304 PAWTUCKET, RI 02860	05-0465216	501(C)(3)	15,000.	0.			HNRI EMERGENCY HOUSING STABILIZATION FUND
HOUSING NETWORK OF RHODE ISLAND 1070 MAIN STREET, SUITE 304 PAWTUCKET, RI 02860	05-0465216	501(C)(3)	50,000.	0.			HOMES RI COMMUNICATIONS SUPPORT
HOUSING NETWORK OF RHODE ISLAND 1070 MAIN STREET, SUITE 304 PAWTUCKET, RI 02860	05-0465216	501(C)(3)	30,000.	0.			OUTREACH AND AWARENESS CAMPAIGN
HOUSING NETWORK OF RHODE ISLAND 1070 MAIN STREET, SUITE 304 PAWTUCKET, RI 02860	05-0465216	501(C)(3)	39,500.	0.			SAFE HARBOR APPLICATION PROCESSING SITE
INDIAN RIVER HABITAT FOR HUMANITY 4568 NORTH U.S. HIGHWAY 1 VERO BEACH, FL 32967	65-0230079	501(C)(3)	10,000.	0.			ORCHID ISLAND HABITAT FUND
INDIAN RIVER MEMORIAL HOSPITAL, INC. - 1000 36TH STREET - VERO BEACH, FL 32960	59-2496294	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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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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IN-SIGHT 43 JEFFERSON BOULEVARD WARWICK, RI 02888	05-0272278	501(C)(3)	75,000.	0.			VISION REHABILITATION PROGRAMS
IN-SIGHT 43 JEFFERSON BOULEVARD WARWICK, RI 02888	05-0272278	501(C)(3)	1,525.	0.			VISUALLY IMPAIRED
IN-SIGHT 43 JEFFERSON BOULEVARD WARWICK, RI 02888	05-0272278	501(C)(3)	100.	0.			GENERAL SUPPORT
IN-SIGHT 43 JEFFERSON BOULEVARD WARWICK, RI 02888	05-0272278	501(C)(3)	74,489.	0.			GENERAL OPERATING
IN-SIGHT 43 JEFFERSON BOULEVARD WARWICK, RI 02888	05-0272278	501(C)(3)	17,463.	0.			PROGRAM SUPPORT
INSPIRING MINDS 190 BROAD STREET, 2W PROVIDENCE, RI 02903	05-0310175	501(C)(3)	37,928.	0.			EDUCATIONAL SUPPORT SERVICES FOR HOMELESS YOUTH IN PROVIDENCE PUBLIC SCHOOLS
INSPIRING MINDS 190 BROAD STREET, 2W PROVIDENCE, RI 02903	05-0310175	501(C)(3)	1,000.	0.			GENERAL PURPOSE GRANT
INSPIRING MINDS 190 BROAD STREET, 2W PROVIDENCE, RI 02903	05-0310175	501(C)(3)	1,500.	0.			IN SCHOOL TUTORING AND MENTORING PROGRAMS
INSPIRING MINDS 190 BROAD STREET, 2W PROVIDENCE, RI 02903	05-0310175	501(C)(3)	51,150.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSPIRING MINDS 190 BROAD STREET, 2W PROVIDENCE, RI 02903	05-0310175	501(C)(3)	2,223.	0.			GENERAL OPERATING
INTERFAITH COUNSELING CENTER ONE RICHMOND SQUARE, SUITE 106K PROVIDENCE, RI 02906	05-0357815	501(C)(3)	30,768.	0.			CLIENT CARE
INTERFAITH COUNSELING CENTER ONE RICHMOND SQUARE, SUITE 106K PROVIDENCE, RI 02906	05-0357815	501(C)(3)	25,000.	0.			COMMUNITY CARE
INTERFAITH COUNSELING CENTER ONE RICHMOND SQUARE, SUITE 106K PROVIDENCE, RI 02906	05-0357815	501(C)(3)	2,500.	0.			GENERAL USE
INTERMOUNTAIN PLANNED PARENTHOOD 1116 GRAND AVENUE, SUITE 201 BILLINGS, MT 59102	81-0307201	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL HOUSE OF RHODE ISLAND, INC. - 8 STIMSON AVENUE - PROVIDENCE, RI 02906	05-0305666	501(C)(3)	65,003.	0.			GENERAL OPERATING
INTERNATIONAL TENNIS HALL OF FAME 194 BELLEVUE AVENUE NEWPORT, RI 02840	13-6144356	501(C)(3)	500.	0.			AREA OF GREATEST NEED
INTERNATIONAL TENNIS HALL OF FAME 194 BELLEVUE AVENUE NEWPORT, RI 02840	13-6144356	501(C)(3)	5,000.	0.			GENERAL SUPPORT
INTERNATIONAL TENNIS HALL OF FAME 194 BELLEVUE AVENUE NEWPORT, RI 02840	13-6144356	501(C)(3)	3,792.	0.			GENERAL OPERATING

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ISLAND FREE LIBRARY BOARD OF TRUSTEES - 9 DODGE STREET - BLOCK ISLAND, RI 02807	05-0468220	501(C)(3)	2,500.	0.			BLOCK ISLAND COLLECTION CONTINUED DIGITIZATION
ISLAND FREE LIBRARY BOARD OF TRUSTEES - 9 DODGE STREET - BLOCK ISLAND, RI 02807	05-0468220	501(C)(3)	2,657.	0.			GENERAL OPERATING
ISLAND MOVING COMPANY 3 CHARLES STREET NEWPORT, RI 02840	22-2587551	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
ISLAND MOVING COMPANY 3 CHARLES STREET NEWPORT, RI 02840	22-2587551	501(C)(3)	5,000.	0.			EXPANDING MOVEMENT BASED ARTS-LEARNING TO NEWPORT COUNTY SCHOOLS
ISLAND MOVING COMPANY 3 CHARLES STREET NEWPORT, RI 02840	22-2587551	501(C)(3)	1,000.	0.			IMC BALLET DURING COVID-19
ISLAND MOVING COMPANY 3 CHARLES STREET NEWPORT, RI 02840	22-2587551	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT FOR IMC
J. ARTHUR TRUDEAU MEMORIAL CENTER 3445 POST ROAD WARWICK, RI 02886	05-0310093	501(C)(3)	50,000.	0.			OPERATING SUPPORT GRANT TO SUSTAIN CHILDREN'S DEPARTMENT INFRASTRUCTURE AND WORKFORCE
JAMES L. MAHER CENTER 906 AQUIDNECK AVENUE MIDDLETOWN, RI 02842	05-0312798	501(C)(3)	50,000.	0.			ENHANCING BEHAVIORAL HEALTH AND THERAPEUTIC PROGRAMMING FOR PEOPLE WITH DISABILITIES
JAMES L. MAHER CENTER 906 AQUIDNECK AVENUE MIDDLETOWN, RI 02842	05-0312798	501(C)(3)	10,000.	0.			PERSON-CENTERED EMPLOYMENT

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JAMES L. MAHER CENTER 906 AQUIDNECK AVENUE MIDDLETOWN, RI 02842	05-0312798	501(C)(3)	50,000.	0.			PROVIDING ESSENTIAL HUMAN SERVICES AMID COVID-19 RESPONSE CHALLENGES
JAMES L. MAHER CENTER 906 AQUIDNECK AVENUE MIDDLETOWN, RI 02842	05-0312798	501(C)(3)	451.	0.			GENERAL OPERATING
JAMESTOWN COMMUNITY FOOD PANTRY 99 NARRAGANSETT AVENUE JAMESTOWN, RI 02835	83-3988191	501(C)(3)	20,000.	0.			KEEPING JAMESTOWN FED
JAMESTOWN COMMUNITY FOOD PANTRY 99 NARRAGANSETT AVENUE JAMESTOWN, RI 02835	83-3988191	501(C)(3)	10,000.	0.			NO ONE GOES HUNGRY
JAMESTOWN COMMUNITY FOOD PANTRY 99 NARRAGANSETT AVENUE JAMESTOWN, RI 02835	83-3988191	501(C)(3)	250.	0.			GENERAL SUPPORT
JAMESTOWN HISTORICAL SOCIETY P.O. BOX 156 JAMESTOWN, RI 02835	05-6017148	501(C)(3)	16,836.	0.			GENERAL OPERATING
JAMESTOWN HISTORICAL SOCIETY P.O. BOX 156 JAMESTOWN, RI 02835	05-6017148	501(C)(3)	903.	0.			PROGRAM SUPPORT
JAMESTOWN PHILOMENIAN LIBRARY 26 NORTH ROAD JAMESTOWN, RI 02835	23-7025094	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
JAMESTOWN PHILOMENIAN LIBRARY 26 NORTH ROAD JAMESTOWN, RI 02835	23-7025094	501(C)(3)	11,659.	0.			GENERAL OPERATING

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JAMMAT HOUSING & COMMUNITY DEVELOPMENT CORP. - 801 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0463993	501(C)(3)	25,539.	0.			RESILIENCE - SERVICE COMMITMENT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	20,000.	0.			COVID RELIEF FUND/GENERAL SUPPORT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	12,000.	0.			2020 CAMPAIGN DONATION
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	70,000.	0.			ANNUAL CAMPAIGN
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	10,000.	0.			ANNUAL CAMPAIGN
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	7,500.	0.			ANNUAL CAMPAIGN
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	2,750.	0.			ANNUAL GIFT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	3,000.	0.			ANNUAL SUPPORT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	3,500.	0.			AS A GENERAL PURPOSE GRANT

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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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JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	5,000.	0.			AS A GIFT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	10,000.	0.			BUILDING AN ALLIANCE THROUGH ART: A COMMUNITY ART PROJECT FOR GREATER RHODE ISLAND
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	5,000.	0.			COVID 19 RELIEF RECOVERY FUND
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	3,000.	0.			EARLY CHILDHOOD CLASSROOM
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	10,000.	0.			EXPANDING BEYOND THE REACH OF TRADITIONAL MEDIA
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	1,000.	0.			FOOD ASSISTANCE
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	12,000.	0.			FULFILLING COMMITMENT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	800.	0.			MARCH OF THE LIVING/BIRTHRIGHT ISRAEL PROGRAM
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	20,000.	0.			PJ LIBRARY

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JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	60,000.	0.			RI INTERFAITH COALITION TO REDUCE POVERTY
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	19,500.	0.			GENERAL SUPPORT
JEWISH ALLIANCE OF GREATER RHODE ISLAND - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906	27-4127671	501(C)(3)	114.	0.			PROGRAM SUPPORT
JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904	82-2962600	501(C)(3)	5,000.	0.			FINANCIAL ASSISTANCE FOR BASIC NEEDS
JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904	82-2962600	501(C)(3)	5,000.	0.			GENERAL PURPOSE GRANT
JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904	82-2962600	501(C)(3)	75,000.	0.			JCS COVID-19 INITIATIVE
JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904	82-2962600	501(C)(3)	500.	0.			WOLF FUND AT JCS
JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904	82-2962600	501(C)(3)	24,100.	0.			GENERAL SUPPORT
JEWISH COLLABORATIVE SERVICES 1165 NORTH MAIN STREET PROVIDENCE, RI 02904	82-2962600	501(C)(3)	5,300.	0.			PROGRAM SUPPORT

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JEWISH COMMUNITY DAY SCHOOL OF RHODE ISLAND - 85 TAFT AVENUE - PROVIDENCE, RI 02906	45-3007322	501(C)(3)	5,000.	0.			PARTNERS IN PEACE PROGRAM
JEWISH COMMUNITY DAY SCHOOL OF RHODE ISLAND - 85 TAFT AVENUE - PROVIDENCE, RI 02906	45-3007322	501(C)(3)	10,000.	0.			PARTNERS IN PEACE PROGRAM
JEWISH FAMILY & CHILDREN'S SERVICE 1430 MAIN STREET WALTHAM, MA 02451	04-2104356	501(C)(3)	25,000.	0.			CHAI DISABILITY SERVICES
JEWISH FEDERATION OF PALM BEACH COUNTY - 1 HARVARD CIRCLE, SUITE 100 - WEST PALM BEACH, FL 33409	59-0948696	501(C)(3)	6,000.	0.			GENERAL SUPPORT
JOHN C. CAMPBELL FOLK SCHOOL ONE FOLK SCHOOL ROAD BRASSTOWN, NC 28902	56-0552780	501(C)(3)	10,000.	0.			ENDOWMENT
JOHN CLARKE RETIREMENT CENTER 600 VALLEY ROAD MIDDLETOWN, RI 02842	05-0382511	501(C)(3)	40,000.	0.			COVID-19 SUPPORT PROGRAM
JOHN HOPE SETTLEMENT HOUSE 7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903-4046	05-0258882	501(C)(3)	10,000.	0.			PLAYGROUND SAFETY UPGRADE
JOHN HOPE SETTLEMENT HOUSE 7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903-4046	05-0258882	501(C)(3)	4,436.	0.			GENERAL OPERATING
JOHN P. BURKE MEMORIAL FUND, INC 1 BUTTON HOLE DRIVE, SUITE 2 PROVIDENCE, RI 02909	05-6008795	501(C)(3)	1,000.	0.			GENERAL SUPPORT

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JOHN P. BURKE MEMORIAL FUND, INC 1 BUTTON HOLE DRIVE, SUITE 2 PROVIDENCE, RI 02909	05-6008795	501(C)(3)	4,070.	0.			GENERAL OPERATING
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	4,000.	0.			CAPITAL CAMPAIGN
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	25,000.	0.			CAPITAL DRIVE
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	55,000.	0.			COMMUNITY HEALTH OUTREACH IN PEACE DALE
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	20,000.	0.			COVID-19 RI RESPONSE
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	50,000.	0.			DONATION
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	55,000.	0.			FOOD AND NUTRITION IN A PUBLIC HEALTH CRISIS: SOUTH COUNTY
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	1,250.	0.			GENERAL PURPOSE DAILY OPERATIONS
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	15,000.	0.			PARTNERSHIP FOR NATIVE CENSUS COMPLETION

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JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	10,000.	0.			PURCHASE ESSENTIAL ITEMS
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	50,000.	0.			STRENGTHENING THE SAFETY NET IN SOUTH COUNTY
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	5,000.	0.			SUSTAINING PROJECTS
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	11,205.	0.			GENERAL SUPPORT
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	3,841.	0.			GENERAL OPERATING
JONNYCAKE CENTER OF PEACE DALE 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	05-0374356	501(C)(3)	8,000.	0.			GENERAL PROGRAM SUPPORT
JONNYCAKE CENTER OF WESTERLY, INC. 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501(C)(3)	20,000.	0.			COVID-19 SUPPORT
JONNYCAKE CENTER OF WESTERLY, INC. 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501(C)(3)	3,500.	0.			FOOD FOR CHILDREN AND FAMILIES IN NEED
JONNYCAKE CENTER OF WESTERLY, INC. 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501(C)(3)	10,000.	0.			PURCHASE ESSENTIAL ITEMS

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JONNYCAKE CENTER OF WESTERLY, INC. 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501(C)(3)	300.	0.			PURCHASE OF GIFT CARDS FOR FAMILIES
JONNYCAKE CENTER OF WESTERLY, INC. 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501(C)(3)	20,000.	0.			GENERAL SUPPORT
JONNYCAKE CENTER OF WESTERLY, INC. 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	05-0367687	501(C)(3)	359.	0.			GENERAL OPERATING
JOY IN CHILDHOOD FOUNDATION, INC. 130 ROYALL STREET CANTON, MA 02021	26-0593784	501(C)(3)	10,000.	0.			GENERAL PURPOSE GRANT
JUSTICE ASSISTANCE 943 PARK AVENUE CRANSTON, RI 02910-2721	05-0379917	501(C)(3)	15,000.	0.			DONATION
JUSTICE ASSISTANCE 943 PARK AVENUE CRANSTON, RI 02910-2721	05-0379917	501(C)(3)	2,747.	0.			GENERAL OPERATING
KATIE BROWN EDUCATIONAL PROGRAM 209 BEDFORD STREET, SUITE 302 FALL RIVER, MA 02720	45-0480658	501(C)(3)	6,500.	0.			RELATIONSHIP VIOLENCE PREVENTION EDUCATION IN NEWPORT COUNTY
KATIE BROWN EDUCATIONAL PROGRAM 209 BEDFORD STREET, SUITE 302 FALL RIVER, MA 02720	45-0480658	501(C)(3)	1,000.	0.			UNRESTRICTED SUPPORT
KEN & MABEL BRACE FOUNDATION, INC. 29 TURNER STREET NORFOLK, MA 02184	81-4247760	501(C)(3)	50,000.	0.			GENERAL SUPPORT

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KENT COUNTY MEMORIAL HOSPITAL 455 TOLL GATE ROAD WARWICK, RI 02886	05-0258896	501(C)(3)	5,000.	0.			ANNUAL GIFT
KENT COUNTY MEMORIAL HOSPITAL 455 TOLL GATE ROAD WARWICK, RI 02886	05-0258896	501(C)(3)	250.	0.			GENERAL SUPPORT
KENT COUNTY MEMORIAL HOSPITAL 455 TOLL GATE ROAD WARWICK, RI 02886	05-0258896	501(C)(3)	21,353.	0.			GENERAL OPERATING
KENT COUNTY MEMORIAL HOSPITAL 455 TOLL GATE ROAD WARWICK, RI 02886	05-0258896	501(C)(3)	34,929.	0.			PROGRAM SUPPORT
KEY PROGRAM, INC. 670 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701	04-2539878	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KINGSTON CHAMBER MUSIC FESTIVAL PO BOX 1733 KINGSTON, RI 02881	05-0475910	501(C)(3)	6,000.	0.			GENERAL SUPPORT
KINGSTON CHAMBER MUSIC FESTIVAL PO BOX 1733 KINGSTON, RI 02881	05-0475910	501(C)(3)	15,520.	0.			GENERAL OPERATING
KINGSTON CONGREGATIONAL CHURCH 2610 KINGSTOWN ROAD KINGSTON, RI 02881	05-0302018	REL	6,000.	0.			EXTERIOR PAINTING AND MAINTENANCE
KINGSTON IMPROVEMENT ASSOCIATION P.O. BOX 141 KINGSTON, RI 02881	05-6013878	501(C)(3)	13,500.	0.			KIA PROJECTS AND IMPROVEMENTS FOR THE VILLAGE OF KINGSTON

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LATINO PUBLIC RADIO 1246 CRANSTON STREET CRANSTON, RI 02920	20-5823948	501(C)(3)	6,000.	0.			CENSUS 2020 RI COUNTS ON YOU(RI CUENTA CONTIGO)
LEARNING COMMUNITY CHARTER SCHOOL, INC. - 21 LINCOLN AVENUE - CENTRAL FALLS, RI 02863	47-0942849	501(C)(3)	7,500.	0.			FAMILY HEALTH AND WELLNESS INITIATIVE
LEARNING COMMUNITY CHARTER SCHOOL, INC. - 21 LINCOLN AVENUE - CENTRAL FALLS, RI 02863	47-0942849	501(C)(3)	20,000.	0.			LEARNING COMMUNITY XQ+RI CHALLENGE: MOMENTUM SCHOOL
LEARNING COMMUNITY CHARTER SCHOOL, INC. - 21 LINCOLN AVENUE - CENTRAL FALLS, RI 02863	47-0942849	501(C)(3)	4,500.	0.			GENERAL SUPPORT
LEE INITIATIVE, INC. 610 WEST MAGNOLIA AVENUE LOUISVILLE, KY 40208	82-3884798	501(C)(3)	50,000.	0.			GENERAL SUPPORT
LEUKEMIA AND LYMPHOMA SOCIETY, INC. - 3 INTERNATIONAL DRIVE, SUITE 200 - RYE BROOK, NY 10573	13-5644916	501(C)(3)	1,800.	0.			LIGHT THE NIGHT FUNDRAISER
LEUKEMIA AND LYMPHOMA SOCIETY, INC. - 3 INTERNATIONAL DRIVE, SUITE 200 - RYE BROOK, NY 10573	13-5644916	501(C)(3)	50.	0.			MATCHING CONTRIBUTION
LEUKEMIA AND LYMPHOMA SOCIETY, INC. - 3 INTERNATIONAL DRIVE, SUITE 200 - RYE BROOK, NY 10573	13-5644916	501(C)(3)	2,000.	0.			SUSTAINING PROJECTS
LEUKEMIA AND LYMPHOMA SOCIETY, INC. - 3 INTERNATIONAL DRIVE, SUITE 200 - RYE BROOK, NY 10573	13-5644916	501(C)(3)	152,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA AND LYMPHOMA SOCIETY 70 WALNUT STREET, SUITE 301 WELLESLEY, MA 02481	13-5644916	501(C)(3)	150,000.	0.			MA CHAPTER
LIFESPAN FOUNDATION 167 POINT STREET PROVIDENCE, RI 02903	05-0493219	501(C)(3)	2,500.	0.			COVID-19 EMPLOYEE SUPPORT FUND
LIFESPAN FOUNDATION 167 POINT STREET PROVIDENCE, RI 02903	05-0493219	501(C)(3)	20,000.	0.			COVID 19 FUND AT LIFESPAN
LIFESPAN FOUNDATION 167 POINT STREET PROVIDENCE, RI 02903	05-0493219	501(C)(3)	25,000.	0.			LIFESPAN'S EMERGENCY PREPAREDNESS FUND
LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501(C)(3)	350.	0.			ANNUAL FUND
LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501(C)(3)	4,000.	0.			EDUCATION FOR GIRLS
LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501(C)(3)	694.	0.			GENERAL SUPPORT
LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501(C)(3)	102,632.	0.			GENERAL OPERATING

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LINCOLN SCHOOL 301 BUTLER AVENUE PROVIDENCE, RI 02906	05-0258900	501(C)(3)	117,618.	0.			PROGRAM SUPPORT
LINN HEALTH AND REHABILITATION 30 ALEXANDER AVENUE EAST PROVIDENCE, RI 02914	05-0500899	501(C)(3)	25,500.	0.			LINN HEALTH & REHABILITATION COVID-19 STAFFING & PPE
LITTLE COMPTON COMMUNITY CENTER PO BOX 926 LITTLE COMPTON, RI 02837	05-0465899	501(C)(3)	5,000.	0.			CARTER CHALLENGE
LITTLE COMPTON COMMUNITY CENTER PO BOX 926 LITTLE COMPTON, RI 02837	05-0465899	501(C)(3)	10,000.	0.			LITTLE COMPTON HOLIDAY CONCERT
LITTLE COMPTON COMMUNITY CENTER PO BOX 926 LITTLE COMPTON, RI 02837	05-0465899	501(C)(3)	10,000.	0.			SENIOR LUNCH PROGRAM AND GENERATION COLLABORATION INITIATIVE
LITTLE COMPTON COMMUNITY CENTER PO BOX 926 LITTLE COMPTON, RI 02837	05-0465899	501(C)(3)	28,500.	0.			GENERAL SUPPORT
LITTLE COMPTON HISTORICAL SOCIETY, INC. - PO BOX 577 - LITTLE COMPTON, RI 02837	05-6010240	501(C)(3)	750.	0.			WOMEN'S HISTORY PROJECT
LITTLE COMPTON HISTORICAL SOCIETY, INC. - PO BOX 577 - LITTLE COMPTON, RI 02837	05-6010240	501(C)(3)	52,200.	0.			GENERAL SUPPORT
LITTLE COMPTON UNITED CONGREGATIONAL CHURCH - PO BOX 506 - LITTLE COMPTON, RI 02837	05-6011792	501(C)(3)	500.	0.			PROJECT WELCOME

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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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LITTLE COMPTON UNITED CONGREGATIONAL CHURCH - PO BOX 506 - LITTLE COMPTON, RI 02837	05-6011792	501(C)(3)	175,000.	0.			PROJECT WELCOME REPAIRS AND MAINTENANCE
LITTLE COMPTON UNITED CONGREGATIONAL CHURCH - PO BOX 506 - LITTLE COMPTON, RI 02837	05-6011792	501(C)(3)	3,000.	0.			RESPONDING TO THE COVID-19 CRISIS
LITTLE COMPTON UNITED CONGREGATIONAL CHURCH - PO BOX 506 - LITTLE COMPTON, RI 02837	05-6011792	501(C)(3)	2,000.	0.			GENERAL SUPPORT
LITTLE COMPTON UNITED CONGREGATIONAL CHURCH - PO BOX 506 - LITTLE COMPTON, RI 02837	05-6011792	501(C)(3)	7,086.	0.			PROGRAM SUPPORT
LITTLE PEOPLES SCHOOL 1507 WASHINGTON STREET WEST NEWTON, MA 02465	23-7068067	501(C)(3)	25,000.	0.			LEARNING PREP SCHOOL
LITTLE SISTERS OF THE POOR 964 MAIN STREET PAWTUCKET, RI 02860	05-0283791	501(C)(3)	16,200.	0.			COVID-19-RELATED EXPENSES: PERSONAL PROTECTIVE EQUIPMENT, CLEANING AND SANITIZING
LITTLE SISTERS OF THE POOR 964 MAIN STREET PAWTUCKET, RI 02860	05-0283791	501(C)(3)	250.	0.			GENERAL SUPPORT
LITTLE SISTERS OF THE POOR 964 MAIN STREET PAWTUCKET, RI 02860	05-0283791	501(C)(3)	7,203.	0.			GENERAL OPERATING
LMW HEALTHCARE, INC. 25 WELLS STREET WESTERLY, RI 02891	46-0543230	501(C)(3)	143.	0.			PUBLIC HEALTH

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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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LMW HEALTHCARE, INC. 25 WELLS STREET WESTERLY, RI 02891	46-0543230	501(C)(3)	19,386.	0.			GENERAL OPERATING
LMW HEALTHCARE, INC. 25 WELLS STREET WESTERLY, RI 02891	46-0543230	501(C)(3)	9,624.	0.			PROGRAM SUPPORT
LOCAL INITIATIVES SUPPORT CORPORATION - 146 CLIFFORD STREET - PROVIDENCE, RI 02903	13-3030229	501(C)(3)	75,000.	0.			HOME OWNERSHIP PILOT PROGRAM
LOCAL INITIATIVES SUPPORT CORPORATION - 146 CLIFFORD STREET - PROVIDENCE, RI 02903	13-3030229	501(C)(3)	3,194.	0.			PROGRAM SUPPORT
LOCAL MEDIA FOUNDATION PO BOX 450 LAKE CITY, MI 49651-0450	36-4427750	501(C)(3)	10,000.	0.			FOR EAST BAY MEDIA GROUP - COVID 19 LOCAL NEWS FUND
LOOKING UPWARDS, INC. 438 EAST MAIN ROAD MIDDLETOWN, RI 02842	05-0376075	501(C)(3)	10,000.	0.			THE INCREDIBLE YEARS TRAINING INITIATIVE
LOOKING UPWARDS, INC. 438 EAST MAIN ROAD MIDDLETOWN, RI 02842	05-0376075	501(C)(3)	5,848.	0.			PROGRAM SUPPORT
LOST TREE VILLAGE CHARITABLE FOUNDATION - 8 CHURCH LANE - NORTH PALM BEACH, FL 33408	59-2104920	501(C)(3)	10,000.	0.			ANNUAL FUND
LOST TREE VILLAGE CHARITABLE FOUNDATION - 8 CHURCH LANE - NORTH PALM BEACH, FL 33408	59-2104920	501(C)(3)	20,000.	0.			GENERAL SUPPORT

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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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LOWELL OBSERVATORY 1400 WEST MARS HILL ROAD FLAGSTAFF, AZ 86001	86-0098918	501(C)(3)	7,410.	0.			GENERAL SUPPORT
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT FUNDING
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	20,000.	0.			DONATION
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	2,500.	0.			GENERAL PURPOSE GRANT
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	9,500.	0.			PPE/CLEANING/STAFF
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	10,000.	0.			RESIDENTIAL PROGRAMS
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	3,500.	0.			SELF-SUFFICIENCY DURING AND POST COVID-19
LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	5,250.	0.			GENERAL SUPPORT

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LUCY'S HEARTH 19 VALLEY ROAD MIDDLETOWN, RI 02842	22-2566612	501(C)(3)	1,121.	0.			GENERAL OPERATING
MAE ORGANIZATION, INC. 61 FIELDSTONE DRIVE COVENTRY, RI 02816	36-4836852	501(C)(3)	45,000.	0.			EXPANDING FOOD DISTRIBUTION SERVICES AND PROVIDING COMMUNITY SUPPORT IN RESPONSE TO
MAKE A WISH FOUNDATION OF MA AND RI - 133 FEDERAL STREET, 2ND FLOOR - BOSTON, MA 02110	22-2867371	501(C)(3)	250.	0.			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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MANHATTAN COUNTRY SCHOOL INC 150 WEST 85TH STREET NEW YORK, NY 10024	13-2546971	501(C)(3)	10,000.	0.			MCS FARM HI-TUNNEL
MARIEVILLE NEIGHBORHOOD PARTNERSHIP - 984 CHARLES STREET - NORTH PROVIDENCE, RI 02864	83-3986414	501(C)(3)	25,000.	0.			MARIEVILLE NEIGHBORHOOD PARTNERSHIP, SERVING CHARLES STREET CORRIDOR WITH FAMILY SUPPORT
MARIEVILLE NEIGHBORHOOD PARTNERSHIP - 984 CHARLES STREET - NORTH PROVIDENCE, RI 02864	83-3986414	501(C)(3)	37,500.	0.			PROVIDING FOOD SECURITY AND RENTAL ASSISTANCE TO THE MARIEVILLE NEIGHBORHOOD AND CHARLES
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	04-1564655	501(C)(3)	10,000.	0.			ANNUAL FUND
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	04-1564655	501(C)(3)	1,000.	0.			MASS GENERAL EMERGENCY RESPONSE FUND
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	04-1564655	501(C)(3)	1,000.	0.			SUPPORT THE ORGANIZATIONS MISSION
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	04-1564655	501(C)(3)	3,000.	0.			GENERAL SUPPORT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	6,500.	0.			MARGARET A CUNNINGHAM IMMUNE MECHANISMS RESEARCH PROGRAM
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	194.	0.			GENERAL SUPPORT

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MATHEWSON STREET UNITED METHODIST CHURCH - 134 MATHEWSON STREET - PROVIDENCE, RI 02903	05-0258904	REL	20,000.	0.			COVID-19 EXPANSION EXPENSES
MATHEWSON STREET UNITED METHODIST CHURCH - 134 MATHEWSON STREET - PROVIDENCE, RI 02903	05-0258904	REL	5,000.	0.			FRIENDSHIP BREAKFAST
MATHEWSON STREET UNITED METHODIST CHURCH - 134 MATHEWSON STREET - PROVIDENCE, RI 02903	05-0258904	REL	10,000.	0.			MATHEWSON STREET BREAKFAST OUTREACH PROGRAMMING
MATHEWSON STREET UNITED METHODIST CHURCH - 134 MATHEWSON STREET - PROVIDENCE, RI 02903	05-0258904	REL	10,000.	0.			MATHEWSON STREET BREAKFAST OUTREACH PROGRAMMING
MATHEWSON STREET UNITED METHODIST CHURCH - 134 MATHEWSON STREET - PROVIDENCE, RI 02903	05-0258904	REL	20,000.	0.			MATHEWSON STREET FRIENDSHIP BREAKFAST OUTREACH PROGRAMMING
MATHEWSON STREET UNITED METHODIST CHURCH - 134 MATHEWSON STREET - PROVIDENCE, RI 02903	05-0258904	REL	400.	0.			GENERAL OPERATING
MCAULEY HOUSE 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	10,000.	0.			LUNCH ON US
MCAULEY HOUSE 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	7,206.	0.			GENERAL OPERATING
MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	500.	0.			CHAMPION GRANT

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MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	1,000.	0.			COVID 19 RELIEF
MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	25,000.	0.			DONATION
MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	45,000.	0.			EMERGENCY FUNDING FOR BASIC NEEDS
MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	60,000.	0.			HEALTHY MEALS, FOOD ASSISTANCE AND HOUSING SECURITY AT MCCAULEY HOUSE
MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	1,000.	0.			MCAULEY HOME & CARE
MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	20,083.	0.			MCAULEY HOUSE WINTER PREPARATION DURING COVID PANDEMIC
MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	1,000.	0.			MCAULEY VILLAGE
MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	25,000.	0.			MEALS PROGRAMS
MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	1,000.	0.			SHELTER AND FOOD

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MCAULEY MINISTRIES 622 ELMWOOD AVENUE PROVIDENCE, RI 02907-2000	05-0440470	501(C)(3)	22,000.	0.			GENERAL SUPPORT
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	45,000.	0.			ADDITIONAL COVID-19 RESPONSE
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	200.	0.			AS A MATCHING CONTRIBUTION
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	100.	0.			AS A MATCHING CONTRIBUTION
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	500.	0.			BLUE ACROSS RI SOCIAL MEDIA CONTEST
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	25,000.	0.			COVID-19 RI RESPONSE
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	5,000.	0.			GENERAL USES
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	5,000.	0.			HOME-DELIVERED MEAL PROGRAM
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	500.	0.			HOME-DELIVERED MEAL PROGRAM

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MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	4,000.	0.			HOME-DELIVERED MEALS FOR EAST BAY SENIORS
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	1,350.	0.			HOME-DELIVERED MEALS FOR HOMEBOUND BRISTOL SENIORS
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	4,000.	0.			MEALS ON WHEELS FOR BARRINGTON SENIORS & HOMEBOUND
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	5,000.	0.			MEALS ON WHEELS FOR NEWPORT COUNTY SENIORS
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	2,625.	0.			RHODE ISLAND FOUNDATION EMPLOYEE FUND
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	10,200.	0.			GENERAL SUPPORT
MEALS ON WHEELS OF RI INC. 70 BATH STREET PROVIDENCE, RI 02908-4849	05-0340723	501(C)(3)	27,800.	0.			GENERAL OPERATING
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	62,500.	0.			DONATION
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	3,000.	0.			GENERAL PURPOSE GRANT

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MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	1,000.	0.			MEETING STREET SCHOOL
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	35,000.	0.			MULTIDISCIPLINARY THERAPIES FOR RI CHILDREN WITH SPECIAL NEEDS
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	40,000.	0.			SPECIALIZED THERAPIES FOR STUDENTS WITH LOW-VISION / BLINDNESS
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	77,970.	0.			TRIAGE COUNSELING AND MENTAL HEALTH SUPPORTS FOR VULNERABLE CHILDREN AND PARENTS
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	300.	0.			UNRESTRICTED SUPPORT
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	11,500.	0.			GENERAL SUPPORT
MEETING STREET 1000 EDDY STREET PROVIDENCE, RI 02905	05-0269232	501(C)(3)	40,279.	0.			GENERAL OPERATING
MEMORIAL & LIBRARY ASSOCIATION 44 BROAD STREET WESTERLY, RI 02891	05-0259005	501(C)(3)	250.	0.			GENERAL FUNDING/CHILDREN'S ROOM COLLECTION
MEMORIAL & LIBRARY ASSOCIATION 44 BROAD STREET WESTERLY, RI 02891	05-0259005	501(C)(3)	250.	0.			WINTER FUNDRAISING EFFORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL & LIBRARY ASSOCIATION 44 BROAD STREET WESTERLY, RI 02891	05-0259005	501(C)(3)	16,362.	0.			GENERAL OPERATING
MEMORIAL & LIBRARY ASSOCIATION 44 BROAD STREET WESTERLY, RI 02891	05-0259005	501(C)(3)	5,497.	0.			PROGRAM SUPPORT
MENTAL HEALTH ASSOCIATION OF RHODE ISLAND - 345 BLACKSTONE BOULEVARD - PROVIDENCE, RI 02906	05-0280788	501(C)(3)	33,460.	0.			PROMOTING AND NOURISHING MENTAL HEALTH IN R.I. DURING THE COVID-19 CRISIS
MENTAL HEALTH ASSOCIATION OF RHODE ISLAND - 345 BLACKSTONE BOULEVARD - PROVIDENCE, RI 02906	05-0280788	501(C)(3)	18,898.	0.			RI PARITY INITIATIVE
MENTOR RHODE ISLAND 2065 WARWICK AVENUE, UNIT 1 WARWICK, RI 02889	05-0443260	501(C)(3)	10,000.	0.			AQUIDNECK ISLAND MENTORING
MENTOR RHODE ISLAND 2065 WARWICK AVENUE, UNIT 1 WARWICK, RI 02889	05-0443260	501(C)(3)	250.	0.			EMPLOYEE 2018 CONTRIBUTION TO MENTOR RI
MENTOR, INC., DBA PROJECT RIRAL 191 SOCIAL STREET, SUITE 11, 3RD FL WOONSOCKET, RI 02895	05-0384079	501(C)(3)	9,900.	0.			COVID WAITLIST PREVENTION SERVICES
MERIDEN YMCA 110 WEST MAIN STREET MERIDEN, CT 06451	06-0646977	501(C)(3)	12,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
MERRIE WOODE FOUNDATION, INC. 100 MERRIE WOODE ROAD SAPPHIRE, NC 28774	62-1055955	501(C)(3)	12,500.	0.			GENERAL PURPOSE

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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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METROPOLITAN REGIONAL CAREER & TECHNICAL CENTER - 325 PUBLIC STREET - PROVIDENCE, RI 02905	36-4586634	STATE GOV	20,000.	0.			THE MET HIGH SCHOOL XQ+RI CHALLENGE: MOMENTUM SCHOOL
MIAMI INTERNATIONAL ROWHOUSE, INC. 2293 SW 24 TERRACE MIAMI, FL 33145	82-2968547	501(C)(3)	5,000.	0.			CLUBHOUSE OUTSIDE PAINTING AND AWNING
MIAMI INTERNATIONAL ROWHOUSE, INC. 2293 SW 24 TERRACE MIAMI, FL 33145	82-2968547	501(C)(3)	3,000.	0.			GENERAL FUND DONATION
MIDDLETOWN HISTORICAL SOCIETY P. O. BOX 4196 MIDDLETOWN, RI 02842	51-0197210	501(C)(3)	21,621.	0.			PROGRAM SUPPORT
MIDDLETOWN PUBLIC LIBRARY 700 WEST MAIN ROAD MIDDLETOWN, RI 02842	22-2500376	501(C)(3)	14,414.	0.			GENERAL OPERATING
MILK FUND, INC. 9 STONE RIDGE DRIVE NORTH SMITHFIELD, RI 02896-8179	05-0443034	501(C)(3)	5,442.	0.			GENERAL OPERATING
MISS HALL'S SCHOOL 492 HOLMES ROAD PITTSFIELD, MA 01201-7196	04-2104273	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MISS PORTER'S SCHOOL, INC. 60 MAIN STREET FARMINGTON, CT 06032	06-0646786	501(C)(3)	45,000.	0.			ENDOWMENT
MISS PORTER'S SCHOOL, INC. 60 MAIN STREET FARMINGTON, CT 06032	06-0646786	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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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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MIXED MAGIC THEATRE AND CULTURAL EVENTS - 560 MINERAL SPRING AVENUE, BOX 100A - PAWTUCKET, RI 02860	51-0456328	501(C)(3)	500.	0.			ALTERNATIVE PROGRAMMING
MIXED MAGIC THEATRE AND CULTURAL EVENTS - 560 MINERAL SPRING AVENUE, BOX 100A - PAWTUCKET, RI 02860	51-0456328	501(C)(3)	1,000.	0.			EDUCATION PROGRAMS AND ARTS PROJECTS
MIXED MAGIC THEATRE AND CULTURAL EVENTS - 560 MINERAL SPRING AVENUE, BOX 100A - PAWTUCKET, RI 02860	51-0456328	501(C)(3)	40,000.	0.			MIXED MAGIC THEATRE 20TH ANNIVERSARY AND LAUNCH OF CAPITAL CAMPAIGN
MIXED MAGIC THEATRE AND CULTURAL EVENTS - 560 MINERAL SPRING AVENUE, BOX 100A - PAWTUCKET, RI 02860	51-0456328	501(C)(3)	10,000.	0.			MIXED MAGIC THEATRE GREATNESS OF GOSPEL CONCERT SERIES
MIXED MAGIC THEATRE AND CULTURAL EVENTS - 560 MINERAL SPRING AVENUE, BOX 100A - PAWTUCKET, RI 02860	51-0456328	501(C)(3)	2,500.	0.			GENERAL SUPPORT
MONTESSORI COMMUNITY SCHOOL OF RHODE ISLAND - 73 STANWOOD STREET - PROVIDENCE, RI 02907	46-0761429	501(C)(3)	28,500.	0.			STAYING ALIVE
MOSAIC SA, INC. 64 EAST UWCHLAN AVENUE, B274 EXTON, PA 19341	27-1175422	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	05-0393999	501(C)(3)	1,000.	0.			ANNUAL FUND
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	05-0393999	501(C)(3)	300.	0.			ANNUAL FUND

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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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MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	05-0393999	501(C)(3)	250.	0.			ANNUAL FUND
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	05-0393999	501(C)(3)	2,500.	0.			ANNUAL SUPPORT
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	05-0393999	501(C)(3)	100.	0.			MAX MANN MEMORIAL FUND
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	05-0393999	501(C)(3)	13,465.	0.			GENERAL SUPPORT
MOUNT DESERT ISLAND BIOLOGICAL LABORATORY - PO BOX 35 - SALSBU COVE, ME 04672	01-0202467	501(C)(3)	6,500.	0.			GENERAL SUPPORT
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	550,000.	0.			MCCULLOCH CENTER FOR GLOBAL INITIATIVES
MOUNT HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906	05-0502405	501(C)(3)	2,000.	0.			BEFORE- AND AFTER-SCHOOL PROGRAM AND SUMMER CAMP
MOUNT HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906	05-0502405	501(C)(3)	3,500.	0.			TUTORING & ENRICHMENT
MOUNT HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906	05-0502405	501(C)(3)	5,000.	0.			TUTORING & ENRICHMENT 2020-2021

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MOUNT HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906	05-0502405	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MOUNT ST. CHARLES ACADEMY 800 LOGEE STREET WOONSOCKET, RI 02895	05-0258850	501(C)(3)	7,927.	0.			GENERAL OPERATING
MOUNT VERNON LADIES ASSOCIATION OF THE UNION - P.O. BOX 110 - MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	20,000.	0.			UNRESTRICTED GRANT
MOUNT VERNON LADIES ASSOCIATION OF THE UNION - P.O. BOX 110 - MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	500.	0.			GENERAL SUPPORT
MSPCA 350 SOUTH HUNTINGTON AVENUE BOSTON, MA 02130	04-2103597	501(C)(3)	100.	0.			HYANNIS MASSACHUSETTS MSPCA
MSPCA 350 SOUTH HUNTINGTON AVENUE BOSTON, MA 02130	04-2103597	501(C)(3)	75,000.	0.			GENERAL SUPPORT
NAACP LEGAL DEFENSE & EDUC FUND, INC. - 40 RECTOR STREET, 5TH FLOOR - NEW YORK, NY 10006	13-1655255	501(C)(3)	250.	0.			GENERAL USE
NAACP LEGAL DEFENSE & EDUC FUND, INC. - 40 RECTOR STREET, 5TH FLOOR - NEW YORK, NY 10006	13-1655255	501(C)(3)	50,500.	0.			GENERAL SUPPORT
NAMI RHODE ISLAND 154 WATERMAN STREET, SUITE 5B PROVIDENCE, RI 02906	22-2805141	501(C)(3)	26,440.	0.			NAMI RI COVID RESPONSE PROGRAMS

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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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NARRAGANSETT COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 14777 - EAST PROVIDENCE, RI 02914-0777	05-0308384	501(C)(3)	1,000.	0.			2021 FRIENDS OF SCOUTING CAMPAIGN
NARRAGANSETT COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 14777 - EAST PROVIDENCE, RI 02914-0777	05-0308384	501(C)(3)	500.	0.			CHAMPION GRANT
NARRAGANSETT COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 14777 - EAST PROVIDENCE, RI 02914-0777	05-0308384	501(C)(3)	7,500.	0.			DISTINGUISHED CITIZEN AWARD LUNCHEON
NARRAGANSETT COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 14777 - EAST PROVIDENCE, RI 02914-0777	05-0308384	501(C)(3)	6,596.	0.			GENERAL SUPPORT
NARRAGANSETT COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 14777 - EAST PROVIDENCE, RI 02914-0777	05-0308384	501(C)(3)	24,469.	0.			GENERAL OPERATING
NARRAGANSETT COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 14777 - EAST PROVIDENCE, RI 02914-0777	05-0308384	501(C)(3)	10,443.	0.			PROGRAM SUPPORT
NARROW RIVER PRESERVATION ASSOCIATION - P.O. BOX 8 - SAUNDERSTOWN, RI 02874	23-7085120	501(C)(3)	8,200.	0.			STRENGTHENING THE NARROW RIVER COMMUNITY FOR THE NEXT 50 YEARS
NARROW RIVER PRESERVATION ASSOCIATION - P.O. BOX 8 - SAUNDERSTOWN, RI 02874	23-7085120	501(C)(3)	7,630.	0.			GENERAL OPERATING
NASHUA SOUP KITCHEN & SHELTER, INC. - PO BOX 3116 - NASHUA, NH 03061-3116	02-0359239	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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NATIONAL PARKS CONSERVATION ASSOCIATION - 1500 K STREET, NW, SUITE 700 - WASHINGTON, DC 20005	53-0225165	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NE DISTANCE, INC. 371 WAYLAND AVENUE PROVIDENCE, RI 02906	45-4808772	501(C)(3)	8,173.	0.			WOONSOCKET MIDDLE SCHOOL PROGRAMMING ENHANCEMENT
NEEDHAM COMMUNITY COUNCIL, INC 570 HILLSIDE AVENUE NEEDHAM, MA 02494	04-2121365	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NEIGHBORWORKS BLACKSTONE RIVER VALLEY - 719 FRONT STREET, SUITE 103 - WOONSOCKET, RI 02895	22-2907602	501(C)(3)	68,000.	0.			ACCESSING HOME
NEIGHBORWORKS BLACKSTONE RIVER VALLEY - 719 FRONT STREET, SUITE 103 - WOONSOCKET, RI 02895	22-2907602	501(C)(3)	45,000.	0.			NWBRV COMPREHENSIVE COVID-19 RESPONSE
NEIGHBORWORKS BLACKSTONE RIVER VALLEY - 719 FRONT STREET, SUITE 103 - WOONSOCKET, RI 02895	22-2907602	501(C)(3)	47,508.	0.			NWBRV COMPREHENSIVE COVID-19 RESPONSE
NEIGHBORWORKS BLACKSTONE RIVER VALLEY - 719 FRONT STREET, SUITE 103 - WOONSOCKET, RI 02895	22-2907602	501(C)(3)	15,000.	0.			NWBRV'S SAFE HARBOR OUTREACH AND APPLICATION ASSISTANCE INITIATIVE
NEW BRIDGES FOR HAITIAN SUCCESS P.O.BOX 27552 PROVIDENCE, RI 02907	46-2853080	501(C)(3)	5,000.	0.			NB4HS CENSUS2020 HAITIAN OUTREACH PROJECT
NEW BRIDGES FOR HAITIAN SUCCESS P.O.BOX 27552 PROVIDENCE, RI 02907	46-2853080	501(C)(3)	40,000.	0.			NB4HS COVID SUPPORT PROGRAM

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NEW ENGLAND ACADEMY OF TORAH, INC. 21 LEWIS STREET PROVIDENCE, RI 02906	23-7010514	501(C)(3)	117,038.	0.			GENERAL SUPPORT
NEW ENGLAND BASECAMP 150 MAIN STREET PAWTUCKET, RI 02860	82-1115697	501(C)(3)	11,516.	0.			EQUALITY OF EDUCATIONAL OPPORTUNITY
NEW ENGLAND BASECAMP 150 MAIN STREET PAWTUCKET, RI 02860	82-1115697	501(C)(3)	82,772.	0.			EQUALITY OF EDUCATIONAL OPPORTUNITY
NEW ENGLAND GRASSROOTS ENVIRONMENT FUND - P.O. BOX 611 - NEW MARKET, NH 03857	03-0364677	501(C)(3)	50,000.	0.			SUPPORTING GRASSROOTS GROUPS IN RI
NEW ENGLAND SYNOD 20 UPLAND STREET WORCESTER, MA 01607	04-2620054	501(C)(3)	10,000.	0.			MINISTRY SUPPORT FOR PANDEMIC RELIEF
NEW ENGLAND SYNOD 20 UPLAND STREET WORCESTER, MA 01607	04-2620054	501(C)(3)	10,000.	0.			NEW ENGLAND SYNOD THEOLOGICAL EDUCATION FOR EMERGING MINISTRY PROGRAM
NEW ENGLANDERS HELPING OUR VETERANS - 1515 DOUGLAS TURNPIKE - HARRISVILLE, RI 02830	81-3771766	501(C)(3)	17,796.	0.			VETERAN ASSISTANCE
NEW HAMPSHIRE FOOD BANK 700 EAST INDUSTRIAL PARK DRIVE MANCHESTER, NH 03109	02-0222163	501(C)(3)	20,000.	0.			COVID 19 CRISIS
NEW LONDON BARN PLAYHOUSE, INC. PO BOX 9 NEW LONDON, NH 03257	34-1996138	501(C)(3)	10,000.	0.			COVID-19 SUPPORT

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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
NEW URBAN ARTS 705 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0498654	501(C)(3)	20,750.	0.			GENERAL SUPPORT

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NEW URBAN ARTS 705 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0498654	501(C)(3)	3,578.	0.			GENERAL OPERATING
NEWMAN CONGREGATIONAL CHURCH 100 NEWMAN AVENUE RUMFORD, RI 02916	05-0316732	REL	7,152.	0.			GENERAL OPERATING
NEWMAN CONGREGATIONAL CHURCH 100 NEWMAN AVENUE RUMFORD, RI 02916	05-0316732	REL	1,324.	0.			PROGRAM SUPPORT
NEWPORT AREA ASSOCIATION OF CHURCHES - P.O. BOX 672 - NEWPORT, NH 03773	22-2520306	501(C)(3)	5,000.	0.			COVID 19 EMERGENCY FOOD
NEWPORT AREA ASSOCIATION OF CHURCHES - P.O. BOX 672 - NEWPORT, NH 03773	22-2520306	501(C)(3)	3,000.	0.			COVID 19 EMERGENCY FOOD
NEWPORT COMMUNITY SCHOOL 55 BROADWAY NEWPORT, RI 02840	20-2302875	501(C)(3)	12,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
NEWPORT COMMUNITY SCHOOL 55 BROADWAY NEWPORT, RI 02840	20-2302875	501(C)(3)	5,000.	0.			COMMUNITY CUPBOARD
NEWPORT COMMUNITY SCHOOL 55 BROADWAY NEWPORT, RI 02840	20-2302875	501(C)(3)	28,737.	0.			NEWPORT WORKS
NEWPORT COMMUNITY SCHOOL 55 BROADWAY NEWPORT, RI 02840	20-2302875	501(C)(3)	3,500.	0.			PHLEBOTOMY TECHNICIAN TRAINING

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NEWPORT COMMUNITY SCHOOL 55 BROADWAY NEWPORT, RI 02840	20-2302875	501(C)(3)	10,000.	0.			STUDENT WORK-BASED LEARNING
NEWPORT COUNTY DEVELOPMENT COUNCIL 513 BROADWAY STREET NEWPORT, RI 02840	05-0490385	501(C)(3)	10,000.	0.			EXPANSION ARTS 2019-2021
NEWPORT COUNTY DEVELOPMENT COUNCIL 513 BROADWAY STREET NEWPORT, RI 02840	05-0490385	501(C)(3)	10,000.	0.			EXPANSION ARTS 2019-2021
NEWPORT COUNTY DEVELOPMENT COUNCIL 513 BROADWAY STREET NEWPORT, RI 02840	05-0490385	501(C)(3)	8,000.	0.			FUND DEVELOPMENT COHORT - SANKOFA
NEWPORT COUNTY DEVELOPMENT COUNCIL 513 BROADWAY STREET NEWPORT, RI 02840	05-0490385	501(C)(3)	5,796.	0.			GENERAL OPERATING
NEWPORT COUNTY WOMEN'S RESOURCE CENTER - 114 TOURO STREET - NEWPORT, RI 02840	05-0381031	501(C)(3)	500.	0.			CHAMPION GRANT
NEWPORT COUNTY WOMEN'S RESOURCE CENTER - 114 TOURO STREET - NEWPORT, RI 02840	05-0381031	501(C)(3)	7,500.	0.			COUNSELING AND SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE
NEWPORT COUNTY WOMEN'S RESOURCE CENTER - 114 TOURO STREET - NEWPORT, RI 02840	05-0381031	501(C)(3)	3,000.	0.			COURT ADVOCACY FOR VICTIMS OF DOMESTIC VIOLENCE
NEWPORT COUNTY WOMEN'S RESOURCE CENTER - 114 TOURO STREET - NEWPORT, RI 02840	05-0381031	501(C)(3)	3,000.	0.			DOMESTIC VIOLENCE SERVICES FOR BRISTOL COUNTY FAMILIES IN NEED

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NEWPORT COUNTY WOMEN'S RESOURCE CENTER - 114 TOURO STREET - NEWPORT, RI 02840	05-0381031	501(C)(3)	18,775.	0.			EXPANDED SERVICES FOR DOMESTIC VIOLENCE VICTIMS
NEWPORT COUNTY WOMEN'S RESOURCE CENTER - 114 TOURO STREET - NEWPORT, RI 02840	05-0381031	501(C)(3)	9,000.	0.			NORTH END LEADERS PROJECT
NEWPORT COUNTY WOMEN'S RESOURCE CENTER - 114 TOURO STREET - NEWPORT, RI 02840	05-0381031	501(C)(3)	45,000.	0.			SUPPORTING DOMESTIC VIOLENCE VICTIMS THROUGH THE COVID-19 CRISIS
NEWPORT COUNTY WOMEN'S RESOURCE CENTER - 114 TOURO STREET - NEWPORT, RI 02840	05-0381031	501(C)(3)	250.	0.			GENERAL SUPPORT
NEWPORT HISTORICAL SOCIETY 82 TOURO STREET NEWPORT, RI 02840	05-0264532	501(C)(3)	1,000.	0.			ANNUAL FUND
NEWPORT HISTORICAL SOCIETY 82 TOURO STREET NEWPORT, RI 02840	05-0264532	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
NEWPORT HISTORICAL SOCIETY 82 TOURO STREET NEWPORT, RI 02840	05-0264532	501(C)(3)	200.	0.			GENERAL SUPPORT
NEWPORT HISTORICAL SOCIETY 82 TOURO STREET NEWPORT, RI 02840	05-0264532	501(C)(3)	23,197.	0.			GENERAL OPERATING
NEWPORT HOSPITAL FOUNDATION 11 FRIENDSHIP STREET NEWPORT, RI 02840	22-2535533	501(C)(3)	500.	0.			ANNUAL FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWPORT HOSPITAL FOUNDATION 11 FRIENDSHIP STREET NEWPORT, RI 02840	22-2535533	501(C)(3)	20,000.	0.			BEYOND THE BUILDING CAMPAIGN: EMERGENCY DEPARTMENT
NEWPORT HOSPITAL FOUNDATION 11 FRIENDSHIP STREET NEWPORT, RI 02840	22-2535533	501(C)(3)	1,000.	0.			CORONA PANDEMIC SUPPORT
NEWPORT HOSPITAL FOUNDATION 11 FRIENDSHIP STREET NEWPORT, RI 02840	22-2535533	501(C)(3)	20,000.	0.			EMERGENCY PREPAREDNESS
NEWPORT HOSPITAL FOUNDATION 11 FRIENDSHIP STREET NEWPORT, RI 02840	22-2535533	501(C)(3)	15,000.	0.			LIFESPAN CANCER INSTITUTE
NEWPORT MENTAL HEALTH 127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842	05-0374759	501(C)(3)	25,000.	0.			2020 STRATEGIC PLANNING
NEWPORT MENTAL HEALTH 127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842	05-0374759	501(C)(3)	56,000.	0.			COVID 19 EMERGENCY HOUSING RESPONSE
NEWPORT MENTAL HEALTH 127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842	05-0374759	501(C)(3)	75,000.	0.			COVID 19 RESPONSE - MENTAL HEALTH SUPPORT NEWPORT COUNTY
NEWPORT MENTAL HEALTH 127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842	05-0374759	501(C)(3)	20,000.	0.			COVID-19 EMERGENCY MENTAL HEALTH SERVICES FOR CHILDREN
NEWPORT MENTAL HEALTH 127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842	05-0374759	501(C)(3)	5,000.	0.			ESTABLISHING NEWPORT COUNTY'S FIRST LGBTQ SAFE ZONE

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NEWPORT MENTAL HEALTH 127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842	05-0374759	501(C)(3)	50,000.	0.			FRONTLINE MENTAL HEALTH NURSING CARE
NEWPORT MENTAL HEALTH 127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842	05-0374759	501(C)(3)	75,000.	0.			NEWPORT HOUSING HOTLINE
NEWPORT MENTAL HEALTH 127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842	05-0374759	501(C)(3)	175,000.	0.			NEWPORT MENTAL HEALTH, COVID-19 RESPONSE
NEWPORT MENTAL HEALTH 127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842	05-0374759	501(C)(3)	2,696.	0.			GENERAL OPERATING
NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	30-0946766	501(C)(3)	25,000.	0.			MARKETING AND PROGRAM SUPPORT
NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	30-0946766	501(C)(3)	48,070.	0.			EMERGENCY STAFFING DURING COVID PANDEMIC
NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	30-0946766	501(C)(3)	8,000.	0.			FUND DEVELOPMENT COHORT
NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	30-0946766	501(C)(3)	5,000.	0.			READING REAPS REWARDS - SUMMER LEARNING INITIATIVE
NEWPORT PARTNERSHIP FOR FAMILIES 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	30-0946766	501(C)(3)	60,000.	0.			SAN JOSE FOOD PANTRY @ ST. JOE'S CHURCH

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NEWPORT PUBLIC LIBRARY 300 SPRING STREET NEWPORT, RI 02840	05-0262105	501(C)(3)	11,160.	0.			GENERAL OPERATING
NEWPORT STRING PROJECT 16 WARNER STREET NEWPORT, RI 02840	82-3341534	501(C)(3)	5,000.	0.			NEWPORT STRING PROJECT
NEWPORT STRING PROJECT 16 WARNER STREET NEWPORT, RI 02840	82-3341534	501(C)(3)	500.	0.			GENERAL SUPPORT
NEWPORT TREE CONSERVANCY 29 FRANKLIN STREET, #1E NEWPORT, RI 02840	05-0463871	501(C)(3)	2,000.	0.			TREE CORPS COMMUNITY VOLUNTEER TREE PLANTING PROJECT
NEWPORT TREE CONSERVANCY 29 FRANKLIN STREET, #1E NEWPORT, RI 02840	05-0463871	501(C)(3)	25,700.	0.			DESIGN AND INSTALLATION OF PROPANE HEATING SYSTEM
NONVIOLENCE INSTITUTE 265 OXFORD STREET PROVIDENCE, RI 02905	05-0517863	501(C)(3)	1,000.	0.			AS NEEDED
NONVIOLENCE INSTITUTE 265 OXFORD STREET PROVIDENCE, RI 02905	05-0517863	501(C)(3)	40,000.	0.			ESSENTIAL VIOLENCE INTERVENTION SERVICES
NONVIOLENCE INSTITUTE 265 OXFORD STREET PROVIDENCE, RI 02905	05-0517863	501(C)(3)	13,975.	0.			ORGANIZATIONAL DEVELOPMENT - FUNDRAISING
NONVIOLENCE INSTITUTE 265 OXFORD STREET PROVIDENCE, RI 02905	05-0517863	501(C)(3)	1,000.	0.			TO SUPPORT THE ORGANIZATION'S MISSION

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NONVIOLENCE INSTITUTE 265 OXFORD STREET PROVIDENCE, RI 02905	05-0517863	501(C)(3)	4,500.	0.			GENERAL SUPPORT
NONVIOLENCE INSTITUTE 265 OXFORD STREET PROVIDENCE, RI 02905	05-0517863	501(C)(3)	489.	0.			GENERAL OPERATING
NORMAN BIRD SANCTUARY 583 THIRD BEACH ROAD MIDDLETOWN, RI 02842	22-2746733	501(C)(3)	1,000.	0.			ANNUAL APPEAL
NORMAN BIRD SANCTUARY 583 THIRD BEACH ROAD MIDDLETOWN, RI 02842	22-2746733	501(C)(3)	7,500.	0.			EXPANSION OF GRADE-WIDE ENVIRONMENTAL EDUCATION PROGRAMS FOR MIDDLETOWN PUBLIC SCHOOLS
NORMAN BIRD SANCTUARY 583 THIRD BEACH ROAD MIDDLETOWN, RI 02842	22-2746733	501(C)(3)	10,000.	0.			GENERAL OPERATIONS SUPPORT/ENDOWMENT CAMPAIGN
NORMAN BIRD SANCTUARY 583 THIRD BEACH ROAD MIDDLETOWN, RI 02842	22-2746733	501(C)(3)	25,000.	0.			LOST REVENUE AND PROGRAM CANCELLATIONS DURING THE COVID-19 PANDEMIC,
NORMAN BIRD SANCTUARY 583 THIRD BEACH ROAD MIDDLETOWN, RI 02842	22-2746733	501(C)(3)	9,200.	0.			THE SANCTUARY IN YOUR BACKYARD
NORMAN BIRD SANCTUARY 583 THIRD BEACH ROAD MIDDLETOWN, RI 02842	22-2746733	501(C)(3)	3,500.	0.			GENERAL SUPPORT
NORMAN BIRD SANCTUARY 583 THIRD BEACH ROAD MIDDLETOWN, RI 02842	22-2746733	501(C)(3)	535.	0.			GENERAL OPERATING

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NORTH AMERICAN FAMILY INSTITUTE (NAFI)-RI - 501 CENTERVILLE ROAD, SUITE 201 - WARWICK, RI 02886	90-0059160	501(C)(3)	100,000.	0.			EOS TELEHEALTH INITIATIVE
NORTH END OUTREACH 459 SMITH STREET PROVIDENCE, RI 02908	47-1438713	501(C)(3)	10,000.	0.			COVID-19 RELIEF EFFORTS
NORTH KINGSTOWN ANIMAL PROTECTION LEAGUE, INC. - 500 STONY LANE - NORTH KINGSTOWN, RI 02852-0083	05-0317567	501(C)(3)	7,000.	0.			FACING THE CHALLENGE
NORTH KINGSTOWN FOOD PANTRY INC. 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501(C)(3)	5,000.	0.			FOOD PROGRAM
NORTH KINGSTOWN FOOD PANTRY INC. 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501(C)(3)	8,288.	0.			FOOD PROGRAM DURING COVID
NORTH KINGSTOWN FOOD PANTRY INC. 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501(C)(3)	1,000.	0.			GENERAL OPERATIONS SUPPORT
NORTH KINGSTOWN FOOD PANTRY INC. 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501(C)(3)	250.	0.			UNRESTRICTED
NORTH KINGSTOWN FOOD PANTRY INC. 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501(C)(3)	1,000.	0.			GENERAL SUPPORT
NORTH KINGSTOWN FREE LIBRARY 100 BOONE STREET NORTH KINGSTOWN, RI 02852	05-0477428	501(C)(3)	15,688.	0.			GENERAL OPERATING

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NORTH KINGSTOWN FREE LIBRARY 100 BOONE STREET NORTH KINGSTOWN, RI 02852	05-0477428	501(C)(3)	11,570.	0.			PROGRAM SUPPORT
NORTH SMITHFIELD FAMILY WELFARE SOCIETY - 805 POUND HILL ROAD - NORTH SMITHFIELD, RI 02896	05-0383022	501(C)(3)	22,905.	0.			PROGRAM SUPPORT
NORTHEAST ORGANIC FARMING ASSOCIATION OF CONNECTICUT, INC. - 358 SPRINGSIDE AVENUE - NEW HAVEN, CT 06515	06-1477166	501(C)(3)	50,300.	0.			GENERAL SUPPORT
NORTHERN RHODE ISLAND FOOD PANTRY P.O. BOX 7833 CUMBERLAND, RI 02864	45-5042619	501(C)(3)	35,000.	0.			COVID-19 PATRON FEEDING IMPACT
NORTHERN RHODE ISLAND FOOD PANTRY P.O. BOX 7833 CUMBERLAND, RI 02864	45-5042619	501(C)(3)	5,000.	0.			FOOD PANTRY
NORTHERN RHODE ISLAND FOOD PANTRY P.O. BOX 7833 CUMBERLAND, RI 02864	45-5042619	501(C)(3)	2,400.	0.			GENERAL SUPPORT
NURSING FOUNDATION OF RHODE ISLAND PO BOX 41702 PROVIDENCE, RI 02940	22-3125684	501(C)(3)	6,799.	0.			DESIGNATED GRANT
NURSING FOUNDATION OF RHODE ISLAND PO BOX 41702 PROVIDENCE, RI 02940	22-3125684	501(C)(3)	2,202.	0.			GENERAL OPERATING
OAK LAWN COMMUNITY BAPTIST CHURCH 229 WILBUR AVENUE CRANSTON, RI 02921-1016	05-0346892	REL	4,109.	0.			DESIGNATED GRANT

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OAK LAWN COMMUNITY BAPTIST CHURCH 229 WILBUR AVENUE CRANSTON, RI 02921-1016	05-0346892	REL	4,150.	0.			GENERAL OPERATING
OASIS INTERNATIONAL, INC. 600 BROAD STREET PROVIDENCE, RI 02907-1456	05-0470205	501(C)(3)	8,000.	0.			AFRICAN COMMUNITY AWARENESS CAMPAIGN FOR RHODE ISLAND CENSUS 2020
OASIS INTERNATIONAL, INC. 600 BROAD STREET PROVIDENCE, RI 02907-1456	05-0470205	501(C)(3)	9,800.	0.			OASIS INTERNATIONAL; COMMUNITY SUPPORT PROGRAM
OCEAN COMMUNITY UNITED THEATRE P.O. BOX 384 WESTERLY, RI 02891	46-3579526	501(C)(3)	125,000.	0.			STAFFING SUPPORT
OCEAN STATE CENTER FOR INDEPENDENT LIVING - 1944 WARWICK AVENUE - WARWICK, RI 02889	05-0439495	501(C)(3)	55,000.	0.			VISUAL IMPAIRMENT - INNOVATIVE SOLUTIONS TO INSPIRE INDEPENDENCE
OCEAN TIDES, INC. 635 OCEAN ROAD NARRAGANSETT, RI 02882	05-0366306	501(C)(3)	20,000.	0.			ACADEMIC AND EDUCATIONAL SUPPORTS DURING COVID
OCEAN TIDES, INC. 635 OCEAN ROAD NARRAGANSETT, RI 02882	05-0366306	501(C)(3)	50,000.	0.			COVID-19 OCEAN TIDES SUPPORTING AND CARING
OCEAN TIDES, INC. 635 OCEAN ROAD NARRAGANSETT, RI 02882	05-0366306	501(C)(3)	1,000.	0.			DONATION FOR COVID-19
OLD SLATER MILL ASSOCIATION 67 ROOSEVELT AVENUE PAWTUCKET, RI 02862-0696	05-0265956	501(C)(3)	750.	0.			SEEKONK LACE SWATCH BOOK PRESERVATION PROJECT

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OLD SLATER MILL ASSOCIATION 67 ROOSEVELT AVENUE PAWTUCKET, RI 02862-0696	05-0265956	501(C)(3)	850.	0.			TECHNOLOGY UPGRADE: OLD SLATER MILL ARCHIVES
OLD SLATER MILL ASSOCIATION 67 ROOSEVELT AVENUE PAWTUCKET, RI 02862-0696	05-0265956	501(C)(3)	20,000.	0.			GENERAL SUPPORT
OLD SLATER MILL ASSOCIATION 67 ROOSEVELT AVENUE PAWTUCKET, RI 02862-0696	05-0265956	501(C)(3)	2,046.	0.			GENERAL OPERATING
OLNEYVILLE HOUSING CORPORATION 66 CHAFFEE STREET PROVIDENCE, RI 02909	22-3010422	501(C)(3)	45,000.	0.			DONT GIVE UP THE SHIP: ONE NEIGHBORHOOD BUILDERS COVID-19 RESPONSE ACTION PLAN
OLNEYVILLE HOUSING CORPORATION 66 CHAFFEE STREET PROVIDENCE, RI 02909	22-3010422	501(C)(3)	168,977.	0.			CENTRAL PROVIDENCE OPPORTUNITIES - BLUE MERIDIAN
OLNEYVILLE HOUSING CORPORATION 66 CHAFFEE STREET PROVIDENCE, RI 02909	22-3010422	501(C)(3)	400.	0.			NEIGHBORHOOD WI-FI NETWORK
OLNEYVILLE HOUSING CORPORATION 66 CHAFFEE STREET PROVIDENCE, RI 02909	22-3010422	501(C)(3)	20,000.	0.			ONE NEIGHBORHOOD CONNECTS
OLNEYVILLE NEIGHBORHOOD ASSOCIATION - 122 MANTON AVENUE, SUITE 611 - PROVIDENCE, RI 02909	83-0434706	501(C)(3)	1,500.	0.			BARRIO DIGITAL
OLNEYVILLE NEIGHBORHOOD ASSOCIATION - 122 MANTON AVENUE, SUITE 611 - PROVIDENCE, RI 02909	83-0434706	501(C)(3)	23,800.	0.			DIRECT ASSISTANCE AND CAPACITY BUILDING: EMPOWERING THE OLNEYVILLE COMMUNITY

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OMNI DEVELOPMENT CORPORATION 810 EDDY STREET PROVIDENCE, RI 02905	22-2721731	501(C)(3)	54,000.	0.			OMNI COMMUNITY EMPOWERMENT
OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909	52-2374370	501(C)(3)	40,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT
OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909	52-2374370	501(C)(3)	40,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT FUNDING
OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909	52-2374370	501(C)(3)	8,000.	0.			OPENDOORS CENSUS SUPPORT 2020
OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909	52-2374370	501(C)(3)	2,000.	0.			TEAM SERVICE PROJECTS - CONNECTING THROUGH KINDNESS
OPENDOORS 485 PLAINFIELD STREET PROVIDENCE, RI 02909	52-2374370	501(C)(3)	35,000.	0.			TRANSITIONAL HOUSING CASE MANAGEMENT
OPERATION STAND DOWN RHODE ISLAND 1010 HARTFORD AVENUE JOHNSTON, RI 02919	05-0475772	501(C)(3)	5,000.	0.			BASIC HUMAN NEEDS FOR VETERAN HOUSEHOLDS
OPERATION STAND DOWN RHODE ISLAND 1010 HARTFORD AVENUE JOHNSTON, RI 02919	05-0475772	501(C)(3)	30,000.	0.			LEGAL SERVICES FOR WARRIORS PROGRAM
OPERATION STAND DOWN RHODE ISLAND 1010 HARTFORD AVENUE JOHNSTON, RI 02919	05-0475772	501(C)(3)	70,000.	0.			OSDRI COVID-19 ASSISTANCE RESPONSE

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OPIOID TREATMENT ASSOCIATION OF RHODE ISLAND (OTARI) - 300 CENTERVILLE ROAD - WARWICK, RI 02886	47-2717405	501(C)(3)	40,000.	0.			OPIOID MEDICATED ASSISTED TREATMENT DELIVERY SYSTEM
OSHEAN, INC. 6946 POST ROAD, SUITE 402 NORTH KINGSTOWN, RI 02852	05-0509325	501(C)(3)	25,000.	0.			OCEAN STATE LIBRARIES OSL WIFI PARKING LOT PROJECT
OSHEAN, INC. 6946 POST ROAD, SUITE 402 NORTH KINGSTOWN, RI 02852	05-0509325	501(C)(3)	3,000.	0.			OSHEANCON
OUR LADY OF MOUNT CARMEL CHURCH 141 STATE STREET BRISTOL, RI 02809	05-0275844	501(C)(3)	10,000.	0.			DONATION TO MUSTARD SEED
OUR SISTERS' SCHOOL 145 BROWNELL AVENUE NEW BEDFORD, MA 02740	26-0367118	501(C)(3)	1,000.	0.			GENERAL FUND
OUR SISTERS' SCHOOL 145 BROWNELL AVENUE NEW BEDFORD, MA 02740	26-0367118	501(C)(3)	10,000.	0.			PETER BERG FUND
PAAWS RI 2944 POST ROAD WARWICK, RI 02886	45-3341660	501(C)(3)	250.	0.			AS MOST NEEDED
PAAWS RI 2944 POST ROAD WARWICK, RI 02886	45-3341660	501(C)(3)	28,000.	0.			GIMME SHELTER SPAY/NEUTER FOR THE COMMUNITY CATS OF PROVIDENCE PARTNERSHIP
PAAWS RI 2944 POST ROAD WARWICK, RI 02886	45-3341660	501(C)(3)	250.	0.			GENERAL SUPPORT

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PACE ORGANIZATION OF RHODE ISLAND 225 CHAPMAN STREET, SUITE 202 PROVIDENCE, RI 02905	30-0297335	501(C)(3)	2,500.	0.			BOARD CHAIR/ED COACHING PROGRAM - MINI GRANT
PACE ORGANIZATION OF RHODE ISLAND 225 CHAPMAN STREET, SUITE 202 PROVIDENCE, RI 02905	30-0297335	501(C)(3)	20,000.	0.			COVID-19 PREPAREDNESS PLAN
PACE ORGANIZATION OF RHODE ISLAND 225 CHAPMAN STREET, SUITE 202 PROVIDENCE, RI 02905	30-0297335	501(C)(3)	25,000.	0.			PACE COLLABORATIVE GROWTH INITIATIVE
PACE ORGANIZATION OF RHODE ISLAND 225 CHAPMAN STREET, SUITE 202 PROVIDENCE, RI 02905	30-0297335	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
PALM BEACH OPERA, INC. 1800 SOUTH AUSTRALIAN AVENUE, SUITE 301 - WEST PALM BEACH, FL 33409	59-1060864	501(C)(3)	20,000.	0.			DONATION FOR THE PRODUCTION OF LA BOHEME
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET, NW WASHINGTON, DC 20006	13-1946868	501(C)(3)	100.	0.			GENERAL SUPPORT
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET, NW WASHINGTON, DC 20006	13-1946868	501(C)(3)	78,116.	0.			GENERAL OPERATING
PARENT SUPPORT NETWORK OF RHODE ISLAND - 535 CENTERVILLE ROAD, SUITE 202 - WARWICK, RI 02886	05-0473340	501(C)(3)	50,000.	0.			HOPE RELIEF TEAM
PARENT SUPPORT NETWORK OF RHODE ISLAND - 535 CENTERVILLE ROAD, SUITE 202 - WARWICK, RI 02886	05-0473340	501(C)(3)	5,000.	0.			SOS (STREET OUTREACH SUPPORT) -NEWPORT

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PARKINSON'S FOUNDATION, INC. 200 SE 1ST STREET, SUITE 800 MIAMI, FL 33131	13-1866796	501(C)(3)	1,000.	0.			PARKINSON'S FOUNDATIONS PROGRAMS
PARKINSON'S FOUNDATION, INC. 200 SE 1ST STREET, SUITE 800 MIAMI, FL 33131	13-1866796	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PARKINSON'S FOUNDATION, INC. 200 SE 1ST STREET, SUITE 800 MIAMI, FL 33131	13-1866796	501(C)(3)	20,181.	0.			GENERAL OPERATING
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	4,000.	0.			GENERAL PURPOSE GRANT
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	4,500.	0.			GENERAL SUPPORT
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
PAUL CUFFEE SCHOOL 459 PROMENADE STREET PROVIDENCE, RI 02908	05-0518947	501(C)(3)	5,000.	0.			MENTORSHIP AT CUFFEE
PAUL CUFFEE SCHOOL 459 PROMENADE STREET PROVIDENCE, RI 02908	05-0518947	501(C)(3)	1,000.	0.			STRENGTHENING CULTURAL IDENTITY THROUGH THE K-12 CURRICULUM
PAUL CUFFEE SCHOOL 459 PROMENADE STREET PROVIDENCE, RI 02908	05-0518947	501(C)(3)	1,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAUL CUFFEE SCHOOL 459 PROMENADE STREET PROVIDENCE, RI 02908	05-0518947	501(C)(3)	15,234.	0.			PROGRAM SUPPORT
PAWCATUCK NEIGHBORHOOD CENTER 27 CHASE STREET PAWCATUCK, CT 06379	06-1121511	501(C)(3)	7,500.	0.			FOOD AND RELATED SERVICES FOR CHILDREN AND FAMILIES IN NEED
PAWCATUCK NEIGHBORHOOD CENTER 27 CHASE STREET PAWCATUCK, CT 06379	06-1121511	501(C)(3)	350.	0.			FOR BASIC NEEDS
PAWCATUCK NEIGHBORHOOD CENTER 27 CHASE STREET PAWCATUCK, CT 06379	06-1121511	501(C)(3)	239.	0.			GENERAL OPERATING
PAWS WATCH PO BOX 7005 WARWICK, RI 02887	05-0513435	501(C)(3)	500.	0.			ANNUAL FUNDRAISER - CATS ALIVE
PAWS WATCH PO BOX 7005 WARWICK, RI 02887	05-0513435	501(C)(3)	50.	0.			MATCHING CONTRIBUTION
PAWS WATCH PO BOX 7005 WARWICK, RI 02887	05-0513435	501(C)(3)	35,000.	0.			SOLVING RHODE ISLAND'S FREE-ROAMING CAT OVERPOPULATION PROBLEM
PAWS WATCH PO BOX 7005 WARWICK, RI 02887	05-0513435	501(C)(3)	50.	0.			GENERAL OPERATING SUPPORT
PAWTUCKET CENTRAL FALLS DEVELOPMENT CORPORATION - 204 BROAD STREET - PAWTUCKET, RI 02860	22-3241611	501(C)(3)	500.	0.			FOR WHEREVER IT IS MOST NEEDED

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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PAWTUCKET CENTRAL FALLS DEVELOPMENT CORPORATION - 204 BROAD STREET - PAWTUCKET, RI 02860	22-3241611	501(C)(3)	66,400.	0.			PAWTUCKET CENTRAL FALLS COVID-19 RENTAL RELIEF
PAWTUCKET CENTRAL FALLS DEVELOPMENT CORPORATION - 204 BROAD STREET - PAWTUCKET, RI 02860	22-3241611	501(C)(3)	22,500.	0.			PCF COVID-19 RELIEF PROJECT
PAWTUCKET HOUSING AUTHORITY 214 ROOSEVELT AVENUE PAWTUCKET, RI 02862	05-6000192	CITY GOV	25,773.	0.			HOUSING PAYMENT ASSISTANCE PROGRAM
PAWTUCKET PUBLIC LIBRARY 13 SUMMER STREET PAWTUCKET, RI 02860	05-6000307	CITY GOV	2,500.	0.			LIBRARY DRUPAL WEBSITE
PAWTUCKET PUBLIC LIBRARY 13 SUMMER STREET PAWTUCKET, RI 02860	05-6000307	CITY GOV	3,135.	0.			PROGRAM SUPPORT
PAWTUCKET SCHOOL DEPARTMENT 286 MAIN STREET PAWTUCKET, RI 02860	05-6000309	CITY GOV	25,000.	0.			TECHNOLOGY PURCHASES
PAWTUCKET SOUP KITCHEN P.O. BOX 3102 PAWTUCKET, RI 02861-0950	05-0475296	501(C)(3)	600.	0.			CURRENT EMERGENCIES
PAWTUCKET SOUP KITCHEN P.O. BOX 3102 PAWTUCKET, RI 02861-0950	05-0475296	501(C)(3)	15,000.	0.			EXPANSION OF OUTREACH/MEAL SERVICES
PAWTUCKET SOUP KITCHEN P.O. BOX 3102 PAWTUCKET, RI 02861-0950	05-0475296	501(C)(3)	10,000.	0.			FOOD & SUPPLIES FOR THE PAWTUCKET SOUP KITCHEN

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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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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 02879	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
PETTAQUAMSCUTT HISTORICAL SOCIETY 2636 KINGSTOWN ROAD KINGSTON, RI 02881	05-6011751	501(C)(3)	6,600.	0.			URGENT EXTERIOR RESTORATION PROJECT AT THE OLD WASHINGTON COUNTY JAIL
PHILLIPS ANDOVER ACADEMY 180 MAIN STREET ANDOVER, MA 01810	04-2103579	501(C)(3)	250.	0.			UNRESTRICTED ANNUAL FUND
PHILLIPS ANDOVER ACADEMY 180 MAIN STREET ANDOVER, MA 01810	04-2103579	501(C)(3)	5,000.	0.			GENERAL UNRESTRICTED SUPPORT

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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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PHILLIPS ANDOVER ACADEMY 180 MAIN STREET ANDOVER, MA 01810	04-2103579	501(C)(3)	194.	0.			GENERAL SUPPORT
PHOENIX HOUSES OF NEW ENGLAND 99 WAYLAND AVENUE, SUITE 100 PROVIDENCE, RI 02906	05-0315625	501(C)(3)	60,000.	0.			EMERGENCY SUBSTANCE USE PROVIDER ASSISTANCE
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	04-2516093	501(C)(3)	500.	0.			SHELTER OPERATIONS FOR HOMELESS
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	04-2516093	501(C)(3)	1,000.	0.			SUSTAINING PROJECTS
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	04-2516093	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	04-2516093	501(C)(3)	3,000.	0.			GENERAL PROGRAM SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAMS STREET, 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501(C)(3)	1,000.	0.			WISCONSIN DIVISION/NATIONAL DIVISION
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAMS STREET, 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501(C)(3)	4,500.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS - 1055 COMMONWEALTH AVENUE - BOSTON, MA 02215-1001	04-2698497	501(C)(3)	50,000.	0.			GENERAL SUPPORT

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PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	2,000.	0.			WHERE DO WE GO FROM HERE?" "
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	1,500.	0.			WHERE DO WE GO FROM HERE?" "
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	2,500.	0.			WHERE DO WE GO FROM HERE?" "
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	350.	0.			ANNUAL FUND
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	24,000.	0.			ANNUAL FUND
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	5,000.	0.			ANNUAL FUND FOR RHODE ISLAND CHAPTERS OF PLANNED PARENTHOOD
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	5,000.	0.			EPISCOPAL CONFERENCE CENTER
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	250.	0.			FOR WHEREVER IT IS MOST NEEDED
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	500.	0.			GENERAL FUNDS

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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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PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	10,000.	0.			GENERAL PURPOSE GRANT
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	100.	0.			PLANNED PARENTHOOD OF RHODE ISLAND
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	39,000.	0.			RHODE ISLAND OPERATIONAL FUNDING
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	300.	0.			SUPPORT OF WOMEN'S REPRODUCTIVE RIGHTS
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	69,170.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	2,515.	0.			GENERAL OPERATING
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 175 BROAD STREET - PROVIDENCE, RI 02903	06-0263565	501(C)(3)	5,096.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	8,000.	0.			RHODE ISLAND COMMUNITY CENSUS PROJECT
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON STREET OAKLAND, CA 94607	94-3251867	501(C)(3)	60,000.	0.			#RECESSROCKS RI

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PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON STREET OAKLAND, CA 94607	94-3251867	501(C)(3)	100,000.	0.			RECESSROCKSINRI
PONAGANSET HIGH SCHOOL 137 ANAN WADE ROAD NORTH SCITUATE, RI 02857	05-6002823	CITY GOV	10,000.	0.			PONAGANSET REMEMBERS: A TRIBUTE TO THE 9/11 FALLEN
PONTIAC VILLAGE ASSOCIATION 87 KING STREET WARWICK, RI 02886	05-0490133	501(C)(3)	8,405.	0.			PONTIAC VILLAGE PLAYGROUND
POPULAR PRAXIS 8 LISTER DRIVE BARRINGTON, RI 02806	82-3512869	501(C)(3)	360.	0.			BLACK LIVES MATTER RHODE ISLAND
POPULAR PRAXIS 8 LISTER DRIVE BARRINGTON, RI 02806	82-3512869	501(C)(3)	10,000.	0.			BLMRI INFRASTRUCTURE DEVELOPMENT
POPULAR PRAXIS 8 LISTER DRIVE BARRINGTON, RI 02806	82-3512869	501(C)(3)	8,000.	0.			PAWTUCKET GARDEN EDUCATION
PRESERVATION SOCIETY OF PAWTUCKET, INC. - 67 PARK PLACE - PAWTUCKET, RI 02860	22-2668313	501(C)(3)	6,406.	0.			GENERAL OPERATING
PRESERVATION SOCIETY OF PAWTUCKET, INC. - 67 PARK PLACE - PAWTUCKET, RI 02860	22-2668313	501(C)(3)	1,715.	0.			PROGRAM SUPPORT
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	500.	0.			ANNUAL FUND

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PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	1,000.	0.			ANNUAL FUND/LIPPITT HOUSE MUSEUM
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	5,000.	0.			CVH CAPE VERDEAN CENSUS
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	500.	0.			LIPPITT HOUSE MUSEUM
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	5,000.	0.			UNRESTRICTED GRANT
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	2,600,000.	0.			WITHDRAWAL FROM FLEXIBLE ENDOWMENT
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	6,750.	0.			GENERAL SUPPORT
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	183,037.	0.			GENERAL OPERATING
PRESERVE RHODE ISLAND 957 NORTH MAIN STREET PROVIDENCE, RI 02904	05-6012417	501(C)(3)	1,157.	0.			PROGRAM SUPPORT
PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	250.	0.			ADVOCACY AND SOCIAL JUSTICE WORK

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PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	71,000.	0.			AYUDAME DOMESTIC VIOLENCE PROGRAM
PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	40,000.	0.			AYUDAME/HELP ME PROGRAM
PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	50,000.	0.			COVID-19 BASIC NEEDS SUPPORT
PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	35,000.	0.			COVID-19 RI RESPONSE
PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	75,000.	0.			EMERGENCY FUND FOR UNDOCUMENTED COMMUNITIES
PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	15,000.	0.			FOOD PANTRY OF PROGRESO LATINO
PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	300.	0.			FOR WHEREVER IT IS MOST NEEDED
PROGRESO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	1,000.	0.			SUPPORT THE PURPOSE OF THE ORGANIZATION
PROJECT BREAD - THE WALK FOR HUNGER - 145 BORDER STREET - EAST BOSTON, MA 02128	04-2931195	501(C)(3)	200,000.	0.			GENERAL SUPPORT

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PROJECT LETS, INC. 23 CHAPIN AVENUE PROVIDENCE, RI 02909	46-3381454	501(C)(3)	20,285.	0.			PEER-LED MOBILE CRISIS RESPONSE
PROJECT LETS, INC. 23 CHAPIN AVENUE PROVIDENCE, RI 02909	46-3381454	501(C)(3)	5,500.	0.			VILLAGE NURTURE
PROJECT PROSPER OF FLORIDA 2815 EDWARDS AVENUE SOUTH ST. PETERSBURG, FL 33705	45-0491407	501(C)(3)	15,000.	0.			SUPPORTING UNDERSERVED & AT RISK MARGINALIZED POPULATIONS
PROJECT SOUTH 9 GAMMON AVE SE ATLANTA, GA 30315	58-1956686	501(C)(3)	35,000.	0.			IN STRENGTH: SISTA FIRE
PROJECT SOUTH 9 GAMMON AVE SE ATLANTA, GA 30315	58-1956686	501(C)(3)	250.	0.			SISTA FIRE
PROJECT SOUTH 9 GAMMON AVE SE ATLANTA, GA 30315	58-1956686	501(C)(3)	250.	0.			SISTA FIRE
PROJECT SOUTH 9 GAMMON AVE SE ATLANTA, GA 30315	58-1956686	501(C)(3)	1,000.	0.			SISTA FIRE
PROJECT SOUTH 9 GAMMON AVE SE ATLANTA, GA 30315	58-1956686	501(C)(3)	100,000.	0.			SISTA FIRE GROWS
PROJECT UNDERCOVER, INC. 50 GRECO LANE WARWICK, RI 02886	30-0576681	501(C)(3)	23,891.	0.			BRIDGING THE BASIC NEEDS GAP FOR RI'S YOUNGEST RESIDENTS AND THEIR FAMILIES

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PROJECT UNDERCOVER, INC. 50 GRECO LANE WARWICK, RI 02886	30-0576681	501(C)(3)	5,000.	0.			CHILDREN'S UNDERWEAR INITIATIVE
PROJECT UNDERCOVER, INC. 50 GRECO LANE WARWICK, RI 02886	30-0576681	501(C)(3)	15,000.	0.			DIAPER PURCHASE
PROJECT WEBER 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501(C)(3)	125.	0.			EMPLOYEE MATCHING PROGRAM
PROJECT WEBER 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501(C)(3)	20,000.	0.			PROJECT WEBER/RENEW STREET OUTREACH/BASIC NEEDS
PROJECT WEBER 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501(C)(3)	10,000.	0.			PROJECT WEBER/RENEW TRANSGENDER OUTREACH PROJECT
PROJECT WEBER 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501(C)(3)	1,000.	0.			TO SUPPORT THE ORGANIZATION'S MISSION
PROSPERITY NOW 1200 G STREET NW, SUITE 400 WASHINGTON, DC 20005	52-1141804	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROVIDENCE AFTER SCHOOL ALLIANCE, INC. - 81 CARPENTER STREET - PROVIDENCE, RI 02903	26-0319193	501(C)(3)	5,000.	0.			AFTERZONE SPORTS AND WELLNESS
PROVIDENCE AFTER SCHOOL ALLIANCE, INC. - 81 CARPENTER STREET - PROVIDENCE, RI 02903	26-0319193	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN

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PROVIDENCE AFTER SCHOOL ALLIANCE, INC. - 81 CARPENTER STREET - PROVIDENCE, RI 02903	26-0319193	501(C)(3)	2,000.	0.			GENERAL SUPPORT
PROVIDENCE AFTER SCHOOL ALLIANCE, INC. - 81 CARPENTER STREET - PROVIDENCE, RI 02903	26-0319193	501(C)(3)	75,000.	0.			PASA GENERAL OPERATING SUPPORT
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501(C)(3)	15,000.	0.			CCTV SECURITY SYSTEM WITH INSTALLATION
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501(C)(3)	5,000.	0.			FERAL CAT PROGRAM
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501(C)(3)	250.	0.			TO SUPPORT THE ORGANIZATION'S MISSION
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501(C)(3)	250.	0.			WHEREVER IT IS MOST NEEDED
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501(C)(3)	250.	0.			GENERAL SUPPORT
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW STREET PROVIDENCE, RI 02903	05-0262712	501(C)(3)	22,795.	0.			GENERAL OPERATING
PROVIDENCE ART CLUB 11 THOMAS ST. PROVIDENCE, RI 02903	05-0302383	501(C)(3)	500.	0.			GENERAL SUPPORT

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PROVIDENCE ART CLUB 11 THOMAS ST. PROVIDENCE, RI 02903	05-0302383	501(C)(3)	5,665.	0.			GENERAL OPERATING
PROVIDENCE ART CLUB 11 THOMAS ST. PROVIDENCE, RI 02903	05-0302383	501(C)(3)	593.	0.			PROGRAM SUPPORT
PROVIDENCE ATHENAEUM 251 BENEFIT STREET PROVIDENCE, RI 02903-2799	05-0258928	501(C)(3)	700.	0.			ANNUAL FUND
PROVIDENCE ATHENAEUM 251 BENEFIT STREET PROVIDENCE, RI 02903-2799	05-0258928	501(C)(3)	700.	0.			ANNUAL FUND
PROVIDENCE ATHENAEUM 251 BENEFIT STREET PROVIDENCE, RI 02903-2799	05-0258928	501(C)(3)	1,000.	0.			ONGOING SUPPORT
PROVIDENCE ATHENAEUM 251 BENEFIT STREET PROVIDENCE, RI 02903-2799	05-0258928	501(C)(3)	19,000.	0.			GENERAL SUPPORT
PROVIDENCE ATHENAEUM 251 BENEFIT STREET PROVIDENCE, RI 02903-2799	05-0258928	501(C)(3)	40,469.	0.			GENERAL OPERATING
PROVIDENCE CHILDREN'S FILM FESTIVAL - PO BOX 6724, CORLISS STREET - PROVIDENCE, RI 02940	27-0917644	501(C)(3)	13,750.	0.			GENERAL SUPPORT
PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501(C)(3)	5,000.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501(C)(3)	100,000.	0.			GENERAL USE
PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501(C)(3)	5,000.	0.			ONGOING SUPPORT
PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501(C)(3)	5,000.	0.			RI CENSUS AT PCM FREE FRIDAYS
PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501(C)(3)	12,500.	0.			SUPPORT GENERAL NEEDS
PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501(C)(3)	10,500.	0.			GENERAL SUPPORT
PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501(C)(3)	50,599.	0.			GENERAL OPERATING
PROVIDENCE CITYARTS FOR YOUTH INC. 891 BROAD STREET PROVIDENCE, RI 02907-7691	22-3258997	501(C)(3)	2,500.	0.			CITYARTS! OUT-OF-SCHOOL TIME YOUTH ARTS PROGRAMS
PROVIDENCE CITYARTS FOR YOUTH INC. 891 BROAD STREET PROVIDENCE, RI 02907-7691	22-3258997	501(C)(3)	250.	0.			GENERAL SUPPORT
PROVIDENCE CITYARTS FOR YOUTH INC. 891 BROAD STREET PROVIDENCE, RI 02907-7691	22-3258997	501(C)(3)	2,910.	0.			GENERAL OPERATING

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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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PROVIDENCE COLLEGE ALUMNI ASSOCIATION - 1 CUNNINGHAM SQUARE - PROVIDENCE, RI 02918	05-0258932	501(C)(3)	320,586.	0.			GENERAL OPERATING
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501(C)(3)	100.	0.			EMPLOYEE MATCHING PROGRAM
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501(C)(3)	2,000.	0.			FRIAR 5K
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501(C)(3)	500.	0.			PC ALUMNI ASSOCIATION
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501(C)(3)	20,162.	0.			PROGRAM SUPPORT
PROVIDENCE COMMUNITY HEALTH CENTERS, INC. - 375 ALLENS AVENUE - PROVIDENCE, RI 02905	05-0368134	501(C)(3)	100,000.	0.			ENSURING ACCESS TO INTEGRATED BEHAVIORAL HEALTHCARE IN THE PATIENT'S PRIMARY CARE
PROVIDENCE COMMUNITY HEALTH CENTERS, INC. - 375 ALLENS AVENUE - PROVIDENCE, RI 02905	05-0368134	501(C)(3)	60,000.	0.			TELEHEALTH TECHNICAL SUPPORT
PROVIDENCE COMMUNITY HEALTH CENTERS, INC. - 375 ALLENS AVENUE - PROVIDENCE, RI 02905	05-0368134	501(C)(3)	300.	0.			WHEREVER IT IS NEEDED MOST
PROVIDENCE COMMUNITY HEALTH CENTERS, INC. - 375 ALLENS AVENUE - PROVIDENCE, RI 02905	05-0368134	501(C)(3)	2,669.	0.			GENERAL OPERATING

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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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PROVIDENCE COMMUNITY LIBRARY PO BOX 9267 PROVIDENCE, RI 02940	36-4640304	501(C)(3)	7,000.	0.			CHECK OUT THE CENSUS AT PROVIDENCE COMMUNITY LIBRARY
PROVIDENCE COMMUNITY LIBRARY PO BOX 9267 PROVIDENCE, RI 02940	36-4640304	501(C)(3)	500.	0.			CONTINUED SUPPORT
PROVIDENCE COMMUNITY LIBRARY PO BOX 9267 PROVIDENCE, RI 02940	36-4640304	501(C)(3)	250.	0.			OLNEYVILLE BRANCH
PROVIDENCE COMMUNITY LIBRARY PO BOX 9267 PROVIDENCE, RI 02940	36-4640304	501(C)(3)	500.	0.			READING EXPERIENCE OF YOUNG READERS
PROVIDENCE COMMUNITY LIBRARY PO BOX 9267 PROVIDENCE, RI 02940	36-4640304	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
PROVIDENCE COMMUNITY LIBRARY PO BOX 9267 PROVIDENCE, RI 02940	36-4640304	501(C)(3)	7,550.	0.			GENERAL SUPPORT
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 02914-1724	05-0258934	501(C)(3)	10,000.	0.			ANNUAL FUND
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 02914-1724	05-0258934	501(C)(3)	2,000.	0.			ANNUAL SUPPORT
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 02914-1724	05-0258934	501(C)(3)	13,782.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

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PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 02914-1724	05-0258934	501(C)(3)	46,474.	0.			PROGRAM SUPPORT
PROVIDENCE FEMALE CHARITABLE SOCIETY - P.O. BOX 829 - SAUNDERSTOWN, RI 02874	05-6008631	501(C)(3)	26,675.	0.			PROGRAM SUPPORT
PROVIDENCE HOUSING AUTHORITY 100 BROAD STREET PROVIDENCE, RI 02903-4129	05-6000193	CITY GOV	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT
PROVIDENCE HOUSING AUTHORITY 100 BROAD STREET PROVIDENCE, RI 02903-4129	05-6000193	CITY GOV	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT FUNDING
PROVIDENCE HOUSING AUTHORITY 100 BROAD STREET PROVIDENCE, RI 02903-4129	05-6000193	CITY GOV	75,000.	0.			BUILDING BRIDGES TO SUPPORT IN THE WAKE OF COVID-19
PROVIDENCE HOUSING AUTHORITY 100 BROAD STREET PROVIDENCE, RI 02903-4129	05-6000193	CITY GOV	75,000.	0.			EMERGENCY FOOD BOX PROGRAM FOR PHA ELDERLY AND DISABLED TENANTS
PROVIDENCE HOUSING AUTHORITY 100 BROAD STREET PROVIDENCE, RI 02903-4129	05-6000193	CITY GOV	40,000.	0.			PHAS EMERGENCY FOOD DISTRIBUTION PROGRAM
PROVIDENCE NEIGHBORHOOD PLANTING PROGRAM - PO BOX 5897 - PROVIDENCE, RI 02903	46-2442220	501(C)(3)	24,000.	0.			FY20 - Q2 PNPP PROGRAM SUPPORT/SPRING TREES
PROVIDENCE NEIGHBORHOOD PLANTING PROGRAM - PO BOX 5897 - PROVIDENCE, RI 02903	46-2442220	501(C)(3)	2,399.	0.			2019 SPRING STRATEGIC PLANNING EXPENSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE NEIGHBORHOOD PLANTING PROGRAM - PO BOX 5897 - PROVIDENCE, RI 02903	46-2442220	501(C)(3)	9,000.	0.			2020 Q3 OPERATING EXPENSES
PROVIDENCE NEIGHBORHOOD PLANTING PROGRAM - PO BOX 5897 - PROVIDENCE, RI 02903	46-2442220	501(C)(3)	47,000.	0.			FY20 - 3Q FUNDING
PROVIDENCE NEIGHBORHOOD PLANTING PROGRAM - PO BOX 5897 - PROVIDENCE, RI 02903	46-2442220	501(C)(3)	9,000.	0.			MASTER PLAN, ORG. DEVELOPMENT, AND STRATEGIC PLANNING
PROVIDENCE NEIGHBORHOOD PLANTING PROGRAM - PO BOX 5897 - PROVIDENCE, RI 02903	46-2442220	501(C)(3)	28,000.	0.			OPERATING EXPENSES/TREE PURCHASES
PROVIDENCE NEIGHBORHOOD PLANTING PROGRAM - PO BOX 5897 - PROVIDENCE, RI 02903	46-2442220	501(C)(3)	9,000.	0.			STAFF TIME IN THE THIRD QUARTER OF THE 2020 FISCAL YEAR
PROVIDENCE NEIGHBORHOOD PLANTING PROGRAM - PO BOX 5897 - PROVIDENCE, RI 02903	46-2442220	501(C)(3)	9,000.	0.			URBAN FOREST MASTER PLANNING, STRATEGIC PLANNING, ORGANIZATIONAL DEVELOPMENT
PROVIDENCE PARKS AND RECREATION DEPARTMENT - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02905	05-6000329	CITY GOV	10,000.	0.			BLOCK PRUNING
PROVIDENCE PARKS AND RECREATION DEPARTMENT - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02905	05-6000329	CITY GOV	60,000.	0.			BLOCK PRUNING/ASH TREE TREATMENT
PROVIDENCE PARKS AND RECREATION DEPARTMENT - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02905	05-6000329	CITY GOV	16,669.	0.			DESIGNATED GRANT

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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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PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	05-0377244	501(C)(3)	750.	0.			ANNUAL FUND AND GENERAL USE
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	05-0377244	501(C)(3)	5,700.	0.			GENERAL SUPPORT
PROVIDENCE POLICE DEPARTMENT 325 WASHINGTON STREET PROVIDENCE, RI 02903	05-6200329	CITY GOV	3,000.	0.			THE PROVIDENCE POLICE EXPLORERS
PROVIDENCE POLICE DEPARTMENT 325 WASHINGTON STREET PROVIDENCE, RI 02903	05-6200329	CITY GOV	2,875.	0.			GENERAL OPERATING
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	1,000.	0.			CAMPAIGN SUPPORT
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	4,000.	0.			CAPITAL CAMPAIGN
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	15,000.	0.			FUTURE OF PRESERVATION
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	3,000.	0.			GENERAL FUND/MEETING STREET STEPS
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	1,680.	0.			MARY A. GOWDEY DATABASE OCR PROJECT

Schedule I (Form 990)

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PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	1,000.	0.			MEMBERSHIP SUPPORT
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	1,500.	0.			PPS'S ANNUAL FUND
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	2,500.	0.			WINDOW AND WORKFORCE TRAINING PROGRAM
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	30,782.	0.			GENERAL OPERATING
PROVIDENCE PRESERVATION SOCIETY 24 MEETING STREET PROVIDENCE, RI 02903-1250	05-0283958	501(C)(3)	1,651.	0.			PROGRAM SUPPORT
PROVIDENCE PROMISE TWO REGENCY PLAZA, SUITE 4 PROVIDENCE, RI 02903	47-1918920	501(C)(3)	5,350.	0.			GENERAL SUPPORT
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	1,000.	0.			ANNUAL CONSERVATOR GIFT
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	500.	0.			AREA OF GREATEST NEED

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PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	1,000.	0.			CONTINUED SUPPORT
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	50,000.	0.			DONATION
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	50,202.	0.			EDUCATION, JOB ASSISTANCE, AND DIRECT SERVICE SUPPORT FOR VULNERABLE RHODE
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	5,000.	0.			GENERAL USE
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	50,000.	0.			PPL EDUCATION, WORKFORCE DEVELOPMENT, & CULTURAL PROGRAMMING
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	20,000.	0.			THINK AGAIN CAMPAIGN/AUDITORIUM
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	250.	0.			TO SUPPORT THE ORGANIZATION'S MISSION
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	12,300.	0.			GENERAL SUPPORT
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	6,710.	0.			GENERAL OPERATING

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PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	05-0262713	501(C)(3)	1,433.	0.			PROGRAM SUPPORT
PROVIDENCE SCHOOL DEPARTMENT 797 WESTMINSTER STREET, 3RD FLOOR PROVIDENCE, RI 02903	05-6000329	CITY GOV	100,000.	0.			DISTANCE LEARNING TECHNOLOGY
PROVIDENCE SCHOOL DEPARTMENT 797 WESTMINSTER STREET, 3RD FLOOR PROVIDENCE, RI 02903	05-6000329	CITY GOV	10,000.	0.			PPSD CENSUS DRIVE
PROVIDENCE SCHOOL DEPARTMENT 797 WESTMINSTER STREET, 3RD FLOOR PROVIDENCE, RI 02903	05-6000329	CITY GOV	125,000.	0.			PROVIDENCE XQ+RI CHALLENGE: ACCELERATOR SCHOOL
PROVIDENCE SCHOOL DEPARTMENT 797 WESTMINSTER STREET, 3RD FLOOR PROVIDENCE, RI 02903	05-6000329	CITY GOV	100,000.	0.			PROVIDENCE XQ+RI CHALLENGE: MOMENTUM SCHOOLS
PROVIDENCE SINGERS, INC. 667 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	23-7346141	501(C)(3)	51,000.	0.			GENERAL SUPPORT
PROVIDENCE SINGERS, INC. 667 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	23-7346141	501(C)(3)	720.	0.			GENERAL OPERATING
PROVIDENCE SINGERS, INC. 667 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	23-7346141	501(C)(3)	5,227.	0.			PROGRAM SUPPORT
PROVIDENCE VILLAGE OF RHODE ISLAND 276 ANGELL STREET PROVIDENCE, RI 02906	47-3675451	501(C)(3)	2,500.	0.			BOARD CHAIR/ED COACHING PROGRAM - MINI GRANT

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PROVIDENCE VILLAGE OF RHODE ISLAND 276 ANGELL STREET PROVIDENCE, RI 02906	47-3675451	501(C)(3)	11,686.	0.			HELPING RI'S OLDER ADULTS DURING THE PANDEMIC: SUPPORTS TO AGE IN THE COMMUNITY
PROVIDENCE WARWICK CONVENTION & VISITORS BUREAU - 10 MEMORIAL BOULEVARD - PROVIDENCE, RI 02903	05-0487503	501(C)(6)	30,000.	0.			BUY LOCAL RI WINTER 2020/2021 CAMPAIGN
PROVIDENCE YOUTH STUDENT MOVEMENT (PRYSM) - 669 ELMWOOD AVENUE, BOX 13, SUITE B13 - PROVIDENCE, RI 02907	65-1224536	501(C)(3)	60,000.	0.			AMOR: COMMUNITY CARE DURING COVID-19
PROVIDENCE YOUTH STUDENT MOVEMENT (PRYSM) - 669 ELMWOOD AVENUE, BOX 13, SUITE B13 - PROVIDENCE, RI 02907	65-1224536	501(C)(3)	20,000.	0.			PRYSM'S COMMUNITY CARE TEAM
PROVIDENCE YOUTH STUDENT MOVEMENT (PRYSM) - 669 ELMWOOD AVENUE, BOX 13, SUITE B13 - PROVIDENCE, RI 02907	65-1224536	501(C)(3)	10,000.	0.			RI CIVIC ENGAGEMENT PROGRAM
PROVIDENCE YOUTH STUDENT MOVEMENT (PRYSM) - 669 ELMWOOD AVENUE, BOX 13, SUITE B13 - PROVIDENCE, RI 02907	65-1224536	501(C)(3)	1,800.	0.			RI SOLIDARITY FUND
PRUDENCE CONSERVANCY PO BOX 115 PRUDENCE ISLAND, RI 02872	22-2881005	501(C)(3)	500.	0.			FARNHAM FARM
PRUDENCE CONSERVANCY PO BOX 115 PRUDENCE ISLAND, RI 02872	22-2881005	501(C)(3)	500.	0.			GREEN POINT RESERVE
PRUDENCE CONSERVANCY PO BOX 115 PRUDENCE ISLAND, RI 02872	22-2881005	501(C)(3)	5,922.	0.			HOPE BROWN CENTER

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RACHEL MOLLY MARKOFF FOUNDATION 33 CHESTNUT STREET WELLESLEY, MA 02481	04-6907596	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REACH OUT AND READ RHODE ISLAND ONE RICHMOND SQUARE, SUITE 222W PROVIDENCE, RI 02906	05-0514148	501(C)(3)	17,500.	0.			PARTNERING WITH MEDICAL PROVIDERS TO SUPPORT DAILY READING HABITS TO IMPROVE ACADEMIC AND
REACH OUT AND READ RHODE ISLAND ONE RICHMOND SQUARE, SUITE 222W PROVIDENCE, RI 02906	05-0514148	501(C)(3)	15,000.	0.			REACH OUT AND READ RI PARTNERSHIP
REACH OUT AND READ RHODE ISLAND ONE RICHMOND SQUARE, SUITE 222W PROVIDENCE, RI 02906	05-0514148	501(C)(3)	2,500.	0.			THE SCHOOL READINESS INITIATIVE AT PCHC CAPITOL HILL AND PCHC RANDALL SQUARE
REACH OUT AND READ RHODE ISLAND ONE RICHMOND SQUARE, SUITE 222W PROVIDENCE, RI 02906	05-0514148	501(C)(3)	2,500.	0.			WELLONE SITE SUPPORT
REACH OUT AND READ RHODE ISLAND ONE RICHMOND SQUARE, SUITE 222W PROVIDENCE, RI 02906	05-0514148	501(C)(3)	15,250.	0.			GENERAL SUPPORT
READ TO SUCCEED, INC. 6 WATER VALLEY ROAD HOPE, RI 02831	74-3236898	501(C)(3)	500.	0.			GENERAL PURPOSE
READ TO SUCCEED, INC. 6 WATER VALLEY ROAD HOPE, RI 02831	74-3236898	501(C)(3)	16,000.	0.			GENERAL SUPPORT
REDWOOD LIBRARY AND ATHENAEUM 50 BELLEVUE AVENUE NEWPORT, RI 02840	05-0260678	501(C)(3)	1,000.	0.			ANNUAL FUND

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REDWOOD LIBRARY AND ATHENAEUM 50 BELLEVUE AVENUE NEWPORT, RI 02840	05-0260678	501(C)(3)	7,500.	0.			NEWPORT IN THE AGE OF REVOLUTION 1763-1783
REDWOOD LIBRARY AND ATHENAEUM 50 BELLEVUE AVENUE NEWPORT, RI 02840	05-0260678	501(C)(3)	700.	0.			GENERAL SUPPORT
REDWOOD LIBRARY AND ATHENAEUM 50 BELLEVUE AVENUE NEWPORT, RI 02840	05-0260678	501(C)(3)	4,848.	0.			GENERAL OPERATING
REENTRY CAMPUS PROGRAM 500 BROAD STREET, 1C PROVIDENCE, RI 02907	82-2962618	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REFUGEE DEVELOPMENT CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	10,000.	0.			COVID-19 REFUGEE RELIEF
REFUGEE DEVELOPMENT CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	5,000.	0.			REFUGEE ADULT EDUCATION & WORKFORCE DEVELOPMENT
REFUGEE DEVELOPMENT CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	50,000.	0.			REFUGEE COVID-19 RELIEF
REFUGEE DEVELOPMENT CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	500.	0.			TO SUPPORT THE ORGANIZATION'S MISSION
REFUGEE DEVELOPMENT CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGEE DEVELOPMENT CENTER 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
RESIST INC. PO BOX 301240 BOSTON, MA 02130	04-2433182	501(C)(3)	45,000.	0.			COMMUNITY POWERED AGRICULTURE: RI'S FIRST MAJORITY PEOPLE OF COLOR CSA
REST 3 ROCKLAND STREET SOUTH DARTMOUTH, MA 02748	82-3903799	501(C)(3)	25,000.	0.			REST VIRTUAL ALLIES/CRAFT FACILITATOR TRAININGS
RHODE ISLAND 4-H CLUB FOUNDATION, INC. - P. O. BOX 1925 - KINGSTON, RI 02881	05-6016234	501(C)(3)	7,878.	0.			GENERAL OPERATING
RHODE ISLAND ACADEMIC DECATHLON ASSOCIATION - 1944 WARWICK AVENUE - WARWICK, RI 02886	22-2518843	501(C)(3)	10,000.	0.			DONATION
RHODE ISLAND ARTS FOUNDATION AT NEWPORT, INC. - P.O. BOX 3303 - NEWPORT, RI 02840	05-0319134	501(C)(3)	7,500.	0.			NEWPORT MUSIC FESTIVAL
RHODE ISLAND ARTS FOUNDATION AT NEWPORT, INC. - P.O. BOX 3303 - NEWPORT, RI 02840	05-0319134	501(C)(3)	2,500.	0.			NEWPORT MUSIC FESTIVAL
RHODE ISLAND ARTS FOUNDATION AT NEWPORT, INC. - P.O. BOX 3303 - NEWPORT, RI 02840	05-0319134	501(C)(3)	5,000.	0.			NEWPORT MUSIC FESTIVAL
RHODE ISLAND ARTS FOUNDATION AT NEWPORT, INC. - P.O. BOX 3303 - NEWPORT, RI 02840	05-0319134	501(C)(3)	5,000.	0.			THE HARLEM STRING QUARTET - OUTSTANDING GUEST ARTIST ENSEMBLE

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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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RHODE ISLAND ARTS FOUNDATION AT NEWPORT, INC. - P.O. BOX 3303 - NEWPORT, RI 02840	05-0319134	501(C)(3)	33,845.	0.			PROGRAM SUPPORT
RHODE ISLAND BLACK BUSINESS ASSOCIATION - 3 REGENCY PLAZA #3 - PROVIDENCE, RI 02903	45-1454867	501(C)(6)	50,000.	0.			MICRO BUSINESS SUPPORT
RHODE ISLAND BLACK STORYTELLERS 393 BROAD STREET, BOX 14 PROVIDENCE, RI 02907	05-0516630	501(C)(3)	7,500.	0.			FUNDA ALL YEAR LONG
RHODE ISLAND BLACK STORYTELLERS 393 BROAD STREET, BOX 14 PROVIDENCE, RI 02907	05-0516630	501(C)(3)	5,000.	0.			FUNDA FEST 23: A CELEBRATION OF BLACK STORYTELLING AND FUNDA VACATION STORY CAMP
RHODE ISLAND BLACK STORYTELLERS 393 BROAD STREET, BOX 14 PROVIDENCE, RI 02907	05-0516630	501(C)(3)	10,000.	0.			RIBS IN NEWPORT COUNTY 2021
RHODE ISLAND BLACK STORYTELLERS 393 BROAD STREET, BOX 14 PROVIDENCE, RI 02907	05-0516630	501(C)(3)	36,000.	0.			RIBS SUMMER RIDE PROGRAM
RHODE ISLAND BUSINESS PLAN COMPETITION, INC. - 40 WESTMINSTER ST. SUITE 702 - PROVIDENCE, RI 02903	56-2534012	501(C)(3)	10,000.	0.			DONATION
RHODE ISLAND CENTER FOR JUSTICE ONE EMPIRE PLAZA, SUITE 410 PROVIDENCE, RI 02903	46-5295722	501(C)(3)	17,500.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT
RHODE ISLAND CENTER FOR JUSTICE ONE EMPIRE PLAZA, SUITE 410 PROVIDENCE, RI 02903	46-5295722	501(C)(3)	17,500.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT FUNDING

Schedule I (Form 990)

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

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RHODE ISLAND CENTER FOR JUSTICE ONE EMPIRE PLAZA, SUITE 410 PROVIDENCE, RI 02903	46-5295722	501(C)(3)	2,500.	0.			COVID-19 LEGAL SUPPORT
RHODE ISLAND CENTER FOR JUSTICE ONE EMPIRE PLAZA, SUITE 410 PROVIDENCE, RI 02903	46-5295722	501(C)(3)	2,000.	0.			TEAM SERVICE PROJECTS - CONNECTING THROUGH KINDNESS
RHODE ISLAND CENTER FOR JUSTICE ONE EMPIRE PLAZA, SUITE 410 PROVIDENCE, RI 02903	46-5295722	501(C)(3)	100,000.	0.			THE PANDEMIC EVICTION PREVENTION PROJECT
RHODE ISLAND CHILDREN'S CHORUS, INC. - PO BOX 88 - LINCOLN, RI 02865	20-4168088	501(C)(3)	25,000.	0.			GENERAL SUPPORT
RHODE ISLAND COALITION TO END HOMELESSNESS - 1070 MAIN STREET, SUITE 304 - PAWTUCKET, RI 02860	22-2894547	501(C)(3)	5,000.	0.			EVALUATION SUPPORT
RHODE ISLAND COALITION TO END HOMELESSNESS - 1070 MAIN STREET, SUITE 304 - PAWTUCKET, RI 02860	22-2894547	501(C)(3)	40,000.	0.			HOMELESS SYSTEM COVID-19 RESPONSE
RHODE ISLAND COALITION TO END HOMELESSNESS - 1070 MAIN STREET, SUITE 304 - PAWTUCKET, RI 02860	22-2894547	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
RHODE ISLAND COALITION TO END HOMELESSNESS - 1070 MAIN STREET, SUITE 304 - PAWTUCKET, RI 02860	22-2894547	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
RHODE ISLAND COALITION TO END HOMELESSNESS - 1070 MAIN STREET, SUITE 304 - PAWTUCKET, RI 02860	22-2894547	501(C)(3)	7,500.	0.			YOUTH CENSUS OUTREACH

Schedule I (Form 990)

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

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RHODE ISLAND COALITION TO END HOMELESSNESS - 1070 MAIN STREET, SUITE 304 - PAWTUCKET, RI 02860	22-2894547	501(C)(3)	750.	0.			GENERAL SUPPORT
RHODE ISLAND COLLEGE FOUNDATION 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908-1991	05-6049721	501(C)(3)	23,000.	0.			FACILITATING AND SUPPORTING THE "BUILDING A LEGACY" GRANT TO WOONSOCKET PUBLIC SCHOOLS
RHODE ISLAND COLLEGE FOUNDATION 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908-1991	05-6049721	501(C)(3)	1,222.	0.			GENERAL OPERATING
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6016315	STATE GOV	1,000.	0.			AREA OF GREATEST NEED
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6016315	STATE GOV	24,768.	0.			CLINICAL TRAINING BOOTCAMP FOR EMERGENT NURSES
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6016315	STATE GOV	75,000.	0.			COVID-19 BEHAVIORAL HEALTH SUPPORT PARTNERSHIP FOR AGING ADULTS
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6016315	STATE GOV	500.	0.			EMERGENCY RESPONSE FUND
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6016315	STATE GOV	14,820.	0.			RHODE ISLAND SCHOOL OF NURSING
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6016315	STATE GOV	1,000.	0.			RI COLLEGE FOUNDATION EMERGENCY RESPONSE FUND

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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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RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6016315	STATE GOV	25,600.	0.			RIC/PPSD ESL COHORT
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6016315	STATE GOV	1,250.	0.			GENERAL SUPPORT
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6016315	STATE GOV	623.	0.			PROGRAM SUPPORT
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE, #9 PROVIDENCE, RI 02908	05-6049721	501(C)(3)	24,995.	0.			MEDICAL RESEARCH
RHODE ISLAND COMMUNITIES FOR ADDICTION RECOVERY EFFORTS - 134 MATHEWSON STREET, 3RD FLOOR - PROVIDENCE, RI 02903	90-0613502	501(C)(3)	1,500.	0.			ANTI-STIGMA FOR SPANISH SPEAKERS
RHODE ISLAND COMMUNITIES FOR ADDICTION RECOVERY EFFORTS - 134 MATHEWSON STREET, 3RD FLOOR - PROVIDENCE, RI 02903	90-0613502	501(C)(3)	100,000.	0.			OXFORD HOUSES OF RHODE ISLAND
RHODE ISLAND COMMUNITIES FOR ADDICTION RECOVERY EFFORTS - 134 MATHEWSON STREET, 3RD FLOOR - PROVIDENCE, RI 02903	90-0613502	501(C)(3)	8,000.	0.			RECOVERY COUNTS TOO
RHODE ISLAND COMMUNITY ACTION ASSOCIATION - 224 BUTTONWOODS AVENUE - WARWICK, RI 02886	22-3143639	501(C)(3)	37,500.	0.			TAX PREPARATION AND FOOD INSECURITY RELIEF
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	75,000.	0.			ADDRESSING THE INCREASED NEED FOR FOOD ASSISTANCE DUE TO COVID-19

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,000.	0.			ANNUAL FUND
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	10,000.	0.			ANNUAL FUND
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	15,000.	0.			ANNUAL GIFT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	7,500.	0.			ANNUAL SUPPORT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	100.	0.			AS A MATCHING CONTRIBUTION
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	250.	0.			AS A MATCHING CONTRIBUTION
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	300.	0.			AS MOST NEEDED
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	5,500.	0.			BLUEANGEL COMMUNITY HEALTH GRANT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	5,500.	0.			BLUEANGEL COMMUNITY HEALTH GRANT - HEALTHY HABITS: EATING WELL ON A BUDGET

Schedule I (Form 990)

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

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RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	2,000.	0.			COMMUNITY KITCHEN PROGRAM
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,500.	0.			CONTINUED SUPPORT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	10,000.	0.			COVID 19 EMERGENCY FOOD
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	2,500.	0.			COVID-19 CRISIS 2020
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	100,000.	0.			COVID-19 RELIEF EFFORTS
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	75,000.	0.			COVID-19 RI RESPONSE
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,000.	0.			COVID-19 SUPPORT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,500.	0.			DEMAND DURING COVID-19
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	30,000.	0.			DONATION

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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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RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907	05-0395601	501(C)(3)	10,000.	0.			EMERGENCY FOOD FOR COVID-19 FOOD
RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907	05-0395601	501(C)(3)	250.	0.			EMPLOYEE MATCHING PROGRAM
RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907	05-0395601	501(C)(3)	5,000.	0.			FEED THOSE IN NEED
RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907	05-0395601	501(C)(3)	1,000.	0.			FEEDING ASSISTANCE DURING THE CORONA VIRUS
RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907	05-0395601	501(C)(3)	500.	0.			FOOD
RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907	05-0395601	501(C)(3)	10,000.	0.			FOOD ASSISTANCE
RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907	05-0395601	501(C)(3)	1,000.	0.			FOOD DISTRIBUTION
RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907	05-0395601	501(C)(3)	500.	0.			FOOD DISTRIBUTION
RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907	05-0395601	501(C)(3)	100,000.	0.			FOR ASSISTANCE DUE TO PANDEMIC CRISIS

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RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,000.	0.			GENERAL BUDGET
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,000.	0.			GENERAL FUNDS
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	2,500.	0.			GENERAL USE
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	5,000.	0.			GENERAL USES
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	200.	0.			GENERAL USES
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	5,154.	0.			HUNGER RELIEF
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	12,000.	0.			HUNGER SUPPORT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	175,000.	0.			INCREASING HUNGER RELIEF TO ADDRESS INCREASED NEED FOR FOOD ASSISTANCE ACROSS THE STATE
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	50.	0.			MATCHING CONTRIBUTION

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RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	50,000.	0.			MEALS4KIDS BOXES FEED CHILDREN IN NEED
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	3,000.	0.			OPERATING BUDGET
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,000.	0.			PURCHASE FOOD
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	10,000.	0.			SCHOOL BASED PANTRIES AND KIDS CAF
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	20,000.	0.			SPECIAL CHALLENGE GRANT PROGRAM
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	20,000.	0.			STEP UP TO END HUNGER CHALLENGE MATCH
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	10,000.	0.			SUPPORT THE INDISPENSABLE WORK
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	10,000.	0.			SUPPORTING PEOPLE IN NEED DURING THE COVID-19 CRISIS
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,000.	0.			TEAM SERVICE PROJECT

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RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,000.	0.			TO HELP FIND SOLUTIONS TO THE PROBLEM OF HUNGER FOR RHODE ISLANDERS
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	10,000.	0.			TRINITY REP MATCHING GRANT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	50,000.	0.			TRINITY REP MATCHING GRANT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	500.	0.			WHEREVER IT IS MOST NEEDED
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	1,000.	0.			WHEREVER NEEDED MOST
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	525,535.	0.			GENERAL SUPPORT
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	39,695.	0.			GENERAL OPERATING
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANITIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	489.	0.			PROGRAM SUPPORT
RHODE ISLAND COMPANION ANIMAL ALLIANCE - 40 AMARAL STREET - RIVERSIDE, RI 02915	81-2003100	501(C)(3)	300.	0.			GENERAL FUNDS

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RHODE ISLAND COMPANION ANIMAL ALLIANCE - 40 AMARAL STREET - RIVERSIDE, RI 02915	81-2003100	501(C)(3)	38,000.	0.			LOW-COST VETERINARY CARE
RHODE ISLAND COUNCIL FOR THE HUMANITIES - 131 WASHINGTON STREET, SUITE 210 - PROVIDENCE, RI 02903	05-0376246	501(C)(3)	1,553.	0.			DESIGNATED GRANT
RHODE ISLAND COUNCIL FOR THE HUMANITIES - 131 WASHINGTON STREET, SUITE 210 - PROVIDENCE, RI 02903	05-0376246	501(C)(3)	3,430.	0.			DESIGNATED GRANT
RHODE ISLAND COUNCIL FOR THE HUMANITIES - 131 WASHINGTON STREET, SUITE 210 - PROVIDENCE, RI 02903	05-0376246	501(C)(3)	2,021.	0.			DESIGNATED GRANT
RHODE ISLAND COUNCIL FOR THE HUMANITIES - 131 WASHINGTON STREET, SUITE 210 - PROVIDENCE, RI 02903	05-0376246	501(C)(3)	35,671.	0.			EXPANSION ARTS ADMINISTRATION
RHODE ISLAND COUNCIL FOR THE HUMANITIES - 131 WASHINGTON STREET, SUITE 210 - PROVIDENCE, RI 02903	05-0376246	501(C)(3)	30,000.	0.			EXPANSION ARTS INTERCULTURAL SEED GRANTS/EMERGENCY RELIEF FUND
RHODE ISLAND COUNCIL FOR THE HUMANITIES - 131 WASHINGTON STREET, SUITE 210 - PROVIDENCE, RI 02903	05-0376246	501(C)(3)	1,000.	0.			GENERAL PURPOSE
RHODE ISLAND COUNCIL FOR THE HUMANITIES - 131 WASHINGTON STREET, SUITE 210 - PROVIDENCE, RI 02903	05-0376246	501(C)(3)	2,800.	0.			THE ROAD TO A DIGITAL HUMANITIES ARCHIVE
RHODE ISLAND COUNCIL ON PROBLEM GAMBLING - 1425 PONTIAC AVENUE - CRANSTON, RI 02920	05-0479768	501(C)(3)	73,000.	0.			PROBLEM GAMBLING AWARENESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND DISASTER MEDICAL ASSISTANCE TEAM - 50 BARNETT LANE - WEST GREENWICH, RI 02817	05-0507364	501(C)(3)	75,000.	0.			RI COVID-19 COMMUNITY MEDICAL RESPONSE
RHODE ISLAND FOR COMMUNITY & JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501(C)(3)	200.	0.			ANNUAL FUND
RHODE ISLAND FOR COMMUNITY & JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501(C)(3)	3,000.	0.			DONATION
RHODE ISLAND FOR COMMUNITY & JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501(C)(3)	9,000.	0.			RICJ 2020 NEW/EXPANDED VIRTUAL SERVICES FOR YOUTH & JUVENILE JUSTICE DUE TO COVID-19
RHODE ISLAND FOR COMMUNITY & JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501(C)(3)	2,000.	0.			TEAM SERVICE PROJECTS - CONNECTING THROUGH KINDNESS
RHODE ISLAND FOR COMMUNITY & JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501(C)(3)	3,000.	0.			URBAN JUVENILE HEARING BOARD VIRTUAL HEARING AND MENTORING PILOT PROGRAM
RHODE ISLAND FOR COMMUNITY & JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501(C)(3)	650.	0.			GENERAL SUPPORT
RHODE ISLAND FOR COMMUNITY & JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501(C)(3)	7,925.	0.			GENERAL OPERATING
RHODE ISLAND FOR COMMUNITY & JUSTICE - 271 NORTH MAIN STREET - PROVIDENCE, RI 02903	75-3180937	501(C)(3)	1,103.	0.			PROGRAM SUPPORT

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RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	75,000.	0.			ACCESS TO CARE: A STATEWIDE MODEL OF COORDINATED HEALTHCARE FOR UNINSURED LOW-INCOME
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	3,000.	0.			ANNUAL GIFT
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	93,000.	0.			COVID CRISIS/BEHAVIORAL HEALTH CARE FOR UNINSURED RI ADULTS
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	29,364.	0.			COVID RESPONSE - PATIENT CARE & PERSONNEL SAFETY
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	40,000.	0.			DONATION
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	1,000.	0.			DRUG AND MEDICAL ASSISTANCE
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	10,000.	0.			EMERGENCY FUND
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	50,000.	0.			EMERGENCY GRANT
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	1,000.	0.			GENERAL USES

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RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	5,000.	0.			GENERAL USES
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	10,000.	0.			HEALTH CARE SERVICES TO THE UNINSURED
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	2,500.	0.			MD CHAMPION GRANT
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	100,000.	0.			SUPPORT THE DENTAL CLINIC
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR PROVIDENCE, RI 02907	05-0501276	501(C)(3)	91,425.	0.			GENERAL SUPPORT
RHODE ISLAND HEALTH CENTER ASSOCIATION - 235 PROMENADE STREET, SUITE 455 - PROVIDENCE, RI 02908	23-7404795	501(C)(3)	50,000.	0.			LOAN REPAYMENT PROGRAM
RHODE ISLAND HEALTH CENTER ASSOCIATION - 235 PROMENADE STREET, SUITE 455 - PROVIDENCE, RI 02908	23-7404795	501(C)(3)	30,000.	0.			RHODE ISLAND HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM

Schedule I (Form 990)

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

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RHODE ISLAND HEALTH CENTER ASSOCIATION - 235 PROMENADE STREET, SUITE 455 - PROVIDENCE, RI 02908	23-7404795	501(C)(3)	180,000.	0.			RHODE ISLAND HEALTH PROFESSIONALS LOAN REPAYMENT PROGRAM (RI HPLRP)
RHODE ISLAND HEALTH CENTER ASSOCIATION - 235 PROMENADE STREET, SUITE 455 - PROVIDENCE, RI 02908	23-7404795	501(C)(3)	50,000.	0.			GENERAL SUPPORT
RHODE ISLAND HISPANIC CHAMBER OF COMMERCE - 1955 WESTMINSTER STREET, 2ND FLOOR, SUITE B - PROVIDENCE, RI 02909	81-2701009	501(C)(3)	6,000.	0.			RIHCC CENSUS 2020
RHODE ISLAND HISPANIC CHAMBER OF COMMERCE - 1955 WESTMINSTER STREET, 2ND FLOOR, SUITE B - PROVIDENCE, RI 02909	81-2701009	501(C)(3)	50,000.	0.			SCOPE OF WORK IMPLEMENTATION
RHODE ISLAND HISTORICAL SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906	05-0259110	501(C)(3)	25,000.	0.			PUTTING DOWN ROOTS"
RHODE ISLAND HISTORICAL SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906	05-0259110	501(C)(3)	700.	0.			AREA OF GREATEST NEED
RHODE ISLAND HISTORICAL SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906	05-0259110	501(C)(3)	2,000.	0.			DIGITAL RESTORATION OF "THE OLD DROP-SCENE," AN 1809 VIEW OF PROVIDENCE
RHODE ISLAND HISTORICAL SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906	05-0259110	501(C)(3)	7,700.	0.			MEETING THE ONLINE HISTORY LEARNING EXPERIENCE NEEDS OF K-12 RI TEACHERS AND STUDENTS
RHODE ISLAND HISTORICAL SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906	05-0259110	501(C)(3)	4,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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RHODE ISLAND HISTORICAL SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906	05-0259110	501(C)(3)	64,532.	0.			GENERAL OPERATING
RHODE ISLAND HISTORICAL SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906	05-0259110	501(C)(3)	377,660.	0.			PROGRAM SUPPORT
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	200,000.	0.			ADULT PSYCHIATRY AND BEHAVIORAL HEALTH RESPONSE TO COVID-19
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	50,000.	0.			COVID-19 SURGE HOSPITAL ALTERNATIVE CARE SITE
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	60,000.	0.			FULL FIELD AND MULTIFOCAL ELECTRORETINOGRAM FOR THE DIAGNOSIS OF HEREDITARY AND ACQUIRED RETINAL
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	25,000.	0.			MEDICAL RESEARCH

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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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RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	22,500.	0.			VALIDATION OF A SELF-ADMINISTERED, TABLET BASED MEMORY TEST
RHODE ISLAND INSTRUCTIONAL LEADERSHIP ACADEMY - P.O. BOX 7791 - WARWICK, RI 02887	20-3775972	501(C)(3)	95,000.	0.			LEADERSHIP STANDARDS IN ACTION
RHODE ISLAND INTERSCHOLASTIC LEAGUE - 875 CENTERVILLE ROAD, BUILDING 3, SUITES 7 & 8 - WARWICK, RI 02886	05-0275539	501(C)(3)	109,222.	0.			OPERATION CLEAN COMPETITION
RHODE ISLAND JEWISH MUSEUM 595 HOPE STREET PROVIDENCE, RI 02906	81-4659479	501(C)(3)	5,965.	0.			VIRTUAL TOUR
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501(C)(3)	40,000.	0.			DATA-DRIVEN POLICY AND ADVOCACY TO REDUCE CHILDHOOD AND ADOLESCENT OBESITY IN RHODE
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501(C)(3)	50,000.	0.			DENTAL CARE FOR CHILDREN IN RI
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501(C)(3)	1,500.	0.			ORAL HEALTH COMMISSION'S ANNUAL SUMMIT
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501(C)(3)	2,500.	0.			RI KIDS COUNT FACTBOOK BREAKFAST
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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RHODE ISLAND LIONS SIGHT FOUNDATION - ONE ANCHOR WAY - RIVERSIDE, RI 02915	05-0317477	501(C)(3)	5,000.	0.			RILSF EYE EXAM & EYEGLASSES ASSISTANCE
RHODE ISLAND LIONS SIGHT FOUNDATION - ONE ANCHOR WAY - RIVERSIDE, RI 02915	05-0317477	501(C)(3)	623.	0.			GENERAL OPERATING
RHODE ISLAND MUSEUM OF SCIENCE AND ART - 763 WESTMINSTER STREET - PROVIDENCE, RI 02903	27-1255182	501(C)(3)	4,000.	0.			ARTIST/INVENTORS CONGREGATE CARE OUTREACH EXPANSION
RHODE ISLAND MUSEUM OF SCIENCE AND ART - 763 WESTMINSTER STREET - PROVIDENCE, RI 02903	27-1255182	501(C)(3)	10,000.	0.			GENERAL FUND/OPERATIONS
RHODE ISLAND MUSEUM OF SCIENCE AND ART - 763 WESTMINSTER STREET - PROVIDENCE, RI 02903	27-1255182	501(C)(3)	20,000.	0.			GENERAL SUPPORT
RHODE ISLAND PARENT INFORMATION NETWORK - 300 JEFFERSON BOULEVARD, SUITE 300 - WARWICK, RI 02888	05-0457336	501(C)(3)	75,000.	0.			HEALTH INSURANCE CONSUMER SUPPORT
RHODE ISLAND PARENT INFORMATION NETWORK - 300 JEFFERSON BOULEVARD, SUITE 300 - WARWICK, RI 02888	05-0457336	501(C)(3)	75,000.	0.			SPECIAL EDUCATION SUPPORT FOR THE 2020-21 SCHOOL YEAR
RHODE ISLAND PARROT RESCUE 2141 WEST SHORE ROAD WARWICK, RI 02889	37-1469313	501(C)(3)	5,900.	0.			EXTRA-LARGE STAINLESS STEEL PARROT CAGES AND AIR PURIFIER FILTERS
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	2,000.	0.			A LIVELY EXPERIMENT""

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RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	2,000.	0.			A LIVELY EXPERIMENT
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	300.	0.			ANNUAL FUND
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	100.	0.			RI PBS #36
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	25,000.	0.			THE FIX: UNDERSTANDING THE OPIOID EPIDEMIC IN RHODE ISLAND
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	2,000.	0.			TO SUPPORT, A LIVELY EXPERIMENT
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	1,200.	0.			GENERAL SUPPORT
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	29,884.	0.			PROGRAM SUPPORT
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	300.	0.			ANNUAL FUND
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	110,000.	0.			ANNUAL GIFT

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RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	20,000.	0.			BOARD CHALLENGE AND ANNUAL FUND
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	1,000.	0.			COVID-19 SUPPORT
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	200.	0.			EMPLOYEE MATCHING PROGRAM
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	25,000.	0.			OPERATING SUPPORT
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	5,000.	0.			QUALITY NEWS BROADCAST
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	100,000.	0.			THE PUBLIC'S RADIO RHODE ISLAND OPERATIONS
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	68,650.	0.			GENERAL SUPPORT
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	1,000.	0.			GENERAL OPERATING SUPPORT
RHODE ISLAND RESCUE MINISTRIES 627 CRANSTON STREET PROVIDENCE, RI 02907	05-0503326	501(C)(3)	21,400.	0.			CONTINUED COVID FOOD ASSISTANCE AND HOMELESS CARE AND SHELTER

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RHODE ISLAND RESCUE MINISTRIES 627 CRANSTON STREET PROVIDENCE, RI 02907	05-0503326	501(C)(3)	70,000.	0.			PRM COVID-19 RESPONSE TO HOMELESS AND POOR OF R.I.
RHODE ISLAND RESCUE MINISTRIES 627 CRANSTON STREET PROVIDENCE, RI 02907	05-0503326	501(C)(3)	447.	0.			GENERAL OPERATING
RHODE ISLAND SCHOOL FOR PROGRESSIVE EDUCATION - 225 DYER STREET - PROVIDENCE, RI 02903	82-0605219	501(C)(3)	17,600.	0.			ESL CERTIFICATION
RHODE ISLAND SCHOOL FOR PROGRESSIVE EDUCATION - 225 DYER STREET - PROVIDENCE, RI 02903	82-0605219	501(C)(3)	10,000.	0.			RISPE STRATEGIC PLAN
RHODE ISLAND SCHOOL OF DESIGN TWO COLLEGE STREET PROVIDENCE, RI 02903	05-0258956	501(C)(3)	1,500.	0.			CONTINUED SUPPORT
RHODE ISLAND SCHOOL OF DESIGN TWO COLLEGE STREET PROVIDENCE, RI 02903	05-0258956	501(C)(3)	7,600.	0.			GENERAL SUPPORT
RHODE ISLAND STATE HOUSE RESTORATION COMMITTEE - 150 BENEFIT STREET - PROVIDENCE, RI 02903	06-1470261	501(C)(3)	8,000.	0.			MY STATE HOUSE
RHODE ISLAND STATE POLICE MUSEUM FOUNDATION - 311 DANIELSON PIKE - NORTH SCITUATE, RI 02857	05-0498598	501(C)(3)	24,562.	0.			PROGRAM SUPPORT
RHODE ISLAND TREE COUNCIL P.O. BOX 6144 PROVIDENCE, RI 02940-6144	22-3226545	501(C)(3)	30,000.	0.			BTR MANAGEMENT/PUBLIC OUTREACH/TREE PRESERVATION

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RHODE ISLAND TREE COUNCIL P.O. BOX 6144 PROVIDENCE, RI 02940-6144	22-3226545	501(C)(3)	1,000.	0.			FIGHT AGAINST FOREST LANDS BEING USED FOR SOLAR FARMS
RHODE ISLAND TREE COUNCIL P.O. BOX 6144 PROVIDENCE, RI 02940-6144	22-3226545	501(C)(3)	8,000.	0.			WEB IMPROVEMENT PROJECT
RHODE ISLAND TREE COUNCIL P.O. BOX 6144 PROVIDENCE, RI 02940-6144	22-3226545	501(C)(3)	23,464.	0.			GENERAL OPERATING
RHODE ISLAND UNITED PO BOX 100524 CRANSTON, RI 02910	85-2876142	501(C)(4)	75,000.	0.			RHODE ISLAND UNITED 2020 QUESTION 1
RHODE ISLAND URBAN DEBATE LEAGUE PO BOX 72852 PROVIDENCE, RI 02907	27-3013671	501(C)(3)	35,000.	0.			GENERAL SUPPORT
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	250.	0.			ANNUAL FUND
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	20,000.	0.			BACK TO BASICS: ANIMAL CARE DURING COVID-19
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	5,000.	0.			COVID-19 EMERGENCY RELIEF FUND
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	5,000.	0.			MAINTAIN THE HEALTH OF THE PEOPLE AND ANIMALS AT THE ZOO

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	2,500.	0.			ONGOING SUPPORT
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	500.	0.			ROGER WILLIAMS ZOO
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	200.	0.			ROGER WILLIAMS ZOO
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	1,000.	0.			UNRESTRICTED FOR ROGER WILLIAMS PARK ZOO
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	10,700.	0.			GENERAL SUPPORT
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907-3659	05-6016675	501(C)(3)	9,346.	0.			GENERAL OPERATING
RHODE ISLANDERS SPONSORING EDUCATION (RISE) - 11 SOUTH ANGELL STREET #394 - PROVIDENCE, RI 02906	06-1470525	501(C)(3)	4,000.	0.			GENERAL PURPOSE
RHODE ISLANDERS SPONSORING EDUCATION (RISE) - 11 SOUTH ANGELL STREET #394 - PROVIDENCE, RI 02906	06-1470525	501(C)(3)	2,500.	0.			OPPORTUNITY AND HOPE FOR A CHILD
RHODE ISLANDERS SPONSORING EDUCATION (RISE) - 11 SOUTH ANGELL STREET #394 - PROVIDENCE, RI 02906	06-1470525	501(C)(3)	3,500.	0.			STUDENT SUPPORT

Schedule I (Form 990)

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

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RHODE ISLANDERS SPONSORING EDUCATION (RISE) - 11 SOUTH ANGELL STREET #394 - PROVIDENCE, RI 02906	06-1470525	501(C)(3)	25,600.	0.			GENERAL SUPPORT
RI ASSOCIATION FOR INFANT MENTAL HEALTH - 350 POINT STREET - PROVIDENCE, RI 02903	57-1170681	501(C)(3)	25,000.	0.			MEANINGFUL FAMILY TIME FOR INFANTS/YOUNG CHILDREN IN CHILD WELFARE: SUPPORTING
RI BIO 53 BROAD STREET PROVIDENCE, RI 02903-4102	46-2858053	501(C)(6)	50,000.	0.			ADVANCING THE RHODE ISLAND LIFE SCIENCES ENTREPRENEURIAL ECOSYSTEM
RI BIO 53 BROAD STREET PROVIDENCE, RI 02903-4102	46-2858053	501(C)(6)	2,500.	0.			BOARD CHAIR/ED COACHING PROGRAM - MINI GRANT
RI BIO 53 BROAD STREET PROVIDENCE, RI 02903-4102	46-2858053	501(C)(6)	10,000.	0.			SUSTAINING RI BIO'S MISSION TO GROW THE LIFE SCIENCES ECONOMY
RI COALITION AGAINST GUN VIOLENCE P.O. BOX 194 NEWPORT, RI 02840	46-4140163	501(C)(4)	10,000.	0.			2020 STRATEGIC PLANNING AND SUSTAINABILITY PLAN
RI CRITICAL INCIDENT STRESS MANAGEMENT TEAM, INC.(RI CISM TEAM INC.) - 22 LAURA CIRCLE - CRANSTON, RI 02920	05-0465634	501(C)(3)	50,000.	0.			RESISTANCE-RESILIENCY-REC WITH HOPE
RI DEPARTMENT OF ENVIRONMENTAL MANAGEMENT - 235 PROMENADE STREET - PROVIDENCE, RI 02908	05-6000522	CITY GOV	150,000.	0.			MOBILITY INNOVATION CONSULTANT
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	600.	0.			HASBRO CHILDREN'S HOSPITAL/GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	5,000.	0.			ANNUAL GIFT
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	15,000.	0.			CANCER CENTER
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	1,000.	0.			HASBRO CHILDREN'S HOSPITAL
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	20,000.	0.			HASBRO CHILDREN'S HOSPITAL
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	100.	0.			MATCHING CONTRIBUTION
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	500.	0.			PANCREATIC CANCER RESEARCH
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	1,000.	0.			SCHEPPS PATIENT ASSISTANCE FUND
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	131,000.	0.			GENERAL SUPPORT
RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	132,429.	0.			GENERAL OPERATING

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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RI HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	05-0468736	501(C)(3)	5,057.	0.			PROGRAM SUPPORT
RI HOSPITALITY EDUCATION FOUNDATION - 94 SABRA STREET - CRANSTON, RI 02910-1031	05-0479089	501(C)(3)	75,000.	0.			RI HOSPITALITY EMPLOYEE RELIEF FUND
RI INDIAN COUNCIL 807 BROAD STREET PROVIDENCE, RI 02907-1604	05-0365099	501(C)(3)	7,500.	0.			41ST NATIONAL INDIAN AND NATIVE AMERICAN EMPLOYMENT AND TRAINING CONFERENCE
RI INSTITUTE FOR LABOR STUDIES & RESEARCH - 1540 PONTIAC AVENUE, SUITE A - CRANSTON, RI 02920	05-0387211	501(C)(3)	10,000.	0.			DONATION
RI INSTITUTE FOR LABOR STUDIES & RESEARCH - 1540 PONTIAC AVENUE, SUITE A - CRANSTON, RI 02920	05-0387211	501(C)(3)	5,000.	0.			REACHING ENGLISH LANGUAGE LEARNERS IN ESL CLASSES, TEACHER ASSISTANT CERTIFICATION, AND
RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT
RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	25,000.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT FUNDING
RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	2,500.	0.			PROVIDE HELP TO THOSE IN NEED OF LEGAL SERVICES
RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	30,000.	0.			RILS REMOTE WORK PROJECT

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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RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	250.	0.			SUPPORT THE WORK OF RILS
RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	400.	0.			WHEREVER IT IS MOST NEEDED
RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	500.	0.			WHEREVER IT IS MOST NEEDED
RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	5,000.	0.			WHEREVER NEEDED MOST
RI LEGAL SERVICES, INC. 56 PINE STREET, FOURTH FLOOR PROVIDENCE, RI 02903	05-0318596	501(C)(3)	2,000.	0.			GENERAL SUPPORT
RI MINORITY ELDER TASK FORCE, INC. 5 LEAHY STREET RUMFORD, RI 02916	06-1682601	501(C)(3)	10,000.	0.			COVID-19 EMERGENCY ELDER ASSISTANCE PROGRAM
RI MINORITY ELDER TASK FORCE, INC. 5 LEAHY STREET RUMFORD, RI 02916	06-1682601	501(C)(3)	5,000.	0.			ELDER EMERGENCY ASSISTANCE PROGRAM
RI NATURAL HISTORY SURVEY PO BOX 1858 KINGSTON, RI 02881-0804	05-0478525	501(C)(3)	37,084.	0.			2021 CONSERVATION STEWARDSHIP COLLABORATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RI NATURAL HISTORY SURVEY PO BOX 1858 KINGSTON, RI 02881-0804	05-0478525	501(C)(3)	2,800.	0.			DIGITAL FINDING AIDS FOR THE RI NATURAL HISTORY SURVEY LIBRARY
RI NATURAL HISTORY SURVEY PO BOX 1858 KINGSTON, RI 02881-0804	05-0478525	501(C)(3)	5,000.	0.			GREATEST NEED
RI NATURAL HISTORY SURVEY PO BOX 1858 KINGSTON, RI 02881-0804	05-0478525	501(C)(3)	442.	0.			PROGRAM SUPPORT
RI NURSES INSTITUTE MIDDLE COLLEGE CHARTER SCHOOL - 150 WASHINGTON STREET, 4TH FLOOR - PROVIDENCE, RI 02903	45-1555822	501(C)(3)	20,000.	0.			STUDENT VOICES' COMMUNICATIONS STRATEGY
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	10,000.	0.			VICTORIA'S DREAM PROJECT/GENERAL SUPPORT
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	30,000.	0.			ANNUAL FUND
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	25,000.	0.			ARTIST AND STAFF RELIEF FUND
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	250.	0.			GENERAL USES AND PURPOSES
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	1,000.	0.			LINK UP PROGRAM FOR THE 2020-2021 SCHOOL YEAR

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	1,000.	0.			MUSIC EDUCATION
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	75,000.	0.			MUSIC SCHOOL
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	10,000.	0.			MUSICIAN AND STAFF RELIEF FUND
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	10,000.	0.			ONGOING SUPPORT
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	23,250.	0.			GENERAL SUPPORT
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	9,382.	0.			GENERAL OPERATING
RI PHILHARMONIC ORCHESTRA & MUSIC SCHOOL - 667 WATERMAN AVENUE - EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	17,064.	0.			PROGRAM SUPPORT
RI PUBLIC HEALTH INSTITUTE 383 WEST FOUNTAIN STREET, SUITE 101 PROVIDENCE, RI 02903	05-0474726	501(C)(3)	100,000.	0.			IMPROVING TELEHEALTH SERVICES
RI PUBLIC HEALTH INSTITUTE 383 WEST FOUNTAIN STREET, SUITE 101 PROVIDENCE, RI 02903	05-0474726	501(C)(3)	30,000.	0.			OPEN DOOR HEALTH

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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RI SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS - 186 AMARAL STREET - RIVERSIDE, RI 02915-2223	05-0262716	501(C)(3)	25,000.	0.			ACCESS TO AFFORDABLE VETERINARY CARE
RI SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS - 186 AMARAL STREET - RIVERSIDE, RI 02915-2223	05-0262716	501(C)(3)	1,250.	0.			GENERAL SUPPORT
RI SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS - 186 AMARAL STREET - RIVERSIDE, RI 02915-2223	05-0262716	501(C)(3)	20,693.	0.			GENERAL OPERATING
RI SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS - 186 AMARAL STREET - RIVERSIDE, RI 02915-2223	05-0262716	501(C)(3)	4,912.	0.			PROGRAM SUPPORT
RICAN - RHODE ISLAND CENTER ASSISTING FOR THOSE IN NEED - PO BOX 73 - CAROLINA, RI 02812	20-4070706	501(C)(3)	45,000.	0.			COVID-19 EMERGENCY FUNDING FOR FOOD, RENTAL, UTILITY AND OPERATIONAL SUPPORT
RICAN - RHODE ISLAND CENTER ASSISTING FOR THOSE IN NEED - PO BOX 73 - CAROLINA, RI 02812	20-4070706	501(C)(3)	5,500.	0.			FOOD FOR CHILDREN AND FAMILIES IN NEED
RICAN - RHODE ISLAND CENTER ASSISTING FOR THOSE IN NEED - PO BOX 73 - CAROLINA, RI 02812	20-4070706	501(C)(3)	1,000.	0.			FOOD PANTRY
RICAN - RHODE ISLAND CENTER ASSISTING FOR THOSE IN NEED - PO BOX 73 - CAROLINA, RI 02812	20-4070706	501(C)(3)	2,000.	0.			GENERAL SUPPORT
RISE PREP MAYORAL ACADEMY 30 CUMBERLAND STREET WOONSOCKET, RI 02895	47-2487094	501(C)(3)	15,000.	0.			DONATION

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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RIVERZEDGE ARTS PROJECT 196 2ND AVENUE WOONSOCKET, RI 02895	13-4206227	501(C)(3)	20,000.	0.			ARTS EDUCATION AND TRAINING PROGRAM AND EXPANDED LEARNING OPPORTUNITIES
RIVERZEDGE ARTS PROJECT 196 2ND AVENUE WOONSOCKET, RI 02895	13-4206227	501(C)(3)	5,000.	0.			RIVERZEDGE ARTS, ARTS, EDUCATION & TRAINING PROGRAM
RIVERZEDGE ARTS PROJECT 196 2ND AVENUE WOONSOCKET, RI 02895	13-4206227	501(C)(3)	16,760.	0.			RIVERZEDGE OUTDOORS
RIVERZEDGE ARTS PROJECT 196 2ND AVENUE WOONSOCKET, RI 02895	13-4206227	501(C)(3)	8,500.	0.			SECOND AVENUE SCHOOL FENCE
RIVERZEDGE ARTS PROJECT 196 2ND AVENUE WOONSOCKET, RI 02895	13-4206227	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
RIVMA COMPANION ANIMAL FOUNDATION 11 SOUTH ANGELL STREET, #311 PROVIDENCE, RI 02906	20-1541257	501(C)(3)	25,000.	0.			CAF VOUCHER PROGRAM - REQUEST FOR ADDITIONAL SUPPORT DUE TO COVID-19
RIVMA COMPANION ANIMAL FOUNDATION 11 SOUTH ANGELL STREET, #311 PROVIDENCE, RI 02906	20-1541257	501(C)(3)	14,863.	0.			GENERAL OPERATING
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	2,500.	0.			LOVE BASH ANNUAL FUND RAISING EVENT
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	500.	0.			ACTIVITIES OF THE SHELTER

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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ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	250.	0.			ANIMALS
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	1,000.	0.			ANNUAL FUND
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	7,500.	0.			COYOTESMARTS
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	1,000.	0.			GENERAL BUDGET
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	30,000.	0.			POTTER LEAGUE SPAY NEUTER CLINIC
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	1,500.	0.			SHELTER AND CARE
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	40,000.	0.			VETERINARY SUITE & HUMANE EDUCATION
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	250.	0.			WHEREVER IT IS MOST NEEDED
ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	1,250.	0.			GENERAL SUPPORT

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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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ROBERT POTTER LEAGUE FOR ANIMALS, INC. - 87 OLIPHANT LANE - MIDDLETOWN, RI 02842	05-0301553	501(C)(3)	21,621.	0.			PROGRAM SUPPORT
ROGER WILLIAMS PARK CONSERVANCY, INC. - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02907	47-4414743	501(C)(3)	14,345.	0.			JAPANESE GARDEN WETLAND FILTER PROJECT
ROGER WILLIAMS PARK CONSERVANCY, INC. - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02907	47-4414743	501(C)(3)	1,000.	0.			GENERAL SUPPORT
ROGER WILLIAMS PARK CONSERVANCY, INC. - 1000 ELMWOOD AVENUE - PROVIDENCE, RI 02907	47-4414743	501(C)(3)	183,256.	0.			GENERAL OPERATING
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809	05-0277222	501(C)(3)	9,800.	0.			ENGINEERING BUILDING
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809	05-0277222	501(C)(3)	250.	0.			MAIN LIBRARY
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809	05-0277222	501(C)(3)	40,000.	0.			RWU/PPSD ESL COHORT
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809	05-0277222	501(C)(3)	485.	0.			PROGRAM SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY STREET - PROVIDENCE, RI 02905	22-2760752	501(C)(3)	20,000.	0.			ADOPT A ROOM PROGRAM

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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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RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY STREET - PROVIDENCE, RI 02905	22-2760752	501(C)(3)	300.	0.			SERVICES TO FAMILIES
RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY STREET - PROVIDENCE, RI 02905	22-2760752	501(C)(3)	5,500.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY STREET - PROVIDENCE, RI 02905	22-2760752	501(C)(3)	1,471.	0.			GENERAL OPERATING
RONALD MCDONALD HOUSE NEW YORK 405 EAST 73RD STREET NEW YORK, NY 10021	13-2933654	501(C)(3)	35,000.	0.			GENERAL SUPPORT
ROSIE'S PLACE INC. 889 HARRISON AVENUE BOSTON, MA 02118	04-2582187	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SACRED HEART ELDERLY DAY CARE 118 TAUNTON AVENUE EAST PROVIDENCE, RI 02914	05-0258942	501(C)(3)	10,000.	0.			DAY CARE FOR SENIOR CITIZENS IN NEED
SAGE - RHODE ISLAND 1665 BROAD STREET CRANSTON, RI 02905	06-1492199	501(C)(3)	6,000.	0.			CREATING A CULTURE OF INCLUSION FOR LGBT RESIDENTS IN LONG-TERM CARE AND ASSISTED LIVING
SAGE - RHODE ISLAND 1665 BROAD STREET CRANSTON, RI 02905	06-1492199	501(C)(3)	10,000.	0.			SAGE-RI ORGANIZATIONAL CAPACITY BUILDING
SAGE - RHODE ISLAND 1665 BROAD STREET CRANSTON, RI 02905	06-1492199	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAIL NEWPORT 72 FORT ADAMS DRIVE NEWPORT, RI 02840	22-2560625	501(C)(3)	250.	0.			ENDOWMENT FUND
SAIL NEWPORT 72 FORT ADAMS DRIVE NEWPORT, RI 02840	22-2560625	501(C)(3)	500.	0.			GENERAL OPERATIONS
SAIL NEWPORT 72 FORT ADAMS DRIVE NEWPORT, RI 02840	22-2560625	501(C)(3)	5,000.	0.			IMPORTANT WORK
SAINT ANTOINE RESIDENCE 10 RHODES AVENUE NORTH SMITHFIELD, RI 02896	05-0275443	501(C)(3)	5,000.	0.			IPAD PROGRAM TO INCREASE RESIDENTS SOCIAL CONNECTIVITY DURING THE COVID-19 CRISIS
SAINT ANTOINE RESIDENCE 10 RHODES AVENUE NORTH SMITHFIELD, RI 02896	05-0275443	501(C)(3)	3,000.	0.			STAFF SUPPORT
SAINT ANTOINE RESIDENCE 10 RHODES AVENUE NORTH SMITHFIELD, RI 02896	05-0275443	501(C)(3)	250.	0.			VIRTUAL WALK
SAINT ANTOINE RESIDENCE 10 RHODES AVENUE NORTH SMITHFIELD, RI 02896	05-0275443	501(C)(3)	250.	0.			GENERAL SUPPORT
SAINT ELIZABETH COMMUNITY 2364 POST ROAD, SUITE 100 WARWICK, RI 02886	05-0457342	501(C)(3)	25,000.	0.			DONATION
SAINT ELIZABETH COMMUNITY 2364 POST ROAD, SUITE 100 WARWICK, RI 02886	05-0457342	501(C)(3)	49,778.	0.			NURSING HOME

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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SAINT ELIZABETH COMMUNITY 2364 POST ROAD, SUITE 100 WARWICK, RI 02886	05-0457342	501(C)(3)	20,000.	0.			SUPPORT AND SERVICES AT HOME
SAINT ELIZABETH COMMUNITY 2364 POST ROAD, SUITE 100 WARWICK, RI 02886	05-0457342	501(C)(3)	3,000.	0.			SUSTAINING PROJECTS
SAINT ELIZABETH COMMUNITY 2364 POST ROAD, SUITE 100 WARWICK, RI 02886	05-0457342	501(C)(3)	17,304.	0.			GENERAL OPERATING
SAINT ELIZABETH COMMUNITY 2364 POST ROAD, SUITE 100 WARWICK, RI 02886	05-0457342	501(C)(3)	1,008.	0.			PROGRAM SUPPORT
SAKONNET PRESERVATION ASSOCIATION 7 SOUTH OF COMMONS ROAD LITTLE COMPTON, RI 02837	23-7225987	501(C)(3)	10,000.	0.			CAMPAIGN FOR SAKONNET PRESERVATION
SAKONNET PRESERVATION ASSOCIATION 7 SOUTH OF COMMONS ROAD LITTLE COMPTON, RI 02837	23-7225987	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SALISBURY SCHOOL 251 CANAAN ROAD SALISBURY, CT 06068	06-0646888	501(C)(3)	25,000.	0.			ANNUAL FUND
SALVATION ARMY - RHODE ISLAND STATE OFFICE - 386 BROAD STREET - PROVIDENCE, RI 02907	13-5562351	501(C)(3)	40,000.	0.			EMERGENCY COVID-19 FOOD/FINANCIAL ASSISTANCE
SALVATION ARMY - RHODE ISLAND STATE OFFICE - 386 BROAD STREET - PROVIDENCE, RI 02907	13-5562351	501(C)(3)	5,000.	0.			MEALS PROGRAMS

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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SALVATION ARMY - RHODE ISLAND STATE OFFICE - 386 BROAD STREET - PROVIDENCE, RI 02907	13-5562351	501(C)(3)	8,000.	0.			WHEREVER THE NEED IS GREATEST
SALVATION ARMY - RHODE ISLAND STATE OFFICE - 386 BROAD STREET - PROVIDENCE, RI 02907	13-5562351	501(C)(3)	2,000.	0.			GENERAL SUPPORT
SALVATION ARMY - RHODE ISLAND STATE OFFICE - 386 BROAD STREET - PROVIDENCE, RI 02907	13-5562351	501(C)(3)	18,731.	0.			GENERAL OPERATING
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVENUE NEWPORT, RI 02840	05-0259080	501(C)(3)	25,000.	0.			DONATION
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	10,000.	0.			GREATEST NEED
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	5,000.	0.			OPERATION CHRISTMAS CHILD AIR
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	40,000.	0.			PURIFICATION/VENTILATION SYSTEM AND ADDITIONAL STAFFING (COVID RESPONSE
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	10,000.	0.			ANNUAL SUPPORT
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	15,000.	0.			COMPASSION FUND: COVID-19 FAMILY SUPPORT

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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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SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	10,000.	0.			DONATION
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	250.	0.			FOR WHEREVER IT IS MOST NEEDED
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	1,500.	0.			MIRACLE OF SAN MIGUEL SCHOOL CAMPAIGN
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	5,000.	0.			ONGOING SUPPORT
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	1,000.	0.			VOYAGE AFTER-SCHOOL PROGRAM
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	30,400.	0.			GENERAL SUPPORT
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	14,322.	0.			GENERAL OPERATING
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	1,166.	0.			PROGRAM SUPPORT
SANDRA BORNSTEIN HOLOCAUST EDUCATION CENTER - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906-3400	05-0483511	501(C)(3)	250.	0.			ANNUAL FUND

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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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SANDRA BORNSTEIN HOLOCAUST EDUCATION CENTER - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906-3400	05-0483511	501(C)(3)	2,800.	0.			HOLOCAUST THROUGH THE ARTS
SANDRA BORNSTEIN HOLOCAUST EDUCATION CENTER - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906-3400	05-0483511	501(C)(3)	2,500.	0.			SUPPORT THE ORGANIZATIONS MISSION
SANDRA BORNSTEIN HOLOCAUST EDUCATION CENTER - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906-3400	05-0483511	501(C)(3)	5,300.	0.			GENERAL SUPPORT
SANDRA BORNSTEIN HOLOCAUST EDUCATION CENTER - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906-3400	05-0483511	501(C)(3)	15,793.	0.			GENERAL OPERATING
SANDRA BORNSTEIN HOLOCAUST EDUCATION CENTER - 401 ELMGROVE AVENUE - PROVIDENCE, RI 02906-3400	05-0483511	501(C)(3)	963.	0.			PROGRAM SUPPORT
SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BOULEVARD WARWICK, RI 02886	22-2797284	501(C)(3)	500.	0.			ANNUAL GIFT
SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BOULEVARD WARWICK, RI 02886	22-2797284	501(C)(3)	20,000.	0.			CAPITAL FUND
SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BOULEVARD WARWICK, RI 02886	22-2797284	501(C)(3)	1,000.	0.			COVID 19 EMERGENCY
SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BOULEVARD WARWICK, RI 02886	22-2797284	501(C)(3)	100.	0.			MATCHING CONTRIBUTION

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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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SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BOULEVARD WARWICK, RI 02886	22-2797284	501(C)(3)	1,000.	0.			SUSTAINING PROJECTS
SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BOULEVARD WARWICK, RI 02886	22-2797284	501(C)(3)	31,950.	0.			GENERAL SUPPORT
SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BOULEVARD WARWICK, RI 02886	22-2797284	501(C)(3)	52,642.	0.			GENERAL OPERATING
SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BOULEVARD WARWICK, RI 02886	22-2797284	501(C)(3)	1,000.	0.			GENERAL PROGRAM SUPPORT
SARGENT REHABILITATION CENTER 800 QUAKER LANE EAST GREENWICH, RI 02818-1667	05-0258936	501(C)(3)	44,800.	0.			STATEWIDE COMMUNITY OF PRACTICE FOR SPECIAL EDUCATION
SARGENT REHABILITATION CENTER 800 QUAKER LANE EAST GREENWICH, RI 02818-1667	05-0258936	501(C)(3)	1,538.	0.			GENERAL OPERATING
SAVE A PET SOCIETY, INC. PO BOX 474 SEEKONK, MA 02771	04-3055906	501(C)(3)	250.	0.			EMPLOYEE MATCHING PROGRAM
SAVE A PET SOCIETY, INC. PO BOX 474 SEEKONK, MA 02771	04-3055906	501(C)(3)	10,000.	0.			FERAL CAT PROGRAM/SUPPLIES FOR CAT ROOM
SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	2,500.	0.			401 GIVES

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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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SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	500.	0.			ANNUAL FUND
SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	1,000.	0.			ANNUAL FUND
SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	5,000.	0.			ANNUAL SUPPORT
SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	500.	0.			BAY DEFENSE FUND
SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	2,000.	0.			GENERAL GIFT TO SUPPORT THE ORGANIZATION
SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	2,500.	0.			GENERAL PURPOSE GRANT
SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	5,000.	0.			KICKIMUIT DAM REMOVAL PROJECT
SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	25,000.	0.			SAVE THE BAY'S 50TH ANNIVERSARY

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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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SAVE THE BAY, INC. 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	45,400.	0.			GENERAL SUPPORT
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 XQ+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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SEA RESEARCH FOUNDATION, INC. 55 COOGAN BOULEVARD MYSTIC, CT 06355	06-1480300	501(C)(3)	15,000.	0.			ANIMAL CARE AND REHABILITATION RHODE ISLAND-BASED RESCUES
SEGUE INSTITUTE FOR LEARNING 325 COWDEN STREET CENTRAL FALLS, RI 02863	26-4751210	501(C)(3)	25,000.	0.			SEGUE FOOD PANTRY OUTREACH PROGRAM
SEGUE INSTITUTE FOR LEARNING 325 COWDEN STREET CENTRAL FALLS, RI 02863	26-4751210	501(C)(3)	55,000.	0.			SEGUE IFL COVID SUBSIDY INITIATIVE
SEGUE INSTITUTE FOR LEARNING 325 COWDEN STREET CENTRAL FALLS, RI 02863	26-4751210	501(C)(3)	1,000.	0.			GENERAL SUPPORT
SENIOR AGENDA COALITION OF RHODE ISLAND - 70 BATH STREET - PROVIDENCE, RI 02908	74-3261256	501(C)(3)	300.	0.			AS NEEDED
SENIOR AGENDA COALITION OF RHODE ISLAND - 70 BATH STREET - PROVIDENCE, RI 02908	74-3261256	501(C)(3)	75,000.	0.			RHODE ISLAND SENIOR VOICES FOR BETTER HEALTH
SEVEN HILLS RHODE ISLAND 68 CUMBERLAND STREET WOONSOCKET, RI 02895	05-6013789	501(C)(3)	6,784.	0.			ENHANCED ACCESS TO TELE-HEALTH FOR PEOPLE WITH DISABILITIES
SEVEN HILLS RHODE ISLAND 68 CUMBERLAND STREET WOONSOCKET, RI 02895	05-6013789	501(C)(3)	5,000.	0.			SHRI: ADULT DAY AND RESIDENTIAL SERVICES
SEVEN HILLS RHODE ISLAND 68 CUMBERLAND STREET WOONSOCKET, RI 02895	05-6013789	501(C)(3)	29,000.	0.			TELEHEALTH: PROVIDING CRITICAL CARE TO CHILDREN WITH DISABILITIES AND THEIR FAMILIES IN CRISIS

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SHARE OUR STRENGTH 1030 15TH STREET NW, SUITE 1100 WASHINGTON, DC 20005	52-1367538	501(C)(3)	50,000.	0.			NO KID HUNGRY
SHEILA ""SKIP"" NOWELL LEADERSHIP ACADEMY - 150 WASHINGTON STREET - PROVIDENCE, RI 02903	46-2385806	501(C)(3)	17,500.	0.			NOTHING STOPS NOWELL: RESPONDING TO THE COVID19 PANDEMIC AT THE NOWELL ACADEMY
SHEILA ""SKIP"" NOWELL LEADERSHIP ACADEMY - 150 WASHINGTON STREET - PROVIDENCE, RI 02903	46-2385806	501(C)(3)	5,000.	0.			SUPPORTING THE BASIC HUMAN NEEDS OF PREGNANT AND PARENTING YOUNG ADULTS
SHEILA ""SKIP"" NOWELL LEADERSHIP ACADEMY - 150 WASHINGTON STREET - PROVIDENCE, RI 02903	46-2385806	501(C)(3)	2,000.	0.			GENERAL SUPPORT
SHEPHERD OF THE VALLEY UNITED METHODIST CHURCH - 604 SEVEN MILE ROAD - HOPE, RI 02831	31-1813333	501(C)(3)	3,200.	0.			2020 SUPPORT
SHEPHERD OF THE VALLEY UNITED METHODIST CHURCH - 604 SEVEN MILE ROAD - HOPE, RI 02831	31-1813333	501(C)(3)	3,200.	0.			2021 SUPPORT
SHEPHERD OF THE VALLEY UNITED METHODIST CHURCH - 604 SEVEN MILE ROAD - HOPE, RI 02831	31-1813333	501(C)(3)	4,000.	0.			VIDEO EQUIPMENT MATCH
SHEPHERD OF THE VALLEY UNITED METHODIST CHURCH - 604 SEVEN MILE ROAD - HOPE, RI 02831	31-1813333	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SHRINERS HOSPITAL FOR CHILDREN 12502 USF PINE DRIVE TAMPA, FL 33612-9411	36-2193608	501(C)(3)	1,730.	0.			GENERAL SUPPORT

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SHRINERS HOSPITAL FOR CHILDREN 12502 USF PINE DRIVE TAMPA, FL 33612-9411	36-2193608	501(C)(3)	39,033.	0.			PROGRAM SUPPORT
SHRINERS HOSPITAL FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	04-2121377	501(C)(3)	250.	0.			CARE FOR CHILDREN
SHRINERS HOSPITAL FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	04-2121377	501(C)(3)	250.	0.			CHILDREN'S HEALTH
SHRINERS HOSPITAL FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	04-2121377	501(C)(3)	23,080.	0.			GENERAL OPERATING
SHRINERS HOSPITALS FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 02114	04-2121377	501(C)(3)	100.	0.			GENERAL SUPPORT
SHRINERS HOSPITALS FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 02114	04-2121377	501(C)(3)	4,213.	0.			PROGRAM SUPPORT
SILVER LAKE COMMUNITY CENTER 529 PLAINFIELD STREET PROVIDENCE, RI 02909	05-0374509	501(C)(3)	40,000.	0.			SILVER LAKE COMMUNITY SUPPORT AND DAY CARE
SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866-1632	14-1338562	501(C)(3)	20,000.	0.			CAROLE MARCHAND ENDOWED INTERNSHIP FUND/TANG MUSEUM
SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866-1632	14-1338562	501(C)(3)	2,500.	0.			FRIENDS OF TANG

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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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SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866-1632	14-1338562	501(C)(3)	500.	0.			TANG MUSEUM- MASKS4PEOPLE
SKILLS FOR RHODE ISLAND'S FUTURE 30 EXCHANGE TERRACE PROVIDENCE, RI 02903	81-2807502	501(C)(3)	100,000.	0.			SKILL UP RHODE ISLANDERS
SMILE TRAIN, INC. PO BOX 96231 WASHINGTON, DC 20090-6231	13-3661416	501(C)(3)	3,000.	0.			SUSTAINING PROJECTS
SMILE TRAIN, INC. PO BOX 96231 WASHINGTON, DC 20090-6231	13-3661416	501(C)(3)	901.	0.			GENERAL OPERATING
SMILE TRAIN, INC. PO BOX 96231 WASHINGTON, DC 20090-6231	13-3661416	501(C)(3)	3,000.	0.			GENERAL PROGRAM SUPPORT
SMITH COLLEGE STODDARD ANNEX, 23 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	3,868.	0.			GENERAL OPERATING
SMITH COLLEGE STODDARD ANNEX, 23 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	6,039.	0.			PROGRAM SUPPORT
SMITH COLLEGE 23 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	30,000.	0.			ALUMNAE FUND
SMITH COLLEGE 23 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	500.	0.			ANNUAL FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITH COLLEGE 23 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	350.	0.			ANNUAL FUND
SMITH HILL COMMUNITY DEVELOPMENT CORPORATION - 400 SMITH STREET, SUITE 1 - PROVIDENCE, RI 02908	05-0466422	501(C)(3)	29,000.	0.			COVID NEED RESPONSE TO SMITH HILL, WANSUCK & MT PLEASANT COMMUNITIES
SMITH HILL COMMUNITY DEVELOPMENT CORPORATION - 400 SMITH STREET, SUITE 1 - PROVIDENCE, RI 02908	05-0466422	501(C)(3)	25,000.	0.			COVID-19 RESPONSE TO SMITH HILL - RETAINING & ACCESSING HOUSING
SMITHFIELD SCHOOL DEPARTMENT 49 FARNUM PIKE ESMOND, RI 02917	05-6000512	CITY GOV	20,000.	0.			SMITHFIELD HIGH SCHOOL XQ+RI CHALLENGE: MOMENTUM SCHOOL
SMITHFIELD SENIOR SERVICES CORPORATION - ONE WILLIAM J. HAWKINS TRAIL - GREENVILLE, RI 02828	05-0511563	501(C)(3)	30,000.	0.			COVID-19 FOOD SECURITY AND RENTAL ASSISTANCE FOR VULNERABLE RESIDENTS OF EAST SMITHFIELD
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE, SUITE #100 PROVIDENCE, RI 02903	26-0163730	501(C)(3)	2,500.	0.			PROVIDING BUSINESS AND ENTREPRENEURIAL TRAINING TO WOMEN IN NEWPORT COUNTY
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE, SUITE #100 PROVIDENCE, RI 02903	26-0163730	501(C)(3)	90,000.	0.			PROVIDING ENTREPRENEURIAL AND BUSINESS SUPPORT IN HISTORICALLY EXCLUDED COMMUNITIES
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE, SUITE #100 PROVIDENCE, RI 02903	26-0163730	501(C)(3)	5,000.	0.			SUPPORT THE MISSION OF THE PROGRAM
SOCIAL ENTERPRISE GREENHOUSE 10 DAVOL SQUARE, SUITE #100 PROVIDENCE, RI 02903	26-0163730	501(C)(3)	1,000.	0.			GENERAL SUPPORT

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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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SOCIETY OF ST. VINCENT DE PAUL RHODE ISLAND - 25 WEBB STREET - CRANSTON, RI 02920	05-6010248	501(C)(3)	25,000.	0.			COVID-19 ASSISTANCE
SOCIETY OF ST. VINCENT DE PAUL RHODE ISLAND - 25 WEBB STREET - CRANSTON, RI 02920	05-6010248	501(C)(3)	39,000.	0.			FRIENDS FUND COVID EXPANSIONS
SOCIETY OF THE FOUR ARTS 100 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501(C)(3)	10,000.	0.			UNRESTRICTED GIFT
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	300.	0.			AS MOST NEEDED
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	30,000.	0.			BASIC NEEDS AND RENTAL ASSISTANCE FOR VICTIMS OF ABUSE
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	37,500.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	37,500.	0.			BLUE ANGEL COMMUNITY HEALTH GRANT FUNDING
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	10,000.	0.			COVID-19 RELIEF EFFORTS
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	15,000.	0.			DONATION

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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SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	500.	0.			EMERGENCY FUND
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	300.	0.			GENERAL FUNDS
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	250.	0.			GENERAL SUPPORT
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	225.	0.			MASQUERADE BALL
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	100.	0.			MATCHING CONTRIBUTION
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	60,000.	0.			MENTAL HEALTH SERVICES FOR VICTIMS OF ABUSE
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	2,000.	0.			PROVIDE SUPPORT AND ASSISTANCE TO IMMIGRANTS
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	5,000.	0.			SUPPORT FOR LGBTQ VICTIMS OF ABUSE
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	250,000.	0.			SUPPORT FOR VICTIMS OF ABUSE AFFECTED BY COVID

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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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SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	5,250.	0.			GENERAL SUPPORT
SOJOURNER HOUSE, INC. 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	6,934.	0.			GENERAL OPERATING
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	2,000.	0.			2020 WOMEN OF WISDOM GALA
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	2,500.	0.			ANNUAL EVENT GIFT
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	7,500.	0.			DONATION
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	33,410.	0.			EDUCATION DURING COVID-19: A RAPIDLY ESCALATING COST
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	103.	0.			MATCHING CONTRIBUTION
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	15,000.	0.			SOPHIA ACADEMY SOCIAL-EMOTIONAL SUPPORT IN THE TIME OF CORONAVIRUS
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	1,500.	0.			SOPHIA WOMEN OF WISDOM

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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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SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	250.	0.			WHEREVER IT IS MOST NEEDED
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	1,000.	0.			WOMEN OF WISDOM GALA 2020
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	84,500.	0.			GENERAL SUPPORT
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	31-1736069	501(C)(3)	52,448.	0.			GENERAL OPERATING
SOUTH COUNTY ART ASSOCIATION 2587 KINGSTOWN ROAD KINGSTON, RI 02881	05-6008104	501(C)(3)	6,000.	0.			CLIMATE CONTROL HVAC - HELME HOUSE OFFICES/GALLERY
SOUTH COUNTY ART ASSOCIATION 2587 KINGSTOWN ROAD KINGSTON, RI 02881	05-6008104	501(C)(3)	15,338.	0.			GENERAL OPERATING
SOUTH COUNTY GARDEN CLUB OF RI 38 MONTGOMERY STREET WARWICK, RI 02886	05-6015714	501(C)(3)	9,749.	0.			GENERAL OPERATING
SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM ENDOWMENT - 100 KENYON AVENUE - WAKEFIELD, RI 02879	05-0259093	501(C)(3)	74,570.	0.			BEHAVIORAL HEALTH SUPPORTS FOR THE VULNERABLE IN OUR COMMUNITY NOW AND IN THE
SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM ENDOWMENT - 100 KENYON AVENUE - WAKEFIELD, RI 02879	05-0259093	501(C)(3)	60,000.	0.			COVID-19 RELIEF FUND

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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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SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM ENDOWMENT - 100 KENYON AVENUE - WAKEFIELD, RI 02879	05-0259093	501(C)(3)	49,805.	0.			ENHANCING NURSING ASSISTANT EMPLOYMENT OPPORTUNITIES
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	2,500.	0.			ANNUAL FUND
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	5,000.	0.			ANNUAL GIFT
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	17,500.	0.			BLUEANGEL COMMUNITY HEALTH GRANT
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	17,500.	0.			BLUEANGEL COMMUNITY HEALTH GRANT - SOUTH COUNTY HEALTHY BODIES, HEALTHY MINDS - 5-2-1-0
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	500.	0.			COVID-19 RELIEF FUND
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	250.	0.			HEART HEALTH REHABILITATION
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	500.	0.			INTENSIVE CARE UNIT
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	1,000.	0.			SOUTH COUNTY HEALTH CANCER CENTER

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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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SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	2,100.	0.			GENERAL SUPPORT
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	79,118.	0.			GENERAL OPERATING
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	05-0445136	501(C)(3)	4,259.	0.			PROGRAM SUPPORT
SOUTH KINGSTOWN EDUCATION FOUNDATION - 307 CURTIS CORNER ROAD - WAKEFIELD, RI 02879	65-1197241	501(C)(3)	9,078.	0.			DESIGNATED GRANT
SOUTH KINGSTOWN LAND TRUST, INC. 17 MATUNUCK BEACH ROAD WAKEFIELD, RI 02879	05-0516985	501(C)(3)	1,000.	0.			CAPITAL CAMPAIGN
SOUTH KINGSTOWN LAND TRUST, INC. 17 MATUNUCK BEACH ROAD WAKEFIELD, RI 02879	05-0516985	501(C)(3)	2,500.	0.			CAPITAL CAMPAIGN - MATCHING GIFT OPPORTUNITY
SOUTH KINGSTOWN LAND TRUST, INC. 17 MATUNUCK BEACH ROAD WAKEFIELD, RI 02879	05-0516985	501(C)(3)	6,500.	0.			GENERAL SUPPORT
SOUTH KINGSTOWN LAND TRUST, INC. 17 MATUNUCK BEACH ROAD WAKEFIELD, RI 02879	05-0516985	501(C)(3)	22,010.	0.			PROGRAM SUPPORT
SOUTHERN POVERTY LAW CENTER INC. 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	1,500.	0.			TO SUPPORT THE ORGANIZATION'S MISSION

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SOUTHERN POVERTY LAW CENTER INC. 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	5,500.	0.			GENERAL SUPPORT
SOUTHERN RHODE ISLAND VOLUNTEERS 100 PARK LANE CHARLESTOWN, RI 02813	05-0393018	501(C)(3)	20,180.	0.			COVID 19 FOOD DELIVERY
SOUTHERN RHODE ISLAND VOLUNTEERS 100 PARK LANE CHARLESTOWN, RI 02813	05-0393018	501(C)(3)	10,000.	0.			FOOD AND PHARMACY DELIVERY DURING COVID 19 RESPONSE
SOUTHERN RHODE ISLAND VOLUNTEERS 100 PARK LANE CHARLESTOWN, RI 02813	05-0393018	501(C)(3)	3,000.	0.			INDEPENDENT AGING SERVICES
SOUTHERN RHODE ISLAND VOLUNTEERS 100 PARK LANE CHARLESTOWN, RI 02813	05-0393018	501(C)(3)	3,912.	0.			GENERAL OPERATING
SOUTHPOINTE CHRISTIAN CHURCH 200 PETTACONSETT AVENUE WARWICK, RI 02888	45-3065348	501(C)(3)	15,000.	0.			HAND UP MINISTRY
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907	05-0394224	501(C)(3)	2,000.	0.			GENERAL OPERATING/GOOD EARTH
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907	05-0394224	501(C)(3)	30,000.	0.			BUILDING CAPACITY FOR SUSTAINABLE FOOD SYSTEMS IN RHODE ISLAND
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907	05-0394224	501(C)(3)	3,000.	0.			CAPITAL CAMPAIGN

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SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907	05-0394224	501(C)(3)	500.	0.			CONTINUED SUPPORT
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907	05-0394224	501(C)(3)	1,000.	0.			CULTURAL GATHERING: AGRICULTURE, EQUITY AND ART ON THE SOUTH SIDE
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907	05-0394224	501(C)(3)	1,000.	0.			ONGOING SUPPORT
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907	05-0394224	501(C)(3)	12,030.	0.			SUPPORTS FOR LOW INCOME AND UNEMPLOYED COMMUNITY GARDENERS AND FARMERS
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907	05-0394224	501(C)(3)	38,500.	0.			GENERAL SUPPORT
SOUTHSIDE ELEMENTARY CHARTER SCHOOL - 135 PRAIRIE AVENUE - PROVIDENCE, RI 02905	46-4002550	501(C)(3)	2,482.	0.			DESIGNATED GRANT
SOUTHSIDE ELEMENTARY CHARTER SCHOOL - 135 PRAIRIE AVENUE - PROVIDENCE, RI 02905	46-4002550	501(C)(3)	2,500.	0.			ENHANCING STEM FOR ALL
SOUTHSIDE ELEMENTARY CHARTER SCHOOL - 135 PRAIRIE AVENUE - PROVIDENCE, RI 02905	46-4002550	501(C)(3)	5,000.	0.			PROJECT HOPE
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	5,000.	0.			DONATION

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SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	50.	0.			MATCHING CONTRIBUTION
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	10,732.	0.			SPECIAL OLYMPICS RHODE ISLAND EFFECTIVELY AND SAFELY SERVING RHODE ISLANDERS WITH
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	20,000.	0.			SPECIAL OLYMPICS RHODE ISLAND: KEEP THE OLYMPICS FLAME BURNING BRIGHT
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	10,000.	0.			SUMMER GAMES 2020
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	5,000.	0.			UNIFIED JUNIORS PROGRAM FOR BARRINGTON YOUTH
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	1,900.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	508.	0.			GENERAL OPERATING
SPECTRUM THEATRE ENSEMBLE 299 BROADWAY PROVIDENCE, RI 02903	83-2563658	501(C)(3)	6,500.	0.			GENERAL SUPPORT
SPURWINK/RI ONE SPURWINK PLACE CRANSTON, RI 02910	01-0370716	501(C)(3)	40,000.	0.			COVID-19 RELIEF REQUEST

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SQUASHBUSTERS INC. 250 LLOYD AVENUE PROVIDENCE, RI 02906	04-3330698	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SQUASHBUSTERS INC. 250 LLOYD AVENUE PROVIDENCE, RI 02906	04-3330698	501(C)(3)	1,000.	0.			GENERAL OPERATING SUPPORT
ST. ANDREW'S BY THE SEA 182 WILLOW AVENUE LITTLE COMPTON, RI 02837	05-0258952	501(C)(3)	4,000.	0.			ENDOWMENT FUND/GENERAL FUND
ST. ANDREW'S SCHOOL 63 FEDERAL ROAD BARRINGTON, RI 02806	05-0262717	501(C)(3)	2,500.	0.			GEORGE M. SAGE TENNIS TOURNAMENT 2020
ST. ANDREW'S SCHOOL 63 FEDERAL ROAD BARRINGTON, RI 02806	05-0262717	501(C)(3)	50,761.	0.			DESIGNATED GRANT
ST. ANDREW'S SCHOOL 63 FEDERAL ROAD BARRINGTON, RI 02806	05-0262717	501(C)(3)	529.	0.			DESIGNATED GRANT
ST. ANDREW'S SCHOOL 63 FEDERAL ROAD BARRINGTON, RI 02806	05-0262717	501(C)(3)	500.	0.			STUDENT SUPPORT
ST. ANDREW'S SCHOOL 63 FEDERAL ROAD BARRINGTON, RI 02806	05-0262717	501(C)(3)	500.	0.			TECHNOLOGY SUPPORT
ST. ANDREW'S SCHOOL 63 FEDERAL ROAD BARRINGTON, RI 02806	05-0262717	501(C)(3)	10,151.	0.			GENERAL OPERATING

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ST. BARNABAS EPISCOPAL CHURCH 3257 POST ROAD WARWICK, RI 02886	05-0282015	501(C)(3)	14,937.	0.			GENERAL OPERATING
ST. BERNARD CHURCH 275 TOWER HILL ROAD NORTH KINGSTOWN, RI 02852	05-0258978	REL	15,300.	0.			GENERAL OPERATING
ST. CECILIA PARISH 18 BELVIDERE STREET BOSTON, MA 02115	04-2106261	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ST. GEORGE'S SCHOOL 372 PURGATORY ROAD MIDDLETOWN, RI 02842	05-0259009	501(C)(3)	300.	0.			ANNUAL FUND
ST. GEORGE'S SCHOOL 372 PURGATORY ROAD MIDDLETOWN, RI 02842	05-0259009	501(C)(3)	5,000.	0.			SG FUND
ST. JOHN THE BAPTIST UKRAINIAN CATHOLIC CHURCH - 339 CENTER STREET - FALL RIVER, MA 02724	04-2514347	REL	26,372.	0.			GENERAL OPERATING
ST. JOHN'S EPISCOPAL CHURCH 191 COUNTY ROAD BARRINGTON, RI 02806	05-0312377	501(C)(3)	5,750.	0.			GENERAL SUPPORT
ST. JOHN'S EPISCOPAL CHURCH 191 COUNTY ROAD BARRINGTON, RI 02806	05-0312377	501(C)(3)	1,411.	0.			GENERAL OPERATING
ST. JOHNS LODGE, NUMBER ONE PROVIDENCE - P.O. BOX 8397 - WARWICK, RI 02888-0397	05-0268217	501(C)(8)	6,365.	0.			FRATERNAL SOCIETY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	500.	0.			CHARITY
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	1,000.	0.			GENERAL NEEDS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	12,500.	0.			GENERAL PURPOSES
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	25.	0.			MATCHING CONTRIBUTION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	51.	0.			MATCHING CONTRIBUTION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	50.	0.			MATCHING CONTRIBUTION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	100.	0.			MATCHING CONTRIBUTION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	25.	0.			MATCHING CONTRIBUTION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	1,000.	0.			OPERATING EXPENSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	10,000.	0.			RESEARCH PROGRAMS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	9,230.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	79,470.	0.			GENERAL OPERATING
ST. LUKE'S EPISCOPAL CHURCH 99 PEIRCE STREET EAST GREENWICH, RI 02818	05-0285645	501(C)(3)	2,000.	0.			ANNUAL GIFT TO OPERATING FUND
ST. LUKE'S EPISCOPAL CHURCH 99 PEIRCE STREET EAST GREENWICH, RI 02818	05-0285645	501(C)(3)	500.	0.			GENERAL OPERATIONS
ST. LUKE'S EPISCOPAL CHURCH 99 PEIRCE STREET EAST GREENWICH, RI 02818	05-0285645	501(C)(3)	5,000.	0.			HEARTH, HEALTH & HANDS
ST. LUKE'S EPISCOPAL CHURCH 99 PEIRCE STREET EAST GREENWICH, RI 02818	05-0285645	501(C)(3)	8,000.	0.			ST. LUKE'S COMMUNITY KITCHEN
ST. LUKE'S EPISCOPAL CHURCH 99 PEIRCE STREET EAST GREENWICH, RI 02818	05-0285645	501(C)(3)	4,247.	0.			GENERAL OPERATING
ST. MARK'S EPISCOPAL CHURCH 111 WEST SHORE ROAD WARWICK, RI 02889	22-2501180	501(C)(3)	5,000.	0.			THE RECTOR'S DISCRETIONARY FUND

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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ST. MARK'S EPISCOPAL CHURCH 111 WEST SHORE ROAD WARWICK, RI 02889	22-2501180	501(C)(3)	2,549.	0.			GENERAL OPERATING
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	25,000.	0.			DONATION
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	20,000.	0.			RENOVATION OF HILL'S UNIT KITCHEN
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	50,000.	0.			ST. MARY'S HOME FOR CHILDREN BASIC NEEDS FUND TO COVER HARDSHIPS TO FAMILIES IN NEED DUE TO
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	170,000.	0.			ST. MARY'S HOME FOR CHILDREN IMMEDIATE COVID-19 BEHAVIORAL HEALTH SUPPORT
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	2,500.	0.			ST. MARY'S HOME FOR CHILDREN WELLNESS PROGRAM
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	5,000.	0.			ST. MARY'S HOME FOR CHILDREN'S BASIC NEEDS PROGRAM
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	5,000.	0.			THE SUMMER CAMP PROJECT
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	5,000.	0.			UNEXPECTED EXPENSES

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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ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	9,340.	0.			GENERAL OPERATING
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	05-0213340	501(C)(3)	9,282.	0.			PROGRAM SUPPORT
ST. MICHAEL'S EPISCOPAL CHURCH 399 HOPE STREET BRISTOL, RI 02809	05-0259043	501(C)(3)	500.	0.			ANNUAL FUND
ST. MICHAEL'S EPISCOPAL CHURCH 399 HOPE STREET BRISTOL, RI 02809	05-0259043	501(C)(3)	3,250.	0.			RECTOR'S DISCRETIONARY FUND
ST. MICHAEL'S EPISCOPAL CHURCH 399 HOPE STREET BRISTOL, RI 02809	05-0259043	501(C)(3)	4,601.	0.			GENERAL OPERATING
ST. MICHAEL'S EPISCOPAL CHURCH 399 HOPE STREET BRISTOL, RI 02809	05-0259043	501(C)(3)	888.	0.			PROGRAM SUPPORT
ST. PATRICK ACADEMY 244 SMITH STREET PROVIDENCE, RI 02908	05-0348697	501(C)(3)	20,000.	0.			AS A DONATION
ST. PATRICK'S CHURCH FOOD PANTRY 45 MAIN STREET HARRISVILLE, RI 02830	05-0259045	REL	20,000.	0.			ST. PATRICK'S FOOD PANTRY + COVID19

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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ST. PATRICK'S CHURCH FOOD PANTRY 45 MAIN STREET HARRISVILLE, RI 02830	05-0259045	REL	2,000.	0.			ST. PATRICK'S PERSONAL HEALTH CARE ITEMS
ST. VINCENT DE PAUL SOCIETY 5 MANN AVENUE NEWPORT, RI 02840	30-2057762	REL	8,500.	0.			EMERGENCY FINANCIAL ASSISTANCE FOR THE NEEDY
STADIUM THEATRE FOUNDATION 28 MONUMENT SQUARE WOONSOCKET, RI 02895	05-0486986	501(C)(3)	9,180.	0.			INSTALL NEW BANNERS ON THE REAR EXTERIOR WALLS OF THE STADIUM THEATRE PERFORMING ARTS CENTRE
STAGES OF FREEDOM 10 WESTMINSTER STREET PROVIDENCE, RI 02903	20-0027676	501(C)(3)	5,500.	0.			EMPOWERING THE BLACK COMMUNITY DURING COVID-19
STAGES OF FREEDOM 10 WESTMINSTER STREET PROVIDENCE, RI 02903	20-0027676	501(C)(3)	2,800.	0.			FREDERICK DOUGLASS IN RHODE ISLAND
STAGES OF FREEDOM 10 WESTMINSTER STREET PROVIDENCE, RI 02903	20-0027676	501(C)(3)	6,000.	0.			SUPPORTING BLACK YOUTH DURING COVID-19
STAGES OF FREEDOM 10 WESTMINSTER STREET PROVIDENCE, RI 02903	20-0027676	501(C)(3)	10,000.	0.			SUPPORTING THE BLACK COMMUNITY DURING COVID-19
STAGES OF FREEDOM 10 WESTMINSTER STREET PROVIDENCE, RI 02903	20-0027676	501(C)(3)	5,000.	0.			THE BANNISTERS: A LIFE IN ART & SOCIAL CHANGE
STAGES OF FREEDOM 10 WESTMINSTER STREET PROVIDENCE, RI 02903	20-0027676	501(C)(3)	7,500.	0.			GENERAL SUPPORT

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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STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE, SUITE B WESTERLY, RI 02891-2789	35-2175841	501(C)(3)	500.	0.			ANIMAL WELFARE
STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE, SUITE B WESTERLY, RI 02891-2789	35-2175841	501(C)(3)	15,000.	0.			ANIMAL WELFARE PROGRAM
STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE, SUITE B WESTERLY, RI 02891-2789	35-2175841	501(C)(3)	3,600.	0.			NEON CRM SYSTEM RENEWAL
STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE, SUITE B WESTERLY, RI 02891-2789	35-2175841	501(C)(3)	400.	0.			GENERAL OPERATING FUNDS
STAND UP FOR ANIMALS 33 LARRY HIRSCH LANE, SUITE B WESTERLY, RI 02891-2789	35-2175841	501(C)(3)	18,674.	0.			PROGRAM SUPPORT
STATE OF RHODE ISLAND - DEPARTMENT OF ADMINISTRATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908	05-6000522	STATE GOV	14,000.	0.			UNDOING RACISM WORKSHOP
STAY AT HOME IN LITTLE COMPTON, INC. - 219 LONG HIGHWAY - LITTLE COMPTON, RI 02837	46-4385294	501(C)(3)	7,500.	0.			GENERAL SUPPORT
STEAM BOX 72 VILLAGE DRIVE RIVERSIDE, RI 02915	46-2725748	501(C)(3)	12,000.	0.			2020 COX CHARITIES COMMUNITY GRANT RECIPIENT
STEERE HOUSE 100 BORDEN STREET PROVIDENCE, RI 02903	05-0258880	501(C)(3)	56,115.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

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STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	4,000.	0.			GENERAL NEEDS
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	10,000.	0.			SMART HOME AND GOLD STAR FAMILY PROGRAMS
STERLING COLLEGE PO BOX 72 CRAFTSBURY COMMON, VT 05827	03-0197728	501(C)(3)	50,000.	0.			BERRY CENTER SUPPORT
STERLING COLLEGE PO BOX 72 CRAFTSBURY COMMON, VT 05827	03-0197728	501(C)(3)	5,000.	0.			GENERAL SUPPORT
STONY POINT REFORMED PRESBYTERIAN CHURCH - 2330 BUFORD ROAD - RICHMOND, VA 23235	54-0954852	501(C)(3)	10,000.	0.			KIRYANDOGO REFUGEE SETTLEMENT
STOP WASTING ABANDONED PROPERTY - SWAP - 439 PINE STREET - PROVIDENCE, RI 02907	05-0370946	501(C)(3)	20,000.	0.			COVID RESIDENT SERVICES
STOP WASTING ABANDONED PROPERTY - SWAP - 439 PINE STREET - PROVIDENCE, RI 02907	05-0370946	501(C)(3)	25,000.	0.			COVID-19 SUPPORT TO RESIDENTS
SUNRISE MOVEMENT EDUCATION FUND, INC. - 50 F STREET NW STE #700 - WASHINGTON, DC 20001	46-4773036	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SYRACUSE UNIVERSITY 119 BOWNE HALL SYRACUSE, NY 13244-1140	15-0532081	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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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TEACH FOR AMERICA - RHODE ISLAND 166 VALLEY STREET, BUILDING 6M, SUITE 100 PROVIDENCE, RI 02909	13-3541913	501(C)(3)	5,000.	0.			ANNUAL GIFT
TEACH FOR AMERICA - RHODE ISLAND 166 VALLEY STREET, BUILDING 6M, SUITE 100 PROVIDENCE, RI 02909	13-3541913	501(C)(3)	50,000.	0.			EXCELLENCE IN EDUCATION
TEACH FOR AMERICA - RHODE ISLAND 166 VALLEY STREET, BUILDING 6M, SUITE 100 PROVIDENCE, RI 02909	13-3541913	501(C)(3)	50,000.	0.			PROVIDENCE EXPANSION
TEACH FOR AMERICA - RHODE ISLAND 166 VALLEY STREET, BUILDING 6M, SUITE 100 PROVIDENCE, RI 02909	13-3541913	501(C)(3)	50,000.	0.			PROVIDENCE EXPANSION
TEACH FOR AMERICA - RHODE ISLAND 166 VALLEY STREET, BUILDING 6M, SUITE 100 PROVIDENCE, RI 02909	13-3541913	501(C)(3)	186,000.	0.			GENERAL SUPPORT
TECH COLLECTIVE PO BOX 41016 PROVIDENCE, RI 02940	42-1548699	501(C)(3)	40,000.	0.			GENERAL SUPPORT
TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0264805	REL	2,500.	0.			ANNUAL CONTRIBUTION
TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0264805	REL	2,500.	0.			ANNUAL SUPPORT
TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0264805	REL	6,000.	0.			LESLIE GUTTERMAN RETIREMENT FUND

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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TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0264805	REL	3,600.	0.			PREMIUM SUPPORT FOR JUNE 2020 - MAY 2021
TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0264805	REL	5,000.	0.			RABBI LESLIE YALE GUTTERMAN RELIGIOUS SCHOOL ENDOWMENT
TEMPLE BETH-EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906	05-0264805	REL	20,950.	0.			GENERAL SUPPORT
TEMPLE EMANU-EL 99 TAFT AVENUE PROVIDENCE, RI 02906	05-0259273	REL	540.	0.			GIFT OF THE HEART 2020-21
TEMPLE EMANU-EL 99 TAFT AVENUE PROVIDENCE, RI 02906	05-0259273	REL	5,000.	0.			SINGING THE DREAM 2021
TEMPLE EMANU-EL 99 TAFT AVENUE PROVIDENCE, RI 02906	05-0259273	REL	27,500.	0.			GENERAL SUPPORT
TEMPLE EMANU-EL 99 TAFT AVENUE PROVIDENCE, RI 02906	05-0259273	REL	7,500.	0.			PROGRAM SUPPORT
TEMPLE HABONIM 165 NEW MEADOW ROAD BARRINGTON, RI 02806	05-0346850	501(C)(3)	10,000.	0.			ANNUAL CONTRIBUTION
TEMPLE HABONIM 165 NEW MEADOW ROAD BARRINGTON, RI 02806	05-0346850	501(C)(3)	7,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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TEMPLE HABONIM 165 NEW MEADOW ROAD BARRINGTON, RI 02806	05-0346850	501(C)(3)	47,266.	0.			GENERAL OPERATING
TEMPLE HABONIM 165 NEW MEADOW ROAD BARRINGTON, RI 02806	05-0346850	501(C)(3)	3,809.	0.			PROGRAM SUPPORT
THE ARC RHODE ISLAND FAMILY ADVOCACY NETWORK - 22 KINGSTON AVENUE - SOUTH KINGSTOWN, RI 02879	13-5642032	501(C)(3)	35,119.	0.			CIRCLES OF CONNECTIONS: ENDING THE ISOLATION OF RHODE ISLANDERS WITH DEVELOPMENTAL
THE ARC RHODE ISLAND FAMILY ADVOCACY NETWORK - 22 KINGSTON AVENUE - SOUTH KINGSTOWN, RI 02879	13-5642032	501(C)(3)	8,000.	0.			I COUNT! YOU COUNT! WE ALL COUNT RHODE ISLAND
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	05-0512037	501(C)(3)	5,000.	0.			EXPANDING SENSORY FRIENDLY PROGRAMMING WITHIN PROVIDENCE COMMUNITY LIBRARIES
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	05-0512037	501(C)(3)	25.	0.			MATCHING CONTRIBUTION
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	05-0512037	501(C)(3)	40,000.	0.			SUPPORT TO STUDENTS WITH DISABILITIES, THEIR PARENTS AND THE PROFESSIONALS EDUCATING
THE AVENUE CONCEPT, INC. 304 LOCKWOOD STREET PROVIDENCE, RI 02907	81-0877541	501(C)(3)	105,000.	0.			GENERAL OPERATION FUNDING
THE AVENUE CONCEPT, INC. 304 LOCKWOOD STREET PROVIDENCE, RI 02907	81-0877541	501(C)(3)	75,000.	0.			GENERAL OPERATIONS VIS. STRATEGIC PLAN FOR 2020/21

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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THE AVENUE CONCEPT, INC. 304 LOCKWOOD STREET PROVIDENCE, RI 02907	81-0877541	501(C)(3)	750.	0.			GENERAL USES
THE AVENUE CONCEPT, INC. 304 LOCKWOOD STREET PROVIDENCE, RI 02907	81-0877541	501(C)(3)	8,000.	0.			UTILITY BOX DESIGN PROGRAM
THE AVENUE CONCEPT, INC. 304 LOCKWOOD STREET PROVIDENCE, RI 02907	81-0877541	501(C)(3)	2,000.	0.			UTILITY BOX DESIGN PROGRAM
THE AVENUE CONCEPT, INC. 304 LOCKWOOD STREET PROVIDENCE, RI 02907	81-0877541	501(C)(3)	1,000.	0.			GENERAL SUPPORT
THE AVENUE CONCEPT, INC. 304 LOCKWOOD STREET PROVIDENCE, RI 02907	81-0877541	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT 2020
THE CHOIR SCHOOL OF NEWPORT COUNTY 61 POPLAR STREET NEWPORT, RI 02840	81-4605806	501(C)(3)	7,000.	0.			GENERAL SUPPORT
THE COLLABORATIVE 498 MAIN STREET WARREN, RI 02885	81-0826094	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE COLLABORATIVE 498 MAIN STREET WARREN, RI 02885	81-0826094	501(C)(3)	100.	0.			GENERAL OPERATING SUPPORT
THE COLLECTIVE 1220 KINGSTOWN ROAD SOUTH KINGSTOWN, RI 02879	84-4048141	501(C)(3)	19,300.	0.			COVID-19 SOUTH COUNTY MUTUAL AID AND SUPPORT

Schedule I (Form 990)

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THE DAVID SHELDRIK WILDLIFE TRUST USA, INC. - 25283 CABOT ROAD, SUITE 101 - LAGUNA HILLS, CA 92653	30-0224549	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE ECONOMIC PROGRESS INSTITUTE 600 MOUNT PLEASANT AVENUE, BLDG. 9 PROVIDENCE, RI 02908-1991	32-0295517	501(C)(3)	20,000.	0.			PROTECT OUR HEALTHCARE COALITION
THE ECONOMIC PROGRESS INSTITUTE 600 MOUNT PLEASANT AVENUE, BLDG. 9 PROVIDENCE, RI 02908-1991	32-0295517	501(C)(3)	15,100.	0.			GENERAL SUPPORT
THE ECONOMIC PROGRESS INSTITUTE 600 MOUNT PLEASANT AVENUE, BLDG. 9 PROVIDENCE, RI 02908-1991	32-0295517	501(C)(3)	4,641.	0.			GENERAL OPERATING
THE EMPOWERMENT FACTORY 999 MAIN STREET, UNIT 707 PAWTUCKET, RI 02860	81-0682337	501(C)(3)	2,500.	0.			BOARD CHAIR/ED COACHING PROGRAM - MINI GRANT
THE EMPOWERMENT FACTORY 999 MAIN STREET, UNIT 707 PAWTUCKET, RI 02860	81-0682337	501(C)(3)	10,000.	0.			COMMUNITY ENGAGEMENT AND ART INSTALLATION ALONG BALDWIN LOOP
THE FOUNDATION FIGHTING BLINDNESS, INC. - 6925 OAKLAND MILLS ROAD, #701 - COLUMBIA, MD 21045	23-7135845	501(C)(3)	18,605.	0.			RESEARCH TO OVERCOME MACULAR DEGENERATION 2020 - 2021
THE FRIENDS OF THE MUSIC MANSION 88 MEETING STREET CRANSTON, RI 02905	05-0451066	501(C)(3)	36,054.	0.			PROGRAM SUPPORT
THE GEORGE A. WILEY CENTER 32 EAST AVENUE PAWTUCKET, RI 02860	05-0396816	501(C)(3)	75,000.	0.			EXPAND DIRECT ASSISTANCE AND ORGANIZING CAPACITY AT THE GEORGE WILEY CENTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GEORGE A. WILEY CENTER 32 EAST AVENUE PAWTUCKET, RI 02860	05-0396816	501(C)(3)	300.	0.			FOR WHEREVER IT IS MOST NEEDED
THE GEORGE A. WILEY CENTER 32 EAST AVENUE PAWTUCKET, RI 02860	05-0396816	501(C)(3)	25,000.	0.			GEORGE WILEY CENTER COVID-19 RESPONSE
THE GEORGE A. WILEY CENTER 32 EAST AVENUE PAWTUCKET, RI 02860	05-0396816	501(C)(3)	489.	0.			GENERAL OPERATING
THE GREATER BOSTON FOOD BANK INC. 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)	100,000.	0.			FOR ASSISTANCE DUE TO PANDEMIC CRISIS
THE GREATER BOSTON FOOD BANK INC. 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)	5,000.	0.			GENERAL ACTIVITIES
THE GRODEN CENTER, INC. 610 MANTON AVENUE PROVIDENCE, RI 02909	05-0369378	501(C)(3)	50,000.	0.			GRODEN AND COVE CENTER EMERGENCY FUNDS
THE GRODEN CENTER, INC. 610 MANTON AVENUE PROVIDENCE, RI 02909	05-0369378	501(C)(3)	5,419.	0.			GENERAL OPERATING
THE HENRY SHELDON MUSEUM OF ART ONE PARK STREET MIDDLEBURY, VT 05753	03-0190481	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE HERREN PROJECT PO BOX 131 PORTSMOUTH, RI 02871	80-0748314	501(C)(3)	50,000.	0.			EXPANSION OF INDIVIDUAL & FAMILY ADDICTION SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HERREN PROJECT PO BOX 131 PORTSMOUTH, RI 02871	80-0748314	501(C)(3)	2,500.	0.			GENERAL PURPOSE GRANT
THE HERREN PROJECT PO BOX 131 PORTSMOUTH, RI 02871	80-0748314	501(C)(3)	50,000.	0.			RECOVERY RELIEF AND COACHING PROGRAM
THE HIGHLANDER INSTITUTE 166 VALLEY STREET, BLDG 3L, SUITE 1 PROVIDENCE, RI 02909	22-3115046	501(C)(3)	50,000.	0.			RI DISTANCE LEARNING HELPLINE AND SUPPORTS
THE MINISTERS AND MISSIONARIES BENEFIT BOARD - 475 RIVERSIDE DRIVE, SUITE 1700 - NEW YORK, NY 10115-0049	13-1628182	501(C)(3)	7,020.	0.			PROGRAM SUPPORT
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	5,000.	0.			ANNUAL GIFT
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	1,000.	0.			COVID 19 EMERGENCY FUND
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	10,000.	0.			COVID 19 RESPONSE
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	10,000.	0.			DEBORAH FELDSTEIN BARTFIELD MEMORIAL CANCER PATIENT ASSISTANCE FUND
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	500.	0.			FOR COMPASSIONATE CARE, RESEARCH, AND ANY OTHER NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	2,500.	0.			MEDICAL CARE
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	744.	0.			MEDICAL PROGRAM
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	2,500.	0.			ONGOING SUPPORT
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	1,000.	0.			THE ARTHUR SAMPSON ENDOWMENT FUND
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501(C)(3)	114.	0.			GENERAL OPERATING
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	25,000.	0.			A REGISTRY OF GENITOURINARY MALIGNANCY IN RHODE ISLAND
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	71,915.	0.			CAMPAIGN FOR A JUST RI
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	20,000.	0.			CONNECT FOR HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	20,000.	0.			NURSING LEADERSHIP DEVELOPMENT PROGRAM
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	10,000.	0.			PATIENT WAITING AREA
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	67,812.	0.			SUSTAINING AND GROWING THE PROVIDENCE TRANSITIONS CLINIC: PRIORITIZING THE HEALTH
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	1,500.	0.			GENERAL SUPPORT
THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF RI - 60 ELM STREET - WESTERLY, RI 02891-2134	05-6010439	501(C)(3)	7,131.	0.			GENERAL OPERATING
THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF RI - 60 ELM STREET - WESTERLY, RI 02891-2134	05-6010439	501(C)(3)	13,687.	0.			PROGRAM SUPPORT
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	63,100.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	67,089.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY 159 WATERMAN STREET PROVIDENCE, RI 02906-5206	53-0242652	501(C)(3)	1,000.	0.			ANNUAL FUND
THE NATURE CONSERVANCY 159 WATERMAN STREET PROVIDENCE, RI 02906-5206	53-0242652	501(C)(3)	3,500.	0.			ANNUAL FUND GIFT
THE NATURE CONSERVANCY 159 WATERMAN STREET PROVIDENCE, RI 02906-5206	53-0242652	501(C)(3)	65,000.	0.			PVD TREE PLAN
THE NATURE CONSERVANCY 159 WATERMAN STREET PROVIDENCE, RI 02906-5206	53-0242652	501(C)(3)	25,000.	0.			PVD TREE PLAN
THE NATURE CONSERVANCY 159 WATERMAN STREET PROVIDENCE, RI 02906-5206	53-0242652	501(C)(3)	25,000.	0.			TEN MILE RIVER AGAWAM PROJECT
THE OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 02891	05-0268126	501(C)(3)	23,027.	0.			YMCA SCHOOL'S OUT PROGRAM SUPPORT
THE OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 02891	05-0268126	501(C)(3)	8,000.	0.			WESTERLY WRITERS PROJECT
THE OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 02891	05-0268126	501(C)(3)	3,545.	0.			GENERAL OPERATING
THE PENNFIELD SCHOOL 110 SANDY POINT AVENUE PORTSMOUTH, RI 02871	23-7131751	501(C)(3)	12,402.	0.			GENERAL OPERATING

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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THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501(C)(3)	5,000.	0.			2019 - 2020 FISCAL YEAR
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501(C)(3)	5,000.	0.			2020-2021 FISCAL YEAR
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501(C)(3)	2,000.	0.			ANNUAL FUND
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501(C)(3)	300.	0.			ANNUAL FUND
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501(C)(3)	50,000.	0.			EMERGENCY BRIDGE INITIATIVE
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501(C)(3)	5,000.	0.			PROJECT RELAUNCH
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501(C)(3)	30,500.	0.			GENERAL SUPPORT
THE PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVENUE - NEWPORT, RI 02840	05-0252708	501(C)(3)	500.	0.			GENERAL OPERATING SUPPORT
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	500.	0.			CIRCLE OF STARS COVID-19 EMERGENCY FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	140,000.	0.			COVID-19 RESPONSE
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	20,000.	0.			JIM GILLEN TEEN CENTER
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	30,000.	0.			ONLINE PEER SUPPORT - NEW OPPORTUNITIES FOR RECOVERY
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	31,554.	0.			WASHINGTON COUNTY POLICE CLINICIAN
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	21,000.	0.			WASHINGTON COUNTY POLICE CLINICIAN (EXTENSION)
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	65,125.	0.			GENERAL OPERATING
THE PROVIDENCE CENTER, INC. 528 NORTH MAIN STREET PROVIDENCE, RI 02904	05-0316969	501(C)(3)	1,184.	0.			PROGRAM SUPPORT
THE PROVIDENCE SHELTER FOR COLORED CHILDREN - PO BOX 603276 - PROVIDENCE, RI 02906	05-6014169	501(C)(3)	15,941.	0.			GENERAL OPERATING

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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THE RHODE ISLAND ORAL HEALTH FOUNDATION - 1438 PARK AVENUE - WOONSOCKET, RI 02895	45-2447214	501(C)(3)	11,000.	0.			RHODE ISLAND MISSION OF MERCY
THE RHODE ISLAND ORAL HEALTH FOUNDATION - 1438 PARK AVENUE - WOONSOCKET, RI 02895	45-2447214	501(C)(3)	40,000.	0.			RI MISSION OF MERCY PROGRAM
THE SAINT CLARE HOME 309 SPRING STREET NEWPORT, RI 02840	05-0258990	REL	30,000.	0.			ST. CLARE NEWPORT COVID SUPPORT - JULY-DECEMBER 2020
THE SAINT CLARE HOME 309 SPRING STREET NEWPORT, RI 02840	05-0258990	REL	50,000.	0.			ST. CLARE NEWPORT COVID-19 IMPACT ASSISTANCE
THE SAINT CLARE HOME 309 SPRING STREET NEWPORT, RI 02840	05-0258990	REL	4,700.	0.			WATER-BASED EXERCISE, FITNESS AND REHABILITATION FOR SENIOR CITIZENS
THE SAMARITANS, INC. P.O. BOX 9086 PROVIDENCE, RI 02940	05-0376250	501(C)(3)	15,000.	0.			DONATION
THE SAMARITANS, INC. P.O. BOX 9086 PROVIDENCE, RI 02940	05-0376250	501(C)(3)	50,000.	0.			SAMSRI COVID-19 BEHAVIORAL HEALTH RESPONSE GRANT
THE SAMARITANS, INC. P.O. BOX 9086 PROVIDENCE, RI 02940	05-0376250	501(C)(3)	12,161.	0.			SAMSRI COVID-19 OUTREACH INITIATIVE
THE SAMARITANS, INC. P.O. BOX 9086 PROVIDENCE, RI 02940	05-0376250	501(C)(3)	100.	0.			GENERAL SUPPORT

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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THE SAMARITANS, INC. P.O. BOX 9086 PROVIDENCE, RI 02940	05-0376250	501(C)(3)	782.	0.			GENERAL OPERATING
THE SOUP KITCHEN OF BOYNTON BEACH, INC. - PO BOX 741155 - BOYNTON BEACH, FL 33474-1155	59-2628415	501(C)(3)	5,000.	0.			COVID 19 EMERGENCY FOOD
THE SOUP KITCHEN OF BOYNTON BEACH, INC. - PO BOX 741155 - BOYNTON BEACH, FL 33474-1155	59-2628415	501(C)(3)	10,000.	0.			EMERGENCY FOOD FOR COVID 19
THE TOMORROW FUND 593 EDDY STREET PROVIDENCE, RI 02903	05-0450569	501(C)(3)	25,000.	0.			AS A DONATION
THE TOMORROW FUND 593 EDDY STREET PROVIDENCE, RI 02903	05-0450569	501(C)(3)	1,000.	0.			OPERATING BUDGET
THE TOMORROW FUND 593 EDDY STREET PROVIDENCE, RI 02903	05-0450569	501(C)(3)	915.	0.			GENERAL OPERATING
THE WESTERLY EDUCATION ENDOWMENT FUND - P. O. BOX 1219 - WESTERLY, RI 02891	20-1963637	501(C)(3)	27,862.	0.			DESIGNATED GRANT
THE WILBURY THEATRE GROUP 40 SONOMA COURT PROVIDENCE, RI 02909	46-0614227	501(C)(3)	10,420.	0.			BI-LINGUAL THEATRE PRODUCTION " "FIRE FLOWERS" "
THE WILBURY THEATRE GROUP 40 SONOMA COURT PROVIDENCE, RI 02909	46-0614227	501(C)(3)	20,000.	0.			COVID-19 RECOVERY

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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THE WILBURY THEATRE GROUP 40 SONOMA COURT PROVIDENCE, RI 02909	46-0614227	501(C)(3)	600.	0.			COVID-19 SAFE OUTDOOR EVENTS
THE WILBURY THEATRE GROUP 40 SONOMA COURT PROVIDENCE, RI 02909	46-0614227	501(C)(3)	7,000.	0.			GOD TALKS TO AN AGNOSTIC (12-PART SERIES)
THE WILBURY THEATRE GROUP 40 SONOMA COURT PROVIDENCE, RI 02909	46-0614227	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE WILY NETWORK, INC. 1920 CENTRE STREET, SUITE 1 WEST ROXBURY, MA 02132	47-2434992	501(C)(3)	2,500.	0.			ANNUAL CAMPAIGN
THE WILY NETWORK, INC. 1920 CENTRE STREET, SUITE 1 WEST ROXBURY, MA 02132	47-2434992	501(C)(3)	4,000.	0.			BE THE LIGHT A CAMPAIGN
THE WILY NETWORK, INC. 1920 CENTRE STREET, SUITE 1 WEST ROXBURY, MA 02132	47-2434992	501(C)(3)	5,000.	0.			STUDENT SUPPORT
THE WILY NETWORK, INC. 1920 CENTRE STREET, SUITE 1 WEST ROXBURY, MA 02132	47-2434992	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE WORLD WAR II FOUNDATION 344 MAIN STREET, SUITE ONE WAKEFIELD, RI 02879	27-4793304	501(C)(3)	25,000.	0.			DONATION
THE WORLD WAR II FOUNDATION 344 MAIN STREET, SUITE ONE WAKEFIELD, RI 02879	27-4793304	501(C)(3)	4,000.	0.			MEDIA PROJECT: "RETURN TO IWO JIMA," A 75TH ANNIVERSARY DOCUMENTARY NARRATED BY GARY SINESE

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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THRIVE BEHAVIORAL HEALTH, INC. 2756 POST ROAD, SUITE 104 WARWICK, RI 02886-3003	51-0189278	501(C)(3)	20,000.	0.			DIRECT BEHAVIORAL HEALTHCARE PROVIDER NEEDS DURING COVID-19
THRIVE BEHAVIORAL HEALTH, INC. 2756 POST ROAD, SUITE 104 WARWICK, RI 02886-3003	51-0189278	501(C)(3)	60,000.	0.			ENSURING INDIVIDUALS SUFFERING FROM MENTAL ILLNESS, ADDICTION & HOMELESSNESS RECEIVE SAFE
THRIVE BEHAVIORAL HEALTH, INC. 2756 POST ROAD, SUITE 104 WARWICK, RI 02886-3003	51-0189278	501(C)(3)	100,000.	0.			PANDEMIC RESPONSE: PROVIDING STAFF & CLIENTS WITH TOOLS & SUPPORT
THRIVE BEHAVIORAL HEALTH, INC. 2756 POST ROAD, SUITE 104 WARWICK, RI 02886-3003	51-0189278	501(C)(3)	4,874.	0.			PROGRAM SUPPORT
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	10,000.	0.			ACCESS TO EMERGENCY SERVICES
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	40,000.	0.			ADDITIONAL DENTAL EQUIPMENT
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	20,000.	0.			COVID-19 OUTREACH
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	2,000.	0.			MEDICAL AND DENTAL CARE FOR THE UNINSURED OF NORTH SMITHFIELD
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	3,000.	0.			MEDICAL AND DENTAL CARE TO THE UNINSURED RESIDENTS OF KINGSTON VILLAGE

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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THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	175,000.	0.			THUNDERMIST EMERGENCY BH COVID-19 RESPONSE
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	5,000.	0.			THUNDERMIST EMERGENCY FOOD PANTRY
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	12,870.	0.			THUNDERMIST EMERGENCY FOOD PANTRY
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	75,000.	0.			THUNDERMIST EMERGENCY RESPONSE
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	8,000.	0.			TRANS WELLNESS PROGRAM
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE, BLDG. 2 WARWICK, RI 02886	05-0355097	501(C)(3)	17,463.	0.			GENERAL OPERATING
TIDES FAMILY SERVICES INC. 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229	501(C)(3)	100,000.	0.			COVID-19 BEHAVIORAL HEALTH FUND
TIDES FAMILY SERVICES INC. 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229	501(C)(3)	1,000.	0.			GENERAL SUPPORT
TIDES FAMILY SERVICES INC. 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229	501(C)(3)	23,113.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES FOUNDATION PO BOX 399389 SAN FRANCISCO, CA 94139-9389	51-0198509	501(C)(3)	20,000.	0.			MOVEMENT VOTER FUND
TIVERTON LAND TRUST PO BOX 167 TIVERTON, RI 02878	05-0493369	501(C)(3)	1,000.	0.			GENERAL SUPPORT
TIVERTON LAND TRUST PO BOX 167 TIVERTON, RI 02878	05-0493369	501(C)(3)	14,691.	0.			PROGRAM SUPPORT
TIVERTON LIBRARY FOUNDATION, INC. 34 ROOSEVELT AVENUE TIVERTON, RI 02878	26-0479052	501(C)(3)	2,800.	0.			ASSISTED HEARING SYSTEM FOR TIVERTON LIBRARY COMMUNITY ROOM
TIVERTON LIBRARY FOUNDATION, INC. 34 ROOSEVELT AVENUE TIVERTON, RI 02878	26-0479052	501(C)(3)	8,418.	0.			GENERAL OPERATING
TOCKWOTTON HOME 500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914	05-0258881	501(C)(3)	20,000.	0.			COVID-19 STAFFING AND PPE SUPPLIES
TOCKWOTTON HOME 500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914	05-0258881	501(C)(3)	300.	0.			GENERAL SUPPORT
TOCKWOTTON HOME 500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914	05-0258881	501(C)(3)	59,719.	0.			GENERAL OPERATING
TOMAUQUAG INDIAN MEMORIAL MUSEUM 390 SUMMIT ROAD EXETER, RI 02822	05-0352796	501(C)(3)	300.	0.			GENERAL FUNDS AND PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOMAUAG INDIAN MEMORIAL MUSEUM 390 SUMMIT ROAD EXETER, RI 02822	05-0352796	501(C)(3)	15,820.	0.			GENERAL SUPPORT
TOUGALOO COLLEGE 500 WEST COUNTY LINE ROAD TOUGALOO, MS 39174	64-0303093	501(C)(3)	6,148.	0.			GENERAL OPERATING
TOURO SYNAGOGUE FOUNDATION 85 TOURO STREET NEWPORT, RI 02840	05-0255359	501(C)(3)	7,500.	0.			PATHWAY TO UNDERSTANDING
TOURO SYNAGOGUE FOUNDATION 85 TOURO STREET NEWPORT, RI 02840	05-0255359	501(C)(3)	100.	0.			GENERAL SUPPORT
TOWN OF BARRINGTON 283 COUNTY ROAD BARRINGTON, RI 02806	05-6000024	CITY GOV	14,119.	0.			PROGRAM SUPPORT
TOWN OF CUMBERLAND 45 BROAD STREET CUMBERLAND, RI 02864	05-6000115	CITY GOV	7,500.	0.			COMMUNITY COMMITTED TO ANIMAL WELL-BEING AND CARE DURING COVID-19
TOWN OF CUMBERLAND 45 BROAD STREET CUMBERLAND, RI 02864	05-6000115	CITY GOV	10,000.	0.			MONASTERY ENTRANCE ENHANCEMENTS; NEW GRANITE SIGNAGE AND NEW VICTORIAN STYLE LIGHTHEADS MOUNTED
TOWN OF EXETER 675 TEN ROD ROAD EXETER, RI 02822	05-6000645	501(C)(3)	5,000.	0.			COVID-19 PROGRAMMING FOR THE DEPARTMENT OF SOCIAL SERVICES
TOWN OF EXETER 675 TEN ROD ROAD EXETER, RI 02822	05-6000645	501(C)(3)	2,309.	0.			PROGRAM SUPPORT

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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TOWN OF GLOCESTER 1145 PUTNAM PIKE GLOCESTER, RI 02814	05-6000168	CITY GOV	8,500.	0.			RESTORATION OF BETTY THE LEARNED ELEPHANT, GLOCESTER'S GIANT MR. POTATO HEAD
TOWN OF LITTLE COMPTON P. O. BOX 226 LITTLE COMPTON, RI 02837	05-6000225	CITY GOV	6,000.	0.			LITTLE COMPTON PLAYGROUND FUND - PLAYGROUND INSPECTION, MAINTENANCE, AND REPAIRS
TOWN OF LITTLE COMPTON P. O. BOX 226 LITTLE COMPTON, RI 02837	05-6000225	CITY GOV	1,000.	0.			LITTLE COMPTON TOWN LANDING PROJECT
TOWN OF LITTLE COMPTON P. O. BOX 226 LITTLE COMPTON, RI 02837	05-6000225	CITY GOV	5,000.	0.			TOWN LANDING BEAUTIFICATION/TOWN LANDING PROJECT
TOWN OF LITTLE COMPTON P. O. BOX 226 LITTLE COMPTON, RI 02837	05-6000225	CITY GOV	500.	0.			TOWN LANDING IMPROVEMENTS
TOWN OF NARRAGANSETT 25 FIFTH AVENUE NARRAGANSETT, RI 02882	05-6000251	CITY GOV	10,000.	0.			SAVE ENISHKEETOMPAUOG
TOWN OF NORTH PROVIDENCE 2000 SMITH STREET NORTH PROVIDENCE, RI 02911	05-6000277	501(C)(8)	7,500.	0.			VETERINARY SERVICES TO ASSIST RESIDENTS WHO ARE LOW-INCOME, ELDERLY OR DISABLED IN THE TOWNS OF
TOWN OF PORTSMOUTH 2200 EAST MAIN ROAD PORTSMOUTH, RI 02871	05-6000320	CITY GOV	10,000.	0.			IMPROVED WALKING PATH AT SANDY POINT BEACH
TOWN OF SMITHFIELD 64 FARNUM PIKE ESMOND, RI 02917	05-6000512	CITY GOV	2,800.	0.			ARCHIVING OF BOARDS AND COMMISSIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF SMITHFIELD 64 FARNUM PIKE ESMOND, RI 02917	05-6000512	CITY GOV	10,000.	0.			FRENCH QUARTER POST CLOCK, AT EAST SMITHFIELD NEIGHBORHOOD CENTER
TOWN OF WEST WARWICK 1170 MAIN STREET WEST WARWICK, RI 02893	05-6000583	CITY GOV	10,846.	0.			PROGRAM SUPPORT
TOWN OF WESTERLY 45 BROAD STREET WESTERLY, RI 02891	05-6000576	CITY GOV	6,345.	0.			SHELTER ANIMAL WELLBEING AND COMMUNITY HUMANE OUTREACH PROGRAM
TOWN OF WESTPORT 110 MYRTLE AVENUE WESTPORT, CT 06880	06-6002128	CITY GOV	10,000.	0.			WESTPORT FOOD FUND PROGRAM
TRI-COUNTY COMMUNITY ACTION AGENCY 1126 HARTFORD AVENUE, SUITE 201 JOHNSTON, RI 02919	05-0309695	501(C)(3)	5,000.	0.			BASIC NEEDS
TRI-COUNTY COMMUNITY ACTION AGENCY 1126 HARTFORD AVENUE, SUITE 201 JOHNSTON, RI 02919	05-0309695	501(C)(3)	75,000.	0.			EMERGENCY BASIC NEEDS ASSISTANCE
TRI-COUNTY COMMUNITY ACTION AGENCY 1126 HARTFORD AVENUE, SUITE 201 JOHNSTON, RI 02919	05-0309695	501(C)(3)	75,000.	0.			EMERGENCY BASIC NEEDS ASSISTANCE
TRI-COUNTY COMMUNITY ACTION AGENCY 1126 HARTFORD AVENUE, SUITE 201 JOHNSTON, RI 02919	05-0309695	501(C)(3)	200,000.	0.			TRI-COUNTY'S COVID19 RESPONSE TO BH NEEDS
TRINITY ACADEMY FOR THE PERFORMING ARTS (TAPA) - 275 WESTMINSTER STREET - PROVIDENCE, RI 02903	27-2516469	501(C)(3)	2,500.	0.			FRITZ FANNON CLASSROOM LIBRARY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY ACADEMY FOR THE PERFORMING ARTS (TAPA) - 275 WESTMINSTER STREET - PROVIDENCE, RI 02903	27-2516469	501(C)(3)	3,500.	0.			TAPA NEIGHBORHOOD CENSUS CAFE
TRINITY ACADEMY FOR THE PERFORMING ARTS (TAPA) - 275 WESTMINSTER STREET - PROVIDENCE, RI 02903	27-2516469	501(C)(3)	500,000.	0.			TAPA XR+RI CHALLENGE
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,500.	0.			2020 VIRTUAL CHRISTMAS CAROL PRODUCTION
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	3,000.	0.			A CHRISTMAS CAROL
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	10,000.	0.			ANNUAL FUND
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	500.	0.			ANNUAL FUND
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,000.	0.			AREA OF GREATEST NEED
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	100,000.	0.			BUILDING RENOVATION
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	10,000.	0.			CHRISTMAS CAROL PRODUCTION SUPPORT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	657.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	2,254.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	700.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	865.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	42,559.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,663.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	2,100.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,766.	0.			DESIGNATED GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	3,751.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	9,661.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	15,992.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	18,248.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,189.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	801.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	742.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	26,581.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,700.	0.			DESIGNATED GRANT

Schedule I (Form 990)

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

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TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	2,023.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,241.	0.			DESIGNATED GRANT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	250.	0.			EDUCATION DEPARTMENT
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	2,500.	0.			GENERAL FUND
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,000.	0.			GENERAL USES
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,000.	0.			PAID ANTI-RACISM TRAINING
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	5,000.	0.			SUPPORT THE MISSION OF THE PROGRAM
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	1,000.	0.			TRINITY REP'S ANNUAL FUND
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	18,250.	0.			GENERAL SUPPORT

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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TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE, RI 02903	22-2547262	501(C)(3)	3,344.	0.			PROGRAM SUPPORT
TRINITY RESTORATION INC 393 BROAD STREET, SUITE 203 PROVIDENCE, RI 02907	05-0502019	501(C)(3)	10,000.	0.			ARTIST IN RESIDENCE CULTURAL ARTS AND WELLNESS PROGRAM (AIR)
TRUSTEES OF ELIOT SCHOOL PO BOX 300351, BOSTON, MA 02130	04-2173050	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TRUSTEES OF RESERVATIONS 200 HIGH STREET BOSTON, MA 02110	04-2105780	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	42,653.	0.			2021 CONSERVATION STEWARDSHIP COLLABORATIVE - RI LAND TRUST COUNCIL
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	100,000.	0.			BEHAVIORAL HEALTH SERVICES IN RESPONSE TO COVID-19 IN OUR COMMUNITY
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	30,000.	0.			MEDICAL LEGAL PARTNERSHIP BOSTON
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	250.	0.			RHODE ISLAND LAND TRUST COUNCIL
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	500.	0.			RHODE ISLAND LAND TRUST COUNCIL

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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TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	10,000.	0.			RI LAND TRUST COUNCIL DEVELOPMENT PLAN
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	5,000.	0.			STRONG AFRICAN AMERICAN FAMILIES
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	50,000.	0.			THE RHODE ISLAND FOOD POLICY COUNCIL: PROMOTING AN EQUITABLE, ECONOMICALLY VIBRANT, AND
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	20,000.	0.			THE RHODE ISLAND FOOD POLICY COUNCIL: PROMOTING AN EQUITABLE, ECONOMICALLY VIBRANT, AND
TURNING AROUND MINISTRIES, INC. 50 DR. MARCUS F. WHEATLAND BOULEVARD NEWPORT, RI 02840	20-5373090	501(C)(3)	5,000.	0.			A HELPING HAND
TURNING AROUND MINISTRIES, INC. 50 DR. MARCUS F. WHEATLAND BOULEVARD NEWPORT, RI 02840	20-5373090	501(C)(3)	40,000.	0.			A HELPING HAND
TURNING AROUND MINISTRIES, INC. 50 DR. MARCUS F. WHEATLAND BOULEVARD NEWPORT, RI 02840	20-5373090	501(C)(3)	10,000.	0.			PURSUING THE DREAM
UNITED METHODIST COMMITTEE ON RELIEF (UMCOR) - PO BOX 9068 - NEW YORK, NY 10087	13-5562279	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED METHODIST COMMITTEE ON RELIEF (UMCOR) - PO BOX 9068 - NEW YORK, NY 10087	13-5562279	501(C)(3)	5,000.	0.			GENERAL PROGRAM SUPPORT

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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UNITED WAY OF INDIAN RIVER COUNTY 1836 14TH AVENUE VERO BEACH, FL 32960	59-1087090	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	50,000.	0.			401 GIVES MATCHING GRANT
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	3,428,760.	0.			ANNUAL GRANT
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	25,000.	0.			COMMUNITY IMPACT THROUGH 401 GIVES
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	19,722.	0.			COMMUNITY IMPROVEMENT
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	6,632.	0.			COMMUNITY IMPROVEMENT
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	20,000.	0.			COVID 19 FUND
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	5,000.	0.			COVID 19 FUND
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	25,000.	0.			COVID-19 RELIEF FUND - NECESSARY SUPPORT FOR RI NONPROFIT

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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UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	1,000.	0.			PHILANTHROPY ACCOUNT
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	5,000.	0.			PHILANTHROPY ACCOUNT
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	6,660.	0.			FEDERATED GIVING
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	250.	0.			GOOD NEIGHBOR ENERGY FUND
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	4,000.	0.			GOOD NEIGHBOR ENERGY FUND
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	6,800.	0.			IMPROVE THE LIVES OF PEOPLE
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	1,000.	0.			JEWISH FAMILY SERVICE - DONOR OPTION #5350
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	12,050.	0.			PHILANTHROPY FUND #9429
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	34,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	138,460.	0.			GENERAL OPERATING
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	150,779.	0.			PROGRAM SUPPORT
UNIVERSITY OF MAINE SYSTEMS, INC. 91 CAMDEN STREET, SUITE 402 ROCKLAND, ME 04841	01-6000769	501(C)(3)	10,000.	0.			UMA- ROCKLAND
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	2,500.	0.			STUDENT EMERGENCY RELIEF FUND
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	4,000.	0.			STUDENT EMERGENCY RELIEF FUND
UNLIMITED POTENTIAL, INC. PO BOX 8814 PHOENIX, AZ 85066	74-2383678	501(C)(3)	10,000.	0.			COVID-19 CRISIS
UNLIMITED POTENTIAL, INC. PO BOX 8814 PHOENIX, AZ 85066	74-2383678	501(C)(3)	10,000.	0.			UP'S PUBLIC HEALTH SURVEY
URBAN COLLABORATIVE ACCELERATED PROGRAM - 75 CARPENTER STREET - PROVIDENCE, RI 02903	05-0448102	501(C)(3)	500.	0.			AREA OF GREATEST NEED
URBAN COLLABORATIVE ACCELERATED PROGRAM - 75 CARPENTER STREET - PROVIDENCE, RI 02903	05-0448102	501(C)(3)	100,000.	0.			GENERAL SUPPORT

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URBAN IMPACT FOUNDATION 801 UNION PLACE, 4TH FLOOR PITTSBURGH, PA 15212	25-1752269	501(C)(3)	7,000.	0.			GENERAL SUPPORT
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	5,040.	0.			ESL CERTIFICATION
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	8,400.	0.			ESL CERTIFICATION
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	300.	0.			JUSTIN MONAGHAN FUND FOR CIVIL ENGINEERING
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	24,970.	0.			MEDICAL RESEARCH
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	24,125.	0.			MEDICAL RESEARCH
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	11,000.	0.			MEDICAL RESEARCH

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URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	22,935.	0.			MEDICAL RESEARCH
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	24,909.	0.			MEDICAL RESEARCH
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	24,873.	0.			MEDICAL RESEARCH
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	90,000.	0.			ROUTHIER CHAIR OF PRACTICE/PROFESSOR OF NURSING
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	90,000.	0.			ROUTHIER CHAIR OF PRACTICE/PROFESSOR OF NURSING
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	60,000.	0.			SUPPORTING THE URI COUNSELING CENTER DURING THE COVID-19 CRISIS
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	51,393.	0.			SURVEY OF SPORT SUPPLEMENT AND ERGOGENIC AID USE IN YOUNG ATHLETES
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	30,000.	0.			URI CYBER-SENIORS PROGRAM

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URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	1,000.	0.			URI FOOD PANTRY
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	3,600.	0.			URI HILLEL
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	20,000.	0.			VICTOR J BAXT ENDOWED CHAIR
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	79,627.	0.			WEYKER THANATOLOGICAL PROGRAM
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	15,000.	0.			WRAPAROUND RI RAMS- ASSISTING RI STUDENTS AT URI THROUGH COVID-19
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	750.	0.			GENERAL SUPPORT
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	12,078.	0.			GENERAL OPERATING
URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881-2023	05-6014351	501(C)(3)	9,154.	0.			PROGRAM SUPPORT
VICTA LIFE 110 ELMWOOD AVENUE PROVIDENCE, RI 02907	84-2038617	501(C)(3)	16,000.	0.			COVID PROTECTIONS FOR STAFF AND CLIENTS

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VISITING NURSE & HOSPICE OF FAIRFIELD COUNTY - 22 DANBURY ROAD - WILTON, CT 06897	06-1062903	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VISITING NURSE HOME AND HOSPICE 1184 EAST MAIN ROAD PORTSMOUTH, RI 02871-0690	05-0258915	501(C)(3)	5,000.	0.			MAXIMIZING HEALTH OUTCOMES THROUGH HIGH-QUALITY PROFESSIONAL DEVELOPMENT
VISITING NURSE HOME AND HOSPICE 1184 EAST MAIN ROAD PORTSMOUTH, RI 02871-0690	05-0258915	501(C)(3)	37,000.	0.			REALIZING THE CRITICAL ROLE OF HOME HEALTHCARE IN THE FIGHT AGAINST COVID-19
VISITING NURSE HOME AND HOSPICE 1184 EAST MAIN ROAD PORTSMOUTH, RI 02871-0690	05-0258915	501(C)(3)	5,000.	0.			SUPPORTING THE HEALTH AND WELL-BEING OF BARRINGTON RESIDENTS
VISITING NURSE HOME AND HOSPICE 1184 EAST MAIN ROAD PORTSMOUTH, RI 02871-0690	05-0258915	501(C)(3)	3,500.	0.			GENERAL SUPPORT
VISITING NURSE HOME AND HOSPICE 1184 EAST MAIN ROAD PORTSMOUTH, RI 02871-0690	05-0258915	501(C)(3)	47,337.	0.			GENERAL OPERATING
VISITING NURSE HOME AND HOSPICE 1184 EAST MAIN ROAD PORTSMOUTH, RI 02871-0690	05-0258915	501(C)(3)	140,376.	0.			PROGRAM SUPPORT
VISITING NURSE OF HOPEHEALTH 6 BLACKSTONE VALLEY PLACE, SUITE 51 LINCOLN, RI 02865-1112	05-0259111	501(C)(3)	7,056.	0.			TELEHEALTH SERVICE FOR CHRONICALLY ILL BARRINGTON PATIENTS
VISITING NURSE OF HOPEHEALTH 6 BLACKSTONE VALLEY PLACE, SUITE 51 LINCOLN, RI 02865-1112	05-0259111	501(C)(3)	17,778.	0.			GENERAL OPERATING

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VOLUNTEER SERVICES FOR ANIMALS P.O. BOX 6263 PROVIDENCE, RI 02940-6263	05-0381306	501(C)(3)	10,711.	0.			GENERAL OPERATING
VOTE SOLAR 360 22ND STREET, SUITE 730 OAKLAND, CA 94612	46-4396728	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WAKEFIELD ROTARY CHARITABLE FOUNDATION, INC. - 17 EAGLE NEST TERRACE - PEACEDALE, RI 02879	06-1492650	501(C)(3)	15,890.	0.			GENERAL OPERATING
WARWICK PUBLIC LIBRARY 600 SANDY LANE WARWICK, RI 02889	05-6000562	CITY GOV	10,000.	0.			STORYWALKS FOR WARWICK
WARWICK PUBLIC LIBRARY 600 SANDY LANE WARWICK, RI 02889	05-6000562	CITY GOV	1,240.	0.			GENERAL OPERATING
WARWICK PUBLIC LIBRARY 600 SANDY LANE WARWICK, RI 02889	05-6000562	CITY GOV	35,025.	0.			PROGRAM SUPPORT
WASHINGTON COUNTY VETERAN'S COUNCIL - PO BOX 797 - NORTH KINGSTOWN, RI 02852	26-3503276	501(C)(3)	9,788.	0.			GENERAL OPERATING
WASHINGTON PARK CITIZENS' ASSOCIATION, INC. - 42 JILLSON STREET - PROVIDENCE, RI 02905	05-0380961	501(C)(3)	2,000.	0.			AFTER SCHOOL PROGRAMS TO IMPROVE SAFETY & LEARNING FOR LOW-INCOME URBAN CHILDREN
WASHINGTON PARK CITIZENS' ASSOCIATION, INC. - 42 JILLSON STREET - PROVIDENCE, RI 02905	05-0380961	501(C)(3)	30,000.	0.			MEETING BASIC NEEDS FOR LOW-INCOME FAMILIES IMPACTED BY COVID-19

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WASHINGTON SQUARE SERVICES CORPORATION - 4 FAREWELL STREET - NEWPORT, RI 02840	05-0457525	501(C)(3)	10,000.	0.			MCKINNEY COOPERATIVE SHELTER
WATERFIRE PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612	501(C)(3)	2,000.	0.			BRAZIER SOCIETY
WATERFIRE PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612	501(C)(3)	25,000.	0.			DONATION
WATERFIRE PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612	501(C)(3)	90,000.	0.			WATERFIRE PROVIDENCE
WATERFIRE PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	22-2951612	501(C)(3)	13,250.	0.			GENERAL SUPPORT
WAYNFLETE SCHOOL 360 SPRING STREET PORTLAND, ME 04102	01-0211565	501(C)(3)	75,000.	0.			WAYNEFLETE TUITION ASSISTANCE BRIDGE FUND
WELCOME HOUSE OF SOUTH COUNTY 8 NORTH ROAD PEACEDALE, RI 02879	05-0433047	501(C)(3)	40,000.	0.			COVID-19 WELCOME HOUSE OF SOUTH COUNTY PROGRAM RELIEF
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	10,000.	0.			MARJORIE YASHAR FUND
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	1,000.	0.			GENERAL SUPPORT

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WELLONE PRIMARY MEDICAL AND DENTAL CARE - 36 BRIDGE WAY - PASCOAG, RI 02859-0312	05-0258811	501(C)(3)	2,000.	0.			AFFORDABLE HEALTH SERVICES FOR RESIDENTS OF NORTH SMITHFIELD IN NEED
WELLONE PRIMARY MEDICAL AND DENTAL CARE - 36 BRIDGE WAY - PASCOAG, RI 02859-0312	05-0258811	501(C)(3)	30,000.	0.			COVID-19 BEHAVIORAL HEALTH FUND GRANT FOR WELLONE PRIMARY MEDICAL AND DENTAL CARE
WELLS COLLEGE 170 MAIN STREET AURORA, NY 13026	15-0532276	501(C)(3)	3,000.	0.			CHALLENGE FROM THE BOARD OF TRUSTEES
WELLS COLLEGE 170 MAIN STREET AURORA, NY 13026	15-0532276	501(C)(3)	2,000.	0.			FUND OF THE CLASS OF 1970, FOR GENERAL FUNDING
WELLS COLLEGE 170 MAIN STREET AURORA, NY 13026	15-0532276	501(C)(3)	5,000.	0.			GENERAL FUNDS
WELLS COLLEGE 170 MAIN STREET AURORA, NY 13026	15-0532276	501(C)(3)	3,000.	0.			WELLS FUND
WESLEYAN UNIVERSITY 45 WYLLYS AVENUE MIDDLETOWN, CT 06459	06-0646959	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WEST BAY COLLABORATIVE, INC. 144 BIGNALL STREET, SUITE 1 WARWICK, RI 02888-1005	05-0460855	501(C)(3)	40,000.	0.			IMPROVED LEARNING EXPERIENCES FOR WEST BAY COLLABORATIVE'S UPPER SCHOOL STUDENTS
WEST BAY RESIDENTIAL SERVICES, INC. - 158 KNIGHT STREET - WARWICK, RI 02886	05-0395035	501(C)(3)	26,000.	0.			SENSORY IN MOTION

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WEST ELMWOOD HOUSING DEVELOPMENT CORP. - 224 DEXTER STREET - PROVIDENCE, RI 02907	23-7138165	501(C)(3)	75,000.	0.			COVID-19 RELIEF FUND
WEST ELMWOOD HOUSING DEVELOPMENT CORP. - 224 DEXTER STREET - PROVIDENCE, RI 02907	23-7138165	501(C)(3)	45,000.	0.			COVID-19 RELIEF GRANT
WEST ELMWOOD HOUSING DEVELOPMENT CORP. - 224 DEXTER STREET - PROVIDENCE, RI 02907	23-7138165	501(C)(3)	300.	0.			WHEREVER IT IS MOST NEEDED
WEST END COMMUNITY CENTER INC. 109 BUCKLIN STREET PROVIDENCE, RI 02907	51-0201816	501(C)(3)	5,000.	0.			BASIC NEEDS
WEST END COMMUNITY CENTER INC. 109 BUCKLIN STREET PROVIDENCE, RI 02907	51-0201816	501(C)(3)	3,500.	0.			WE ARE HERE!! WE ARE HERE!! WE ARE HERE!!
WEST PLACE ANIMAL SANCTUARY 3198 MAIN ROAD TIVERTON, RI 02878	14-2005606	501(C)(3)	25,000.	0.			ANIMAL NUTRITIONAL, MEDICAL AND SUPPLY PROGRAM
WESTBAY COMMUNITY ACTION, INC. 224 BUTTONWOODS AVENUE WARWICK, RI 02886-7541	05-0311985	501(C)(3)	10,000.	0.			WARWICK CENSUS OUTREACH
WESTBAY COMMUNITY ACTION, INC. 224 BUTTONWOODS AVENUE WARWICK, RI 02886-7541	05-0311985	501(C)(3)	50,000.	0.			WEST WARWICK HIGH SCHOOL AT RISK YOUTH PROGRAM
WESTBAY COMMUNITY ACTION, INC. 224 BUTTONWOODS AVENUE WARWICK, RI 02886-7541	05-0311985	501(C)(3)	75,000.	0.			WESTBAY COMMUNITY ACTION COVID-19 RESPONSE AND SUPPORT

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WESTBAY COMMUNITY ACTION, INC. 224 BUTTONWOODS AVENUE WARWICK, RI 02886-7541	05-0311985	501(C)(3)	75,000.	0.			WESTBAY COVID RESPONSE
WESTBAY COMMUNITY ACTION, INC. 224 BUTTONWOODS AVENUE WARWICK, RI 02886-7541	05-0311985	501(C)(3)	46,550.	0.			WESTBAY COVID RESPONSE
WESTBAY COMMUNITY ACTION, INC. 224 BUTTONWOODS AVENUE WARWICK, RI 02886-7541	05-0311985	501(C)(3)	23,250.	0.			GENERAL SUPPORT
WESTERLY AREA REST MEALS - WARM INC. - 56 SPRUCE STREET - WESTERLY, RI 02891	22-2887878	501(C)(3)	75,000.	0.			COMMUNITY CRITICAL NEEDS COVID-19 RESPONSE
WESTERLY AREA REST MEALS - WARM INC. - 56 SPRUCE STREET - WESTERLY, RI 02891	22-2887878	501(C)(3)	50,000.	0.			FOOD AND HOUSING SECURITY
WESTERLY AREA REST MEALS - WARM INC. - 56 SPRUCE STREET - WESTERLY, RI 02891	22-2887878	501(C)(3)	75,000.	0.			WARM'S COVID-19 FUND
WESTERLY AREA REST MEALS - WARM INC. - 56 SPRUCE STREET - WESTERLY, RI 02891	22-2887878	501(C)(3)	300.	0.			GENERAL SUPPORT
WESTERLY AREA REST MEALS - WARM INC. - 56 SPRUCE STREET - WESTERLY, RI 02891	22-2887878	501(C)(3)	239.	0.			GENERAL OPERATING
WESTERLY HIGH SCHOOL 23 WARD AVENUE WESTERLY, RI 02891	05-6000576	CITY GOV	2,000.	0.			GENERAL SUPPORT

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WESTERLY HIGH SCHOOL 23 WARD AVENUE WESTERLY, RI 02891	05-6000576	CITY GOV	16,003.	0.			GENERAL OPERATING
WESTERLY LAND TRUST 122 GRANITE STREET 2ND FLOOR WESTERLY, RI 02891	22-2864907	501(C)(3)	32,000.	0.			COMMUNITY CONSERVATION PROGRAM EXTENSION
WESTERLY LAND TRUST 122 GRANITE STREET 2ND FLOOR WESTERLY, RI 02891	22-2864907	501(C)(3)	250.	0.			GENERAL OPERATING FUNDS
WESTMINSTER UNITARIAN CHURCH 119 KENYON AVENUE EAST GREENWICH, RI 02818	05-0262186	REL	1,542.	0.			RELIGION RELATED
WESTMINSTER UNITARIAN CHURCH 119 KENYON AVENUE EAST GREENWICH, RI 02818	05-0262186	REL	5,000.	0.			THE SHARING LOCKER
WESTPORT BOOK SALE VENTURES, INC. 20 JESUP ROAD WESTPORT, CT 06880	84-2095392	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WESTPORT LAND CONSERVATION TRUST INC - 830 DRIFT ROAD - WESTPORT, MA 02790	23-7216308	501(C)(3)	20,000.	0.			FOR LAND CONSERVATION
WESTPORT LAND CONSERVATION TRUST INC - 830 DRIFT ROAD - WESTPORT, MA 02790	23-7216308	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WESTPORT LIBRARY ASSOCIATION 20 JESUP ROAD WESTPORT, CT 06880	06-0672798	501(C)(3)	11,000.	0.			GENERAL SUPPORT

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WESTPORT RIVER WATERSHED ALLIANCE P.O. BOX 3427 WESTPORT, MA 02790	04-2604424	501(C)(3)	2,500.	0.			GENERAL SUPPORT
WESTPORT RIVER WATERSHED ALLIANCE P.O. BOX 3427 WESTPORT, MA 02790	04-2604424	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
WETA 3939 CAMPBELL AVENUE ARLINGTON, VA 22206	53-0242992	501(C)(3)	15,000.	0.			ANNUAL APPEAL
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	2,000.	0.			CAI - THE CAPE, COAST AND ISLANDS NPR
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	3,000.	0.			EDUCATIONAL PROGRAMS
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	1,500.	0.			GBH RALPH LOWELL SOCIETY
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	500.	0.			WCAI
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	500.	0.			WCAI
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	100.	0.			WGBH CHANNEL 2

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	81,550.	0.			GENERAL SUPPORT
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	14,288.	0.			GENERAL OPERATING
WHEELER SCHOOL - BREAKTHROUGH PROVIDENCE - 216 HOPE STREET - PROVIDENCE, RI 02906	05-0259101	501(C)(3)	7,500.	0.			BREAKTHROUGH PROVIDENCE: MIDDLE SCHOOL PROGRAM
WHEELER SCHOOL - BREAKTHROUGH PROVIDENCE - 216 HOPE STREET - PROVIDENCE, RI 02906	05-0259101	501(C)(3)	8,000.	0.			FUND DEVELOPMENT COHORT
WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906-2246	05-0259101	501(C)(3)	1,890.	0.			ADDIE ARMBRUST FUND
WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906-2246	05-0259101	501(C)(3)	1,000.	0.			ANNUAL FUND
WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906-2246	05-0259101	501(C)(3)	1,000.	0.			DONATION
WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906-2246	05-0259101	501(C)(3)	250.	0.			VISUAL ARTS DEPARTMENT
WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906-2246	05-0259101	501(C)(3)	1,100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906-2246	05-0259101	501(C)(3)	3,008.	0.			GENERAL OPERATING
WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906-2246	05-0259101	501(C)(3)	469.	0.			PROGRAM SUPPORT
WHITMARSH CORPORATION 1055 NORTH MAIN STREET PROVIDENCE, RI 02904	51-0193992	501(C)(3)	25,000.	0.			WHITMARSH FOOD/HOUSING SECURITY - DCYF AND TRANSITIONAL
WILDLIFE REHABILITATORS ASSOCIATION OF RI - 2865 TOWER HILL ROAD - SAUNDERSTOWN, RI 02874	05-0473996	501(C)(3)	500.	0.			ANIMAL REHAB
WILDLIFE REHABILITATORS ASSOCIATION OF RI - 2865 TOWER HILL ROAD - SAUNDERSTOWN, RI 02874	05-0473996	501(C)(3)	10,200.	0.			DIAGNOSTIC AND TREATMENT EQUIPMENT FOR LEAD POISONING
WILDLIFE REHABILITATORS ASSOCIATION OF RI - 2865 TOWER HILL ROAD - SAUNDERSTOWN, RI 02874	05-0473996	501(C)(3)	250.	0.			SUPPORT THE MISSION
WILLETT FREE LIBRARY 45 FERRY ROAD SAUNDERSTOWN, RI 02874	05-0265616	501(C)(3)	35,084.	0.			GENERAL OPERATING
WINDWARD FUND 1201 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20036	47-3522162	501(C)(3)	20,000.	0.			REWIRING AMERICA
WINSLOW GARDENS 40 IRVING AVENUE EAST PROVIDENCE, RI 02914	05-0318003	501(C)(3)	37,000.	0.			WINSLOW GARDENS COVID-19 STAFFING & PPE

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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WOLF TRAP FOUNDATION FOR THE PERFORMING ARTS - 1645 TRAP ROAD - VIENNA, VA 22182	23-7011544	501(C)(3)	10,000.	0.			EDUCATION PROGRAM
WOMEN & INFANTS DEVELOPMENT FOUNDATION - 101 DUDLEY STREET - PROVIDENCE, RI 02905	22-2885815	501(C)(3)	2,000.	0.			ANNUAL GIFT
WOMEN & INFANTS DEVELOPMENT FOUNDATION - 101 DUDLEY STREET - PROVIDENCE, RI 02905	22-2885815	501(C)(3)	5,000.	0.			HOSPITALS NEW BIRTH CENTER
WOMEN & INFANTS DEVELOPMENT FOUNDATION - 101 DUDLEY STREET - PROVIDENCE, RI 02905	22-2885815	501(C)(3)	1,544.	0.			PROGRAM SUPPORT
WOMEN & INFANTS HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905-2499	05-0258937	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
WOMEN & INFANTS HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905-2499	05-0258937	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
WOMEN & INFANTS HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905-2499	05-0258937	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
WOMEN & INFANTS HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905-2499	05-0258937	501(C)(3)	2,800.	0.			GENERAL SUPPORT
WOMEN'S FUND OF RHODE ISLAND 133 DELAINE STREET PROVIDENCE, RI 02909	06-1741539	501(C)(3)	250.	0.			ADVOCACY AND SOCIAL JUSTICE WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S FUND OF RHODE ISLAND 133 DELAINE STREET PROVIDENCE, RI 02909	06-1741539	501(C)(3)	1,000.	0.			GENERAL OPERATIONS SUPPORT
WOMEN'S FUND OF RHODE ISLAND 133 DELAINE STREET PROVIDENCE, RI 02909	06-1741539	501(C)(3)	2,500.	0.			TO BE USED WHEREVER IT'S NEEDED MOST
WOMEN'S FUND OF RHODE ISLAND 133 DELAINE STREET PROVIDENCE, RI 02909	06-1741539	501(C)(3)	20,000.	0.			WOMEN'S POLICY INSTITUTE 2020/2021
WOMEN'S FUND OF RHODE ISLAND 133 DELAINE STREET PROVIDENCE, RI 02909	06-1741539	501(C)(3)	2,450.	0.			GENERAL SUPPORT
WOMEN'S FUND OF RHODE ISLAND 133 DELAINE STREET PROVIDENCE, RI 02909	06-1741539	501(C)(3)	168,052.	0.			GENERAL OPERATING
WOMEN'S REFUGEE CARE 570 BROAD STREET, SUITE 103 PROVIDENCE, RI 02907	47-4084932	501(C)(3)	2,500.	0.			BOARD CHAIR/ED COACHING PROGRAM - MINI GRANT
WOMEN'S REFUGEE CARE 570 BROAD STREET, SUITE 103 PROVIDENCE, RI 02907	47-4084932	501(C)(3)	25,000.	0.			MENTAL HEALTH AND WELLNESS FOR REFUGEE FAMILIES
WOMEN'S REFUGEE CARE 570 BROAD STREET, SUITE 103 PROVIDENCE, RI 02907	47-4084932	501(C)(3)	10,000.	0.			ORGANIZATIONAL DEVELOPMENT INITIATIVE
WOMEN'S REFUGEE CARE 570 BROAD STREET, SUITE 103 PROVIDENCE, RI 02907	47-4084932	501(C)(3)	35,000.	0.			REFUGEE COVID-19 SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S REFUGEE CARE 570 BROAD STREET, SUITE 103 PROVIDENCE, RI 02907	47-4084932	501(C)(3)	5,000.	0.			REFUGEE SUPPORT FUND
WOMEN'S REFUGEE CARE 570 BROAD STREET, SUITE 103 PROVIDENCE, RI 02907	47-4084932	501(C)(3)	5,000.	0.			WOMEN'S EMPOWERMENT PROGRAM
WOMEN'S REFUGEE CARE 570 BROAD STREET, SUITE 103 PROVIDENCE, RI 02907	47-4084932	501(C)(3)	500.	0.			GENERAL SUPPORT
WOOD RIVER HEALTH SERVICES INC 823 MAIN STREET HOPE VALLEY, RI 02832	05-0378071	501(C)(3)	50,000.	0.			NEW DENTAL OPERATORY
WOOD RIVER HEALTH SERVICES INC 823 MAIN STREET HOPE VALLEY, RI 02832	05-0378071	501(C)(3)	50,000.	0.			NEW DENTAL OPERATORY
WOOD RIVER HEALTH SERVICES INC 823 MAIN STREET HOPE VALLEY, RI 02832	05-0378071	501(C)(3)	15,500.	0.			TELEHEALTH EXPANSION AND GRIEF TRAINING
WOOD RIVER HEALTH SERVICES INC 823 MAIN STREET HOPE VALLEY, RI 02832	05-0378071	501(C)(3)	1,595.	0.			GENERAL OPERATING
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501(C)(3)	1,000.	0.			ONGOING SUPPORT
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501(C)(3)	2,000.	0.			TEAM SERVICE PROJECTS - CONNECTING THROUGH KINDNESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501(C)(3)	40,000.	0.			WOONASQUATUCKET RIVER WATERSHED COUNCIL COVID-19 FUNDING REQUEST
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501(C)(3)	6,000.	0.			GENERAL SUPPORT
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501(C)(3)	10,672.	0.			GENERAL OPERATING
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501(C)(3)	13,347.	0.			PROGRAM SUPPORT
WOONASQUATUCKET VALLEY COMMUNITY BUILD - 27 SIMS AVENUE - PROVIDENCE, RI 02909	32-0015513	501(C)(3)	17,000.	0.			ANTI-RACISM TRAINING FOR MID-SIZED ARTS COLLECTIVE
WOONASQUATUCKET VALLEY COMMUNITY BUILD - 27 SIMS AVENUE - PROVIDENCE, RI 02909	32-0015513	501(C)(3)	500.	0.			AREA OF GREATEST NEED
WOONASQUATUCKET VALLEY COMMUNITY BUILD - 27 SIMS AVENUE - PROVIDENCE, RI 02909	32-0015513	501(C)(3)	1,140.	0.			CAMP SPARKLE
WOONASQUATUCKET VALLEY COMMUNITY BUILD - 27 SIMS AVENUE - PROVIDENCE, RI 02909	32-0015513	501(C)(3)	250.	0.			COVID-19 SAFE OUTDOOR EVENTS
WOONASQUATUCKET VALLEY COMMUNITY BUILD - 27 SIMS AVENUE - PROVIDENCE, RI 02909	32-0015513	501(C)(3)	2,000.	0.			INTERNSHIP SUPPORT

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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WOONASQUATUCKET VALLEY COMMUNITY BUILD - 27 SIMS AVENUE - PROVIDENCE, RI 02909	32-0015513	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOONSOCKET SCHOOL DEPARTMENT 108 HIGH STREET WOONSOCKET, RI 02895	05-0494840	CITY GOV	195,083.	0.			TECHNOLOGY PURCHASES FOR WOONSOCKET SCHOOL DEPARTMENT
WOONSOCKET SCHOOL DEPARTMENT 108 HIGH STREET WOONSOCKET, RI 02895	05-0494840	CITY GOV	125,000.	0.			WOONSOCKET HIGH SCHOOL XQ+RI CHALLENGE: ACCELERATOR SCHOOL
WORKSITE WELLNESS COUNCIL OF RHODE ISLAND - P.O. BOX 41108 - PROVIDENCE, RI 02940-1108	05-0502811	501(C)(3)	30,000.	0.			CRUSH COVID EMPLOYER CHALLENGE
WORLD CENTRAL KITCHEN, INC. 655 NEW YORK AVE NW, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	1,000.	0.			COVID-19 CRISIS NEEDS
WORLD CENTRAL KITCHEN, INC. 655 NEW YORK AVE NW, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	1,250.	0.			COVID-19 DONATION
WORLD CENTRAL KITCHEN, INC. 655 NEW YORK AVE NW, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	1,500.	0.			FEED THE HUNGRY
WORLD CENTRAL KITCHEN, INC. 655 NEW YORK AVE NW, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	1,000.	0.			GENERAL PURPOSE
WORLD CENTRAL KITCHEN, INC. 655 NEW YORK AVE NW, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	25,000.	0.			INTERNATIONAL RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD CENTRAL KITCHEN, INC. 655 NEW YORK AVE NW, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	500.	0.			GENERAL SUPPORT
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	50,000.	0.			CLEAN WATER AND CHILD PROTECTION PROJECTS
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	1,000.	0.			GENERAL SUPPORT
WTL HEALTH CLINIC, INC. 59 PROSPECT STREET, UNIT A PAWTUCKET, RI 02860	81-1618293	501(C)(3)	29,100.	0.			WTL HEALTH CLINIC SERVING AS A COVID-19 TESTING AND SCREENING SITE
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508-9979	06-0646652	501(C)(3)	5,284.	0.			PROGRAM SUPPORT
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	16,830.	0.			SOCIAL AND EMOTIONAL LEARNING IN TIMES OF UNCERTAINTY AND STRESS: RESEARCH-BASED STRATEGIES
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	1,242.	0.			GENERAL SUPPORT
YEAR UP 40 FOUNTAIN STREET, 7TH FLOOR PROVIDENCE, RI 02903	04-3534407	501(C)(3)	10,000.	0.			COVID-19 IMPACT FUND
YEAR UP 40 FOUNTAIN STREET, 7TH FLOOR PROVIDENCE, RI 02903	04-3534407	501(C)(3)	15,000.	0.			DONATION

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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YEAR UP 40 FOUNTAIN STREET, 7TH FLOOR PROVIDENCE, RI 02903	04-3534407	501(C)(3)	25,000.	0.			SPECIAL COVID FUND
YEAR UP 40 FOUNTAIN STREET, 7TH FLOOR PROVIDENCE, RI 02903	04-3534407	501(C)(3)	18,000.	0.			GENERAL SUPPORT
YMCA - NEWMAN 472 TAUNTON AVENUE SEEKONK, MA 02771	05-0258878	501(C)(3)	13,830.	0.			GENERAL OPERATING
YMCA OF GREATER PROVIDENCE 21 PEACE STREET, 6TH FLOOR PROVIDENCE, RI 02907	05-0258878	501(C)(3)	20,000.	0.			COVID-19 FOOD SECURITY FOR PROVIDENCE YOUTH
YMCA OF GREATER PROVIDENCE 21 PEACE STREET, 6TH FLOOR PROVIDENCE, RI 02907	05-0258878	501(C)(3)	1,000.	0.			SOUTH COUNTY YMCA
YMCA OF GREATER PROVIDENCE 21 PEACE STREET, 6TH FLOOR PROVIDENCE, RI 02907	05-0258878	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN
YMCA OF GREATER PROVIDENCE 21 PEACE STREET, 6TH FLOOR PROVIDENCE, RI 02907	05-0258878	501(C)(3)	3,000.	0.			SWIM FOR ALL PROGRAM - EAST SIDE
YMCA OF GREATER PROVIDENCE 21 PEACE STREET, 6TH FLOOR PROVIDENCE, RI 02907	05-0258878	501(C)(3)	7,032.	0.			PROGRAM SUPPORT
YMCA OF GREATER WOONSOCKET 18 FEDERAL STREET WOONSOCKET, RI 02895-3193	05-0259114	501(C)(3)	572.	0.			YOUTH CLUB

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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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YMCA OF GREATER WOONSOCKET 18 FEDERAL STREET WOONSOCKET, RI 02895-3193	05-0259114	501(C)(3)	25,674.	0.			GENERAL OPERATING
YMCA OF NEWPORT COUNTY 792 VALLEY ROAD MIDDLETOWN, RI 02842	05-0258916	501(C)(3)	50,000.	0.			COLLABORATE-CREATE-INSPIR
YMCA OF NEWPORT COUNTY 792 VALLEY ROAD MIDDLETOWN, RI 02842	05-0258916	501(C)(3)	5,000.	0.			RACE4CHASE
YMCA OF NEWPORT COUNTY 792 VALLEY ROAD MIDDLETOWN, RI 02842	05-0258916	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN
YMCA OF NEWPORT COUNTY 792 VALLEY ROAD MIDDLETOWN, RI 02842	05-0258916	501(C)(3)	1,000.	0.			GENERAL SUPPORT
YMCA OF PAWTUCKET 8 SUMMER STREET PAWTUCKET, RI 02860	05-0259114	501(C)(3)	20,000.	0.			CARING OUTREACH PROGRAM
YMCA OF PAWTUCKET 8 SUMMER STREET PAWTUCKET, RI 02860	05-0259114	501(C)(3)	2,500.	0.			DIRECTOR'S CUPBOARD
YMCA OF PAWTUCKET 8 SUMMER STREET PAWTUCKET, RI 02860	05-0259114	501(C)(3)	2,500.	0.			DIRECTOR'S CUPBOARD
YMCA OF PAWTUCKET 8 SUMMER STREET PAWTUCKET, RI 02860	05-0259114	501(C)(3)	7,000.	0.			SUMMER PROGRAMMING FOR LOW INCOME CHILDREN

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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YMCA OF PAWTUCKET 8 SUMMER STREET PAWTUCKET, RI 02860	05-0259114	501(C)(3)	1,166.	0.			PROGRAM SUPPORT
YMCA OF SMITHFIELD 15 DEERFIELD DRIVE GREENVILLE, RI 02828	23-7065619	501(C)(3)	20,000.	0.			COMMUNITY OUTREACH & OPERATIONS
YMCA OF SMITHFIELD 15 DEERFIELD DRIVE GREENVILLE, RI 02828	23-7065619	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH IN A PANDEMIC
YOUTH IN ACTION, INC. 672 BROAD STREET PROVIDENCE, RI 02907-1457	05-0495230	501(C)(3)	8,000.	0.			FUND DEVELOPMENT COHORT
YOUTH IN ACTION, INC. 672 BROAD STREET PROVIDENCE, RI 02907-1457	05-0495230	501(C)(3)	1,800.	0.			UNRESTRICTED SUPPORT
YOUTH IN ACTION, INC. 672 BROAD STREET PROVIDENCE, RI 02907-1457	05-0495230	501(C)(3)	500.	0.			GENERAL SUPPORT
YOUTH PRIDE, INC. 743 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0478645	501(C)(3)	500.	0.			CHAMPION GRANT
YOUTH PRIDE, INC. 743 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0478645	501(C)(3)	9,000.	0.			CREATING CHANGE THROUGH EDUCATION
YOUTH PRIDE, INC. 743 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0478645	501(C)(3)	8,000.	0.			FUND DEVELOPMENT COHORT

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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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YOUTH PRIDE, INC. 743 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0478645	501(C)(3)	250.	0.			SUPPORT THE MISSION
YOUTH PRIDE, INC. 743 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0478645	501(C)(3)	3,500.	0.			GENERAL SUPPORT
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFFEE STREET PROVIDENCE, RI 02909	81-3957029	501(C)(3)	20,000.	0.			YOUTHBUILD PREP ACADEMY XQ+RI CHALLENGE: MOMENTUM SCHOOL
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFFEE STREET PROVIDENCE, RI 02909	81-3957029	501(C)(3)	40,000.	0.			YOUTHBUILD PROVIDENCE
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFFEE STREET PROVIDENCE, RI 02909	81-3957029	501(C)(3)	33,000.	0.			YOUTHBUILD PROVIDENCE
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFFEE STREET PROVIDENCE, RI 02909	81-3957029	501(C)(3)	25,000.	0.			YOUTHBUILD PROVIDENCE
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFFEE STREET PROVIDENCE, RI 02909	81-3957029	501(C)(3)	25,000.	0.			YOUTHBUILD PROVIDENCE
YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	2,500.	0.			MOVEMENT EDUCATION OUTDOORS
YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	10,000.	0.			MOVEMENT EDUCATION OUTDOORS

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YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	50,000.	0.			YWEB CAREER ACADEMY
YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	100,000.	0.			YWEB CAREER ACADEMY
YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	8,000.	0.			YWOMEN COUNT
YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	61,122.	0.			GENERAL OPERATING
YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	18,062.	0.			PROGRAM SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	240	2,271,439.	0.		
FELLOWSHIPS	6	288,878.	0.		

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

Part IV Supplemental Information

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

Part IV Supplemental Information

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

Part IV Supplemental Information

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

Part IV Supplemental Information

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)

Part IV Supplemental Information

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

Part IV Supplemental Information

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number

22-2604963

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NEIL STEINBERG PRESIDENT	(i)	460,117.	48,000.	7,591.	138,538.	23,627.	677,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JIM SANZI SVP OF DEVELOPMENT	(i)	195,308.	6,000.	19,347.	0.	30,213.	250,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER REID CFO/TREASURER	(i)	214,298.	5,500.	19,747.	690.	1,711.	241,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHLEEN MALIN CTO/VP OF OPERATIONS	(i)	168,456.	5,000.	2,343.	16,292.	22,252.	214,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAM HOWITT SENIOR PHILANTHROPIC ADVIS	(i)	135,589.	3,250.	3,139.	13,171.	21,918.	177,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JILL PFITZENMAYER VP OF CAPACITY BUILDING	(i)	138,788.	2,000.	1,903.	13,256.	20,996.	176,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIEL KERTZNER SENIOR PHILANTHROPIC ADVIS	(i)	138,989.	4,000.	1,227.	13,328.	12,887.	170,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

THE CEO PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION PLAN.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number

22-2604963

Part I Types of Property

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

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

29

0

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

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

ALL CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE TRANSFERRED TO AND
SOLD BY OUR CUSTODIAN, NORTHERN TRUST.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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Inspection

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number

22-2604963

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

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

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

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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

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number

22-2604963

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.

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number

22-2604963

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.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE RHODE ISLAND COMMUNITY FOUNDATION

Employer identification number
22-2604963

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

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

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

[illegible]

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

Schedule R (Form 990) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER UNITRUSTS (FOUNDATION IS TRUSTEE) (6), C/O RI FOUNDATION ONE UNION STATION, PROVIDENCE, RI 02903	INVESTMENTS	RI							X
CHARITABLE REMAINDER ANNUITY TRUSTS (FOUNDATION IS TRUSTEE) (3), C/O RI FOUNDATION ONE UNION STATION, PROVIDENCE, RI	INVESTMENTS	RI							X
POOLED INCOME FUNDS (FOUNDATION IS TRUSTEE) (2), C/O RI FOUNDATION ONE UNION STATION, PROVIDENCE, RI 02903	INVESTMENTS	RI							X
CHARITABLE REMAINDER UNITRUSTS (OUTSIDE TRUSTEE) (3), C/O RI FOUNDATION ONE UNION STATION, PROVIDENCE, RI 02903	INVESTMENTS	RI							X

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HAFFENREFFER FAMILY FUND	S	67,399.	SUPPORT FEE PAID
(2) JUNE ROCKWELL LEVY FOUNDATION, INC.	S	137,196.	SUPPORT FEE PAID
(3) THE DOWNCITY PARTNERSHIP, INC.	C	284,080.	GRANT PAID
(4) JEWISH FEDERATION FOUNDATION OF GREATER RHODE ISLAND	S	135,982.	SUPPORT FEE PAID
(5) JUNE ROCKWELL LEVY FOUNDATION, INC.	C	60,000.	GRANT PAID
(6) HAFFENREFFER FAMILY FUND	C	80,000.	GRANT PAID

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.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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

FORM 990-T

FOR THE YEAR ENDING
DECEMBER 31, 2020

Prepared for	THE RHODE ISLAND COMMUNITY FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903
Prepared by	KAHN, LITWIN, RENZA & CO., LTD. 951 NORTH MAIN STREET PROVIDENCE, RI 02904
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	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.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

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

Name and title of officer or person subject to tax

JENNIFER REID**CFO****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 being 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.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

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 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. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **KAHN, LITWIN, RENZA & CO., LTD.** to enter my PIN **02903**
ERO firm name Enter five numbers, but do not enter all zeros

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.

☐ 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 will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **11/10/21****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.

05052602904**Do not enter all zeros**

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 (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **07/12/22**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**
(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

- **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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

THE RHODE ISLAND COMMUNITY FOUNDATION

- The books are in the care of ► **ONE UNION STATION - PROVIDENCE, RI 02903**
Telephone No. ► **401-274-4564** Fax No. ► _____
- 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:
 ► ☒ 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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to 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).**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S		THE RHODE ISLAND COMMUNITY FOUNDATION	22-2604963
		Number, street, and room or suite no. If a P.O. box, see instructions. ONE UNION STATION	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02903	F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year ▶ 1,115,655,250.			
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶ 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶			
L The books are in care of ▶ THE RHODE ISLAND COMMUNITY FOUND Telephone number ▶ 401-274-4564			

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

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		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	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: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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)

	Yes	No
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		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
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		

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 Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SANDY ROSS	SANDY ROSS	07/12/22		P01399337
	Firm's name	KAHN, LITWIN, RENZA & CO., LTD.			Firm's EIN
	951 NORTH MAIN STREET			05-0409384	
	Firm's address			PROVIDENCE, RI 02904	
				Phone no. 401-274-2001	

Form 990-T (2020)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ Go to 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 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization THE RHODE ISLAND COMMUNITY FOUNDATION	B Employer identification number 22-2604963
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INVESTING IN LIMITED PARTNERSHIPS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement) STMT 1		12 -546,850.		-546,850.
13 Total. Combine lines 3 through 12		13 -546,850.		-546,850.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	7,840.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	1,980.
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 2	14	54,990.
15 Total deductions. Add lines 1 through 14	15	64,810.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-611,660.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-611,660.



LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020




Part III Cost of Goods SoldEnter method of inventory valuation 

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  0.				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  0.				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  0.				
11	Total dividends-received deductions included in line 10  0.				

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

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

			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)
Totals			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2020

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.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
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.

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
INCOME/LOSS FROM INVESTMENT IN PARTNERSHIPS	-546,850.
TOTAL TO SCHEDULE A, PART I, LINE 12	-546,850.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
TAX PREPARATION RELATED TO 990-T	54,990.
TOTAL TO SCHEDULE A, PART II, LINE 14	54,990.

Form **8865****Return of U.S. Persons With Respect to
Certain Foreign Partnerships**

OMB No. 1545-1668

Department of the Treasury
Internal Revenue Service▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2020, and ending **DEC 31**, 2020**2020**Attachment
Sequence No. **865**

Name of person filing this return

Filer's identification number

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

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

A Category of filer (see Categories of Filers in the instructions and check applicable box(es):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** 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)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership**GREENSPRING GLOBAL PARTNERS VII, LP****100 PAINTERS MILL ROAD, SUITE 700****OWINGS MILLS, MD 21117****2(a)** EIN (if any)**98-1240524****2(b)** Reference ID number**GREENSPRING****3** Country under whose laws organized**CAYMAN ISLANDS****4** Date of organization
03/30/2015**5** Principal place of business**6** Principal business activity code number
523900**7** Principal business activity
INVESTMENTS**8a** Functional currency
USD**8b** Exchange rate (see instructions)**H** Provide the following information for the foreign partnership's tax year:**1** Name, address, and identification number of agent (if any) in the United States**GREENSPRING ASSOCIATES, INC.****100 PAINTERS MILL ROAD, STE. 700****OWINGS MILLS, MD 21117****2** Check if the foreign partnership must file:☐ Form 1042 ☐ Form 8804 ☒ Form 1065

Service Center where Form 1065 is filed:

E-FILE**3** Name and address of foreign partnership's agent in country of organization, if any**MAPLES CORPORATE SERVICES LIMITED****PO BOX 309, UGLAND HOUSE****GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA****4** 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****5** 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

If "Yes," enter the total amount of the disallowed deductions

▶ \$

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?▶ ☐ Yes ☒ No**7** Were any special allocations made by the foreign partnership?▶ ☐ Yes ☒ No**8** 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****9** How is this partnership classified under the law of the country in which it's organized?▶ **EXEMPT LTD PTSHIP****10 a** Does the filer have an 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**b** 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**11** 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.

If "Yes," **don't** complete Schedules L, M-1, and M-2.▶ ☐ Yes ☐ No**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **8865** (2020)

- 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 under Regs. 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.	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		▶ _____ Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ _____		Firm's EIN ▶ _____	
	Firm's address ▶ _____		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)	Check if foreign person	Check if direct partner

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

Name	Address	Identification number (if any)	Check if foreign person

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
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

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, ST	98-1241507		
	OWINGS MILLS, MD 21117			

Form 8865 (2020)

**SCHEDULE O
(Form 8865)**(Rev. December 2018)
Department of the Treasury
Internal Revenue Service**Transfer of Property to a Foreign Partnership
(Under Section 6038B)****▶ 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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION		Filer's identifying number 22-2604963	
Name of foreign partnership GREENSPRING GLOBAL PARTNERS VII,	EIN (if any) 98-1240524	Reference ID number (see instr) GREENSPRING	
1 a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part I Transfers Reportable Under Section 6038B							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	06/30/20		250,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			250,000.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **16.2976** % (b) After the transfer **16.7144** %**Supplemental Information Required To Be Reported** (see instructions):**TRANSFER OF CASH FOR INVESTMENT IN THE PARTNERSHIP**

Part II Dispositions Reportable Under Section 6038B							
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ☐ Yes ☒ No

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

Schedule O (Form 8865) 12-2018

Form **8865****Return of U.S. Persons With Respect to
Certain Foreign Partnerships**

OMB No. 1545-1668

Department of the Treasury
Internal Revenue Service▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2020, and ending **DEC 31**, 2020**2020**Attachment
Sequence No. **865**

Name of person filing this return

Filer's identification number

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

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

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** 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)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership**GREENSPRING GLOBAL PARTNERS VIII, LP****100 PAINTERS MILL ROAD, SUITE 700****OWINGS MILLS, MD 21117****2(a)** EIN (if any)**98-1335176****2(b)** Reference ID number**GREENSPRINGVIII****3** Country under whose laws organized**CAYMAN ISLANDS**

4 Date of organization 11/04/2016	5 Principal place of business	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency USD	8b Exchange rate (see instructions)
--	--------------------------------------	---	--	---	--

H Provide the following information for the foreign partnership's tax year:**1** Name, address, and identification number of agent (if any) in the United States**GREENSPRING ASSOCIATES, INC.****100 PAINTERS MILL ROAD, STE. 700****OWINGS MILLS, MD 21117****2** Check if the foreign partnership must file:☐ Form 1042 ☐ Form 8804 ☒ Form 1065

Service Center where Form 1065 is filed:

E-FILE**3** Name and address of foreign partnership's agent in country of organization, if any**MAPLES CORPORATE SERVICES LIMITED****PO BOX 309, UGLAND HOUSE****GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA****4** 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****5** 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

If "Yes," enter the total amount of the disallowed deductions

▶ \$

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?▶ ☐ Yes ☒ No**7** Were any special allocations made by the foreign partnership?▶ ☐ Yes ☒ No**8** 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****9** How is this partnership classified under the law of the country in which it's organized?▶ **EXEMPT LTD PTSHIP****10 a** Does the filer have an 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**b** 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**11** 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.

If "Yes," **don't** complete Schedules L, M-1, and M-2.▶ ☐ Yes ☐ No**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **8865** (2020)

- 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) ☐ Yes ☒ No
- 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 ☐ Yes ☒ No
- 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 ☐ Yes ☒ No
- 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 ☐ Yes ☒ No
- 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 under Regs. 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.	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			Date
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name	Firm's EIN	Firm's address	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 <input checked="" type="checkbox"/> Owns a direct interest	b <input type="checkbox"/> Owns a constructive interest			
Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1	Certain Partners of Foreign Partnership (see instructions)		
Name	Address	Identification number (if any)	Check if foreign person

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 GLBL PTRS VIII	100 PAINTERS MILL ROAD, ST81-4469300			
	OWINGS MILLS, MD 21117			

Form 8865 (2020)

**SCHEDULE O
(Form 8865)**(Rev. December 2018)
Department of the Treasury
Internal Revenue Service**Transfer of Property to a Foreign Partnership
(Under Section 6038B)****▶ 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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION		Filer's identifying number 22-2604963	
Name of foreign partnership GREENSPRING GLOBAL PARTNERS VIII,	EIN (if any) 98-1335176	Reference ID number (see instr) GREENSPRINGVII	
1 a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part I Transfers Reportable Under Section 6038B							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	06/30/20		873,351.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			873,351.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **16.5121** % (b) After the transfer **14.2509** %**Supplemental Information Required To Be Reported** (see instructions):**TRANSFER OF CASH FOR INVESTMENT IN THE PARTNERSHIP**

Part II Dispositions Reportable Under Section 6038B							
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ☐ Yes ☒ No

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

Schedule O (Form 8865) 12-2018

Form **8865**Department of the Treasury
Internal Revenue Service**Return of U.S. Persons With Respect to
Certain Foreign Partnerships**▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

OMB No. 1545-1668

2020Attachment
Sequence No. **865**

Name of person filing this return

THE RHODE ISLAND COMMUNITY FOUNDATION

Filer's identification number

22-2604963

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

A Category of filer (see Categories of Filers in the instructions and check applicable box(es):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** 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)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership**PROVIDENCE EQUITY PARTNERS VII LP****50 KENNEDY PLAZA 18TH FLOOR****PROVIDENCE, RI 02903****2(a)** EIN (if any)**98-1006990****2(b)** Reference ID number**PROVEQUITYVII****3** Country under whose laws organized**CAYMAN ISLANDS**

4 Date of organization 04/19/2011	5 Principal place of business CAYMAN ISLANDS	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency USD	8b Exchange rate (see instructions)
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H Provide the following information for the foreign partnership's tax year:**1** Name, address, and identification number of agent (if any) in the United States**PROVIDENCE EQUITY PARTNERS VII LP****50 KENNEDY PLAZA 18TH FLOOR****PROVIDENCE, RI 02903****2** Check if the foreign partnership must file:☒ Form 1042 ☒ Form 8804 ☒ Form 1065

Service Center where Form 1065 is filed:

E-FILE**3** Name and address of foreign partnership's agent in country of organization, if any**MAPLES CORPORATE SERVICES LIMITED****PO BOX 309, UGLAND HOUSE****GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA****4** 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**PROVIDENCE EQUITY PARTNERS VII LP****50 KENNEDY PLAZA 18TH FLOOR****PROVIDENCE, RI 02903****5** 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

If "Yes," enter the total amount of the disallowed deductions

▶ \$

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?▶ ☐ Yes ☒ No**7** Were any special allocations made by the foreign partnership?▶ ☐ Yes ☒ No**8** 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****9** How is this partnership classified under the law of the country in which it's organized?▶ **EXEMPT LTD PTSHIP****10 a** Does the filer have an 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**b** 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**11** 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.

If "Yes," **don't** complete Schedules L, M-1, and M-2.▶ ☐ Yes ☐ No**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **8865** (2020)

- 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 under Regs. 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.	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	▶ _____ Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	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)	Check if foreign person	Check if direct partner

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

Name	Address	Identification number (if any)	Check if foreign person

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
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

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

Form 8865 (2020)

**SCHEDULE O
(Form 8865)**(Rev. December 2018)
Department of the Treasury
Internal Revenue Service**Transfer of Property to a Foreign Partnership
(Under Section 6038B)****▶ 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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION		Filer's identifying number 22-2604963	
Name of foreign partnership PROVIDENCE EQUITY PARTNERS VII LP	EIN (if any) 98-1006990	Reference ID number (see instr) PROVEQUITYVII	
1 a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 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)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Transfers Reportable Under Section 6038B							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	06/30/20		191,595.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			191,595.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer	.1880 %	(b) After the transfer	.1826 %
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Supplemental Information Required To Be Reported (see instructions):**TRANSFER OF CASH FOR INVESTMENT IN THE PARTNERSHIP**

Part II Dispositions Reportable Under Section 6038B							
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

Statement of Specified Foreign Financial Assets▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

▶ Attach to your tax return.

OMB No. 1545-2195

2020Attachment
Sequence No. **938**For calendar year **2020** or tax year beginning and endingIf you have attached continuation statements, check here ☒ **X**

Number of continuation statements

1 Name(s) shown on return THE RHODE ISLAND COMMUNITY FOUNDATION	2 Taxpayer identification number (TIN) 22-2604963
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3 Type of filer

a ☐ Specified individual **b** ☐ Partnership **c** ☐ Corporation **d** ☐ Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name**b** TIN**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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
2 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

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

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

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 <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	2 Account number or other designation RI COMMUNITY FOUNDA
3 Check all that apply	
a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset
4 Maximum value of account during tax year	\$ 0.
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6 If you answered "Yes" to line 5, complete all that apply.	
(a) Foreign currency in which account is maintained	(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	

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions) (continued)

7a Name of financial institution in which account is maintained CONVEXITY CAPITAL OFFSHORE LP	b Global Intermediary Identification Number (GIIN) (Optional)
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.

1 Description of asset	2 Identifying number or other designation	
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable _____ b Date asset disposed of during tax year, if applicable _____ c <input type="checkbox"/> Check if asset jointly owned with spouse d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
4 Maximum value of asset during tax year (check box that applies) a <input type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. a Name of foreign entity _____ b GIIN (Optional) _____ c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate d Mailing address of foreign entity. Number, street, and room or suite no. _____ e City or town, state or province, and country (including postal code) _____		
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.		
a Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____ e City or town, state or province, and country (including postal code) _____		

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 0.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service			
7a Name of financial institution in which account is maintained ARCHIPELAGO HOLDINGS, LTD		b Global Intermediary Identification Number (GIIN) (Optional)	
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, province or state, and country (including postal code) DUBLIN 2 IRELAND			

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 0.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service			
7a Name of financial institution in which account is maintained TUDOR RAPTOR GLOBAL FUND, LTD.		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. CITCO FUND SERVICES, PO BOX 4774			
9 City or town, province or state, and country (including postal code) WILLEMSTAD CURACAO			

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 0.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service			
7a Name of financial institution in which account is maintained SANKATY CREDIT OPPORTUNITIES 2		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. WALKERS SPV LTD., MARY STREET PO BOX 908			
9 City or town, province or state, and country (including postal code) GEORGE TOWN CAYMAN ISLANDS			

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 0.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service			
7a Name of financial institution in which account is maintained SANKATY CREDIT OPPORTUNITIES 3		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. WALKERS SPV LTD., MARY STREET PO BOX 908			
9 City or town, province or state, and country (including postal code) GEORGE TOWN CAYMAN ISLANDS			

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 0.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service			
7a Name of financial institution in which account is maintained ETON PARK OVERSEAS FUND, LTD		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. CITCO FUND SERVICES, PO BOX 4774			
9 City or town, province or state, and country (including postal code) WILLEMSTAD CURACAO			

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 0.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service			
7a Name of financial institution in which account is maintained HIGHFIELDS CAPITAL LTD		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O GOLDMAN SACHS (CAYMAN) TRUST LTD.			
9 City or town, province or state, and country (including postal code) CAMANA BAY CAYMAN ISLANDS			

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$		0.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
		(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
7a Name of financial institution in which account is maintained CRESTWOOD CAPITAL INTERNATIONAL		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. SS&C FUND SERVICES NV PARERAWEG #45			
9 City or town, province or state, and country (including postal code) WILLEMSTAD CURACAO			

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$		0.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
		(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
7a Name of financial institution in which account is maintained CANYON VALUE REALIZATION FUND		b Global Intermediary Identification Number (GIIN) (Optional)	
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, province or state, and country (including postal code) DUBLIN 2 IRELAND			

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$		0.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
		(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
7a Name of financial institution in which account is maintained VARDE INVESTMENT PARTNERS		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O NORTHERN TRUST GLOBAL FUND SERVICES			
9 City or town, province or state, and country (including postal code) GRAND CAYMAN CAYMAN ISLANDS			

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation RI COMMUNITY FOUNDA	
3 Check all that apply a <input checked="" type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 0.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
		(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
7a Name of financial institution in which account is maintained SILVER POINT CAPITAL OFFSHORE		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. INTERTRUST CORP. SVCS LIMITED			
9 City or town, province or state, and country (including postal code) GEORGE TOWN CAYMAN ISLANDS			

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
		(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
7a Name of financial institution in which account is maintained		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.			
9 City or town, province or state, and country (including postal code)			

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	
		(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
7a Name of financial institution in which account is maintained		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.			
9 City or town, province or state, and country (including postal code)			

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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
DAVIDSON KEMPNER	13-3597020

- 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
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6 Address (including country) 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN KY 1-9005 CAYMAN ISLANDS	5b Reference ID number GIIN 0Y5J01.999
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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

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2020		4,126,041.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

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- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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
MADISON DEARBORN CAPITAL PARTNERS VIII-A LP	84-1830219

- 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) APM HUMAN SERVICES INTERNATIONAL PTY LTD	5a Identifying number, if any
6 Address (including country) 58 ORD STREET WEST PERTH, WA 6005 AUSTRALIA	5b Reference ID number NA
7 Country code of country of incorporation or organization AS	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/29/2020		731,425.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

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- 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 0.127 %
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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
PROVIDENCE EQUITY PARTNERS VII	98-1006990

- 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) LORCA TELECOM BIDCO SAU	5a Identifying number, if any
---	--------------------------------------

6 Address (including country) CALLE MALDONADO 4 BAJO D MADRID, 28006 SPAIN	5b Reference ID number NA
---	--

7 Country code of country of incorporation or organization
SP

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/17/2020		305,714.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
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) ► \$ _____
- 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 0.100 %
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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 B LP	5a Identifying number, if any 61-1922077
--	---

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

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2020		150,034.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

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- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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 D LP	5a Identifying number, if any 30-1174851
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

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2020		118,085.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

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- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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

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**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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	5a Identifying number, if any 98-1482847
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

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2020		292,006.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

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- 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 1.078 %
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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
PROVIDENCE STRATIGIC 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 CA	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	01/01/2020		37,023.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
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) ► \$ _____
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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
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
- 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) LUSHA SYSTEMS LTD	5a Identifying number, if any
6 Address (including country) AZRIELI TRIANGLE TOWER 132 MANACHEM BEGIN ST ISRAEL	5b Reference ID number NA
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/04/2020		131,642.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

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- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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
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
- 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) 1257458 B C LTD	5a Identifying number, if any
6 Address (including country) SUITE 1110 240-70 SHAWVILLE BLDG SE CALGARY AB, T2T2Z4 CANADA	5b Reference ID number NA
7 Country code of country of incorporation or organization CA	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/13/2020		158,083.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

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- 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 0.793 %
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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
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
- 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) WAGEPOINT INC	5a Identifying number, if any
---	--------------------------------------

6 Address (including country) 1188 LEHIGH DRIVE MORGANTOWN, WV 26508	5b Reference ID number NA
---	--

7 Country code of country of incorporation or organization
CA

8 Foreign law characterization (see instructions)
CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/14/2020		158,083.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

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- 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 0.450 %
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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
AG REALTY VALUE FUND X	82-4343654

- 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) AG REALTY VALUE X	5a Identifying number, if any 98-1410232
---	---

6 Address (including country) 5300 COMMERCE COURT W 199 BAY ST. TORONTO, M5L 1B9 CANADA	5b Reference ID number NA
--	--

7 Country code of country of incorporation or organization
CA

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2020		153,193.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
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) ► \$ _____
- 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 0.000 %
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 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
FARALLON	94-3106323

- 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) DECKLE FUNDING LTD	5a Identifying number, if any 98-1521001
6 Address (including country) PO BOX 309 UGLAND HOUSE CAYMENT ISLANDS KY1-1104 CAYMAN ISLANDS	5b Reference ID number 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

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	02/13/2020		166,567.		

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
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) ► \$ _____
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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**

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor THE RHODE ISLAND COMMUNITY FOUNDATION	Identifying number (see instructions) 22-2604963
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- 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

- 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
6 Address (including country) 94 SOLARIS AVENUE CAMANA BAY, GRAND CAYMAN KY1-1108 CAYMAN ISLANDS	5b Reference ID number 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash STMT 3					

- 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))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
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
- 12 a** 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)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
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) ► \$ _____
- 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 0.493 % (b) After 0.496 %
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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

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FORM 926

PART III - INFORMATION REGARDING
TRANSFER OF PROPERTY

STATEMENT 3

CASH

(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER
03/31/2020	468,611.
04/30/2020	894,295.
	<u>1,362,906.</u>