** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending

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

Open to Public

B (a	Check if pplicable:	C Name of organization		D Employer identific	cation number			
	⊓Address							
H	change ¬Name	RI CENTER ASSISTING THOSE IN NEED		20-40707	0.6			
	change	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	return _Final_,	PO BOX 73	NUUIII/Suite	401-364-9412				
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,439,802.			
	Amende Ireturn			H(a) Is this a group re				
	Application	-		for subordinates				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{1}$	Tax-exer	npt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1)$	or 527	1	list. See instructions			
		:► WWW.RHODEISLANDCAN.ORG		H(c) Group exemption				
KF	orm of c	rganization: X Corporation Trust Association Other	L Year		1 State of legal domicile; RI			
Pa	art I	Summary	·	·				
О О	1 B	riefly describe the organization's mission or most significant activities: TO P.	ROVIDE	WITH DIGNI	TY,			
Governance	E	MERGENCY FOOD AND OUTREACH TO THOUSANDS	OF AT	-RISK NEIGH	BORS IN			
ă.	2 (heck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as				
ŏ				3	11			
<u>ھ</u>		lumber of independent voting members of the governing body (Part VI, line 1b)			11			
ies		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			9			
Activities &		otal number of volunteers (estimate if necessary)			65			
Act		otal unrelated business revenue from Part VIII, column (C), line 12			-757.			
	bΛ	et unrelated business taxable income from Form 990-T, Part I, line 11			0.			
			-	Prior Year	Current Year 1,317,820.			
ne	1	contributions and grants (Part VIII, line 1h)		2,044,456. 67,704.	100,111.			
Revenue	1	rogram service revenue (Part VIII, line 2g)		07,704.	2,444.			
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-2,293.	-3,621.			
	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,109,867.	1,416,754.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) irants and similar amounts paid (Part IX, column (A), lines 1-3)		1,341,135.	908,976.			
				0.	0.			
'n		enefits paid to or for members (Part IX, column (A), line 4)alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		100,498.	140,535.			
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per		otal fundraising expenses (Part IX, column (D), line 25) 5, 7	14.	•	-			
Щ	1	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		193,764.	239,486.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,635,397.	1,288,997.			
		evenue less expenses. Subtract line 18 from line 12		474,470.	127,757.			
or		·		ginning of Current Year	End of Year			
Net Assets Fund Balanc	20 T	otal assets (Part X, line 16)		989,769.	1,131,842.			
t As	21 T	otal liabilities (Part X, line 26)		2,357.	14,031.			
		let assets or fund balances. Subtract line 21 from line 20		987,412.	1,117,811.			
	art II	Signature Block						
	-	ies of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is			
true,	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.				
		Signature of officer		 Date				
Sig		BOB HARTMAN, TREASURER		Duto				
Her	e	Type or print name and title						
		,	11	Date Check	TI PTIN			
Paid		Print/Type preparer's name ANTHONY W. SCORPIO ANTHONY W. SCOR		1/15/22 if self-employe				
	_	Firm's name MULLEN, SCORPIO & CERILLI		Firm's FIN	05-0392605			
-	-	Firm's address 67 CEDAR STREET		I IIIII 3 LIIV				
	J ,	PROVIDENCE, RI 02903		Phone no (4	01)751-3860			
May	the IR	S discuss this return with the preparer shown above? See instructions		[1 Holle Ho. (2	X Yes No			
ivia	, are inte	Salesaes the retain with the proparet shown above: Gee instructions			103 - 140			

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE WITH DIGNITY, EMERGENCY FOOD AND OUTREACH TO THOUSAN	
	AT-RISK NEIGHBORS IN SOUTHERN RHODE ISLAND AND SURROUNDING	
	COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X 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 X No
4	If "Yes," describe these changes on Schedule O. 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 ex	· · ·
	revenue, if any, for each program service reported.	100 111
4a	(Code:) (Expenses \$ 1,203,606. including grants of \$ 908,976.) (Revenue \$ THE RHODE ISLAND CENTER ASSISTING THOSE IN NEED PROVIDES EMERGE	100,111.
	FOOD, CLOTHING, TEMPORARY HOUSING ASSISTANCE, UTILITY ASSISTANCE	
	OTHER VITAL SUPPORTS TO AT RISK INDIVIDUALS AND FAMILIES THROUGH	HOUT THE
	STATE, PRIMARILY IN WASHINGTON COUNTY. THE ORGANIZATION SERVED	13,735
	PEOPLE DURING 2021.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,203,606.	
		Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	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			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?	_		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		25
•••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	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	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.,		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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	26		Х
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	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			.,
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		22
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		 -
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		
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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı u	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defiduate a contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
_				

132004 12-09-21

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 2a9			
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.			
	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			۱
	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).	_		v
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		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		25
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и а	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		х
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?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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			<u></u>
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			7.
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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	. -		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

6

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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion 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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Upon request City of the Company o			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d tinai	ncial	
00	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 ORGANIZATION - 401-364-9412			
	PO BOX 73, CAROLINA, RI 02812			

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

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

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

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

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

X Check this box if neither the organization	nor any related	orga	aniza	ation	oo r	npei	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_	cer ar	iu a u	irecio)r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or d	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	nstee	trust		ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yoldr	st con	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SCOTT STRAIGHT	35.00	=		0		Τ 60	ш.			
PRESIDENT		Х		х				0.	0.	0.
(2) LORIE DUBEE	20.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) BOB HARTMAN	20.00									
TREASURER		Х		Х				0.	0.	0.
(4) KATHARINE TARASUK	20.00									
SECRETARY		Х		Х				0.	0.	0.
(5) KEVIN CROOK	15.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL MOREY	15.00									
DIRECTOR		Х						0.	0.	0.
(7) DENNIS DUBEE	15.00									
DIRECTOR		Х						0.	0.	0.
(8) BETHANY FOSTER	15.00									
DIRECTOR		Х						0.	0.	0.
(9) RON LALIBERTE	15.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) WENDY GENCARELLI	15.00	ļ								
DIRECTOR	1	Х						0.	0.	0.
(11) WILLIAM DEGNAN	15.00	ļ								
DIRECTOR		Х						0.	0.	0.
		4								
		1								
		1								
		1								
		L		L						

(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck			one	Reportable	Reportable		Est	timate	b
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	า		ount c	of
	week (list any	\vdash	00. u.		T	1	T	from	from related			other	.:
	hours for	director						the organization	organizations (W-2/1099-MIS			oensat om the	
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	0,		anizatio	
	organizations	truste	al trus		yee	mper		1099-NEC)	,			l relate	
	below	Individual trustee or	Institutional trustee	er	Key employee	est cc loyee	Jer	'			orga	nizatio	ns
	line)	Indiv	Instil	Officer	Keye	Highest compensated employee	Former						
1b Subtotal						<u> </u>	▶	0.		0.			0.
c Total from continuation sheets to Par								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including bu								eceived more than \$100	0.000 of reportable	 e			
compensation from the organization						-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
												Yes	No
Did the organization list any former offic			•	•	•	•	•		-				v
line 1a? If "Yes," complete Schedule J fo								h			3		X
For any individual listed on line 1a, is the and related organizations greater than \$	•							-	•		4		Х
5 Did any person listed on line 1a receive													
rendered to the organization? If "Yes," or					•						5		Х
ection B. Independent Contractors													
Complete this table for your five highest										pens	ation fi	rom	
the organization. Report compensation	for the calendar y	ear	endi	ng v	vith	or w	ithir T		year.				
(A) Name and busine	ess address	NO	INC	Ξ				(B) Description of s	ervices	С	(C omper		ı
Total number of independent contractor\$100,000 of compensation from the org		ot li	mite	d to		se li:	sted	above) who received m	nore than				
\$ 100,000 or compensation from the org	arnzation										Гокт (200	

Ра	rt V	Ш						
			Check if Schedule O contains a response	or note to any lin			(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						Tarrottorritovorido	Buon 1666 16 Voltag	sections 512 - 514
nts	1	а	Federated campaigns1a					
ar our		b	Membership dues1b					
s, C Am			Fundraising events 1c	66,670.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
s, (imil		е	Government grants (contributions) 1e					
ion		f	All other contributions, gifts, grants, and					
but				251,150.				
ntri d O		g	Noncash contributions included in lines 1a-1f	950,695.				
Col		_	Total. Add lines 1a-1f		1,317,820.			
				Business Code	, ,			
ø	2	а	THRIFT SHOP SALES	900099	100,111.	100,111.		
Program Service Revenue	_	b			,	,		
Ser		c						
am eve		d						
gra Re		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		100,111.			
	3	3	Investment income (including dividends, intere		,			
	Ū		other similar amounts)	,	2,444.			2,444.
	4		Income from investment of tax-exempt bond p	_	,			,
	5		Royalties					
	-		(i) Real	(ii) Personal				
	6	а	Gross rents 6a 14,340.	.,				
			Less: rental expenses 6b 15,097.					
			Rental income or (loss) 6c -757.					
			Net rental income or (loss)	<u> </u>	-757.		-757.	
			Gross amount from sales of (i) Securities	(ii) Other				
		_	assets other than inventory 7a					
		b	Less: cost or other basis					
ne		_	and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
Re			Net gain or (loss)	•				
e			Gross income from fundraising events (not					
ОŧР	Ū	_	including \$ 66,670 • of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a	5,087.				
		b	Less: direct expenses 8b	7,951.				
					-2,864.			-2,864.
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
<u>"</u>			•	Business Code				
o g	11	а						
ane		b						
Miscellaneous Revenue		С						
Aisc R		d	All other revenue					
~			Total. Add lines 11a-11d	>				
	12		Total revenue. See instructions		1,416,754.	100,111.	-757.	-420.

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 respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	908,976.	908,976.		
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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4.05.054		40 655	
7	Other salaries and wages	125,371.	75,694.	49,677.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15 164	0.000		
10	Payroll taxes	15,164.	9,098.	6,066.	
11	Fees for services (nonemployees):				
	Management				
	Legal	1 050	1 050		
	Accounting	1,950.	1,950.		
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	11 000	0 220	2 542	
	column (A), amount, list line 11g expenses on Sch O.)	11,862.	9,320.	2,542.	
12	Advertising and promotion	12,902.	6,363.	6,365.	174
13	Office expenses	12,902.	0,303.	0,303.	1/4
14	Information technology				
15	Royalties	22,127.	19,361.	2,766.	
16	Occupancy	22,121.	19,301.	2,700.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates	27,183.	24,247.	2,936.	
23		14,902.	7,451.	7,451.	
23 24	Other expenses. Itemize expenses not covered	21,302.	,,151.	.,151	
24	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.)				
а	THRIFT STORE	103,869.	103,869.		
b	PROGRAM EXPENSE	18,169.	18,169.		
c	REPAIRS AND MAINTENANCE	14,630.	12,801.	1,829.	
d	FOOD PANTRY EXPENSES	6,352.	6,307.	45.	
-		5,540.	.,		5,540
25	Total functional expenses. Add lines 1 through 24e	1,288,997.	1,203,606.	79,677.	5,714
26	Joint costs. Complete this line only if the organization	. ,	. ,	,	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21	t			Form 990 (2021

	IL A	Check if Schedule O centains a response or	noto to o:-:	v line in this Bort V			
		Check if Schedule O contains a response or	note to any	y iiile iii tiils Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			577,864.	1	712,998.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri				6	
Ś	7	Notes and loans receivable, net		7			
set	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	4,276.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		755,977.			
	Ь	Less: accumulated depreciation		341,409.	411,636.	10c	414,568.
	11	Investments - publicly traded securities			<u> </u>	11	
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11	269.	15	0.		
	16	Total assets. Add lines 1 through 15 (must e			989,769.	16	1,131,842.
	17	Accounts payable and accrued expenses			1,807.	17	13,481.
	18	Grants payable			·	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ý	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
apil		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,		_			
		parties, and other liabilities not included on li					
		of Schedule D	,	'	550.	25	550.
	26	Total liabilities. Add lines 17 through 25			2,357.		14,031.
		Organizations that follow FASB ASC 958, o					
ses		and complete lines 27, 28, 32, and 33.		·			
<u>a</u>	27	Net assets without donor restrictions			866,647.	27	986,522.
Ba	28	Net assets with donor restrictions			120,765.	28	131,289.
<u>n</u>		Organizations that do not follow FASB AS					
Ţ		and complete lines 29 through 33.	•	,			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Vet	32	Total net assets or fund balances		_	987,412.	32	1,117,811.
_	33	Total liabilities and net assets/fund balances			989,769.	33	1,131,842.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,41		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,28		
3	Revenue less expenses. Subtract line 2 from line 1	3			57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98	7,4	12.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7					
8				2,6	42.
9					0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,11	7,8	11.
Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				İ
	review, or compilation of its financial statements and selection of an independent accountant?				X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	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				1
	Act and OMB Circular A-133?				Х
b	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	<u></u>	3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

RI CENTER ASSISTING THOSE IN NEED

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-4070706

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

organization(s). You must complete Part IV. Sections A and C.

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.)

Sec	ction A. Public Support	s noted bolott, place	ioo oompioto i are	,				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	(4) 2017	(6) 2010	(0) 2019	(4) 2020	(6) 2021	(i) iotai	
•	membership fees received. (Do not							
	include any "unusual grants.")	235,957.	223,225.	757,160.	2044456.	1177025.	4437823.	
2	Tax revenues levied for the organ-			,				
_	ization'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	235,957.	223,225.	757,160.	2044456.	1177025.	4437823.	
	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)							
6	Public support. Subtract line 5 from line 4.						4437823.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	235,957.	(b) 2018 223, 225.	(c) 2019 757, 160.	2044456.	1177025.	4437823.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	23,220.	17,503.	14,570.	13,700.	14,340.	83,333.	
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.)						4504456	
11	Total support. Add lines 7 through 10						4521156.	
12	Gross receipts from related activities,					12	385,578.	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stor						<u></u> ▶∟⊥	
	ction C. Computation of Publ						00 16	
	Public support percentage for 2021 (14	98.16 % 97.42 %	
	Public support percentage from 2020					15		
16a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2020. 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							
47-	and stop here. The organization qualifies as a publicly supported organization							
1/a	17a 10% -facts-and-circumstances test - 2021. 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							
1-	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
a		_					10% Or	
	more, and if the organization meets the				-		ightharpoonup	
10	organization meets the facts-and-circ		-	•				
10	riivate iounuation. Ii the organizatio	ni dia noi check a	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					

Schedule A (Form 990) 2021

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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7 <i>a</i>	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
		e organization's f	irst second third	fourth or fifth tax	vear as a section	I 501(c)(3) organizat	ion
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							
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage for 2021 (iii					16	
	ction D. Computation of Inves					1 10 1	70
17						17	%
18						18	
	8 Investment income percentage from 2020 Schedule A, Part III, line 17						
196	more than 33 1/3%, check this box ar						17 13 1101
L	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3c		
	4a		
	Tu		
	4b		
	4 -		
	4c		
	5a		
	Ja		
_	5b		
	5c		
	6		
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	8		
	9a		
	9b		
	อม		
	9с		
	10a		
	iva		
	10b		
dule A	\ (Forr	n 990)	2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	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 qualifyi	ng trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990) 2021

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Concadio	(1 om 600) 2021 1 ago 0
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

	RI	CENTER ASSISTING THOSE IN NEED	20-4070706			
Organiz	zation type (check o	ne):				
Filers of	f:	Section:				
Form 99	00 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	00-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.			
General	l Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin one contributor. Complete Parts I and II. See instructions for determining a contributor	• •			
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

RI CENTER ASSISTING THOSE IN NEED

20-4070706

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

RI CENTER ASSISTING THOSE IN NEED

20-4070706

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
-					
		\$			

Schedule B (Form 990) (2021) Name of organization **Employer identification number** 20-4070706 RI CENTER ASSISTING THOSE IN NEED Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

Inspection

Name of the organization

RI CENTER ASSISTING THOSE IN NEED

Employer identification number 20-4070706

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Berief advised failed	(b) Farias and other associates			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds			
Ū	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
_	for charitable purposes and not for the benefit of the donor of					
Pai						
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired		l l			
	listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year			
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year			
0	▶ \$ Does each conservation easement reported on line 2(d) about	us satisfy the requirements of section 17	O(b)(4)(D)(i)			
8		•				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat					
3	balance sheet, and include, if applicable, the text of the foot	•				
	organization's accounting for conservation easements.	note to the organization's imancial states	ments that describes the			
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or C	Other Similar Assets.			
	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works			
	of art, historical treasures, or other similar assets held for pul	•				
	service, provide in Part XIII the text of the footnote to its fina	, ,	•			
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	· ·				
	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		' <u>-</u>			
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A		.			
а	Revenue included on Form 990, Part VIII, line 1		> \$			
	Assets included in Form 990, Part X					

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

Schedule D (Form 990) 2021

	t III Organizations Maintaining C	Collections of A				or Other	Similar A	ssets(con		-aye z)
	Using the organization's acquisition, accessi		-							
Ū	collection items (check all that apply):	on, and other record	13, GNCG	carry or the	, lollowing tha	it make si	grinicarit use (JI 11.3		
а	Public exhibition	d		l oon or ove	change progra	m				
				Other	change progra	1111				
b	Scholarly research	е	;	Other						
C	Preservation for future generations	- 11 43	41					D+ VIII		
4	Provide a description of the organization's co							Part XIII.		
5	During the year, did the organization solicit of									¬
Do	to be sold to raise funds rather than to be mo							Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered	'Yes" on F	orm 990, Par	t IV, line 9,	or	
12	Is the organization an agent, trustee, custod		diany for	contribution	ns or other as	sets not i	ncluded			
ıu	on Form 990, Part X?		-					Yes		□No
h	If "Yes," explain the arrangement in Part XIII							103		_ 110
D	ii res, explain the arrangement iiii art xiii	and complete the re	mowning i	abic.				Amou	nt	
_	Reginning halance						1c			-
	Beginning balance									
	Additions during the year									
	Distributions during the year									
f O-	Ending balance								$\overline{}$	
	Did the organization include an amount on F						•	· L Yes		⊣ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								<u> </u>	
ı aı	Endowment i dids. Complete	(a) Current year		rior year			d) Three years b	nack (a) Fo	ur year:	s hark
4.	Danisarias afrons balance	(a) Guirent year	(5)	noi yeai	(C) Two your	o buon (a) Timoo youro k	Juon (C) 10	ur your	J DUON
	Beginning of year balance				+					
	Contributions				+					
	Net investment earnings, gains, and losses				+	+				
	Grants or scholarships				1					
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	<u></u> %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for the	e organizatior	l		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?	?			3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Acc	cumulated	(d) Bo	ok valı	ue
		basis (investr	ment)	basis	(other)	depr	reciation			
1a	Land			12	25,000.			1:	<u>25,0</u>	000.
	Buildings			30	00,000.	1	15,455.			545.
	Leasehold improvements				10,335.		58,337.			998.
	Equipment				0,642.		67,617.			25.
	Other				•		• •			
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)			4:	4,5	568.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 RI CENTER A	SSISTING THO	SE IN NEED 20	-4070706 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 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 en	 d-of-vear market value
(1) Financial derivatives	(-,	(0)	
(2) Closely held equity interests			
(3) Other		1	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Port IV lin	o 11a Soo Form 000 Port V line 12	
(a) Description of investment			d of year market value
	(b) Book value	(c) Method of valuation: Cost or en	J-01-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, lin	e 11d. See Form 990, Part X, line 15.	
(a) l	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	e 15.)	•	
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,	(b) Book value
(1) Federal income taxes			· · ·
(2) SECURITY DEPOSITS			550
(3)			
<u>(~)</u>			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS	550.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	550.

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

Schedule D (Form 990) 2021

O-l-	dule D (Form 990) 2021 RI CENTER ASSISTING THOSE	TN NEE	חי	20-	4070706 _{Page}
	t XI Reconciliation of Revenue per Audited Financial Stateme				
	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	1,439,802
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				
C	Recoveries of prior year grants			-	
			23,048.	-	
	Other (Describe in Part XIII.)			2e	23,048
_	Add lines 2a through 2d			3	1,416,754
3	Subtract line 2e from line 1			3	1,410,734
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	امدا			
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			۱ ۵۰ ا	0
_	Add lines 4a and 4b This was a second of This			4c	1,416,754
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Statem	onto Wit	h Evnoncoc noi	5 Dotu	
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		ii Expelises pei	netu	111.
	· · · · · · · · · · · · · · · · · · ·			1 4 1	1,312,045
1	Total expenses and losses per audited financial statements			1	1,312,043
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ۔ ا			
a	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С.	Other losses		23,048.	-	
	Other (Describe in Part XIII.)		-	_	22 049
_	Add lines 2a through 2d			2e	23,048
3	Subtract line 2e from line 1			3	1,288,997
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			4	
	Other (Describe in Part XIII.)	4b		_	0
С	Add lines 4a and 4b			4c	1 200 000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,288,997
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part	X, line 2; Part XI,
PAI	RT X, LINE 2:				
THE	E CENTER IS EXEMPT FROM INCOME TAXES AS A	CHARIT	ABLE ORGAN	IIZA'	TION UNDER
SEC	CTION 501(C)(3) UNDER THE INTERNAL REVENUE	CODE	AND IS NOT	COI	NSIDERED A
PR	VATE FOUNDATION.				
THE	E CENTER EVALUATES ITS UNCERTAIN TAX POSIT	IONS U	SING THE	UID	ANCE FOR
COI	TINGENCIES AS CONTAINED IN GENERALLY ACCE	PTED A	CCOUNTING	PRII	NCIPLES.

THE CENTER WAS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT WERE NOT PROVIDED FOR IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE CENTER ANNUALLY FILES INTERNAL REVENUE SERVICE FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT

Part XIII Supplemental Information (continued)
THE IRS USES TO MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX
RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR
THREE YEARS AFTER THEY WERE FILED. THE CENTER CURRENTLY HAS NO TAX
EXAMINATIONS IN PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
EVENT EXPENSES NETTED WITH REVENUE
RENTAL EXPENSES NETTED WITH REVENUE
PART XII, LINE 2D - OTHER ADJUSTMENTS:
EVENT EXPENSES NETTED WITH REVENUE
RENTAL EXPENSES NETTED WITH REVENUE

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule G (Form 990) 2021

Employer identification number Name of the organization RI CENTER ASSISTING THOSE IN NEED 20-4070706 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990		<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF		NONE	(add col. (a) through
			TOURNAMENT	POLAR PLUNGE		col. (c)
(I)			(event type)	(event type)	(total number)	Coi. (C))
Revenue						
eve	1	Gross receipts	28,258.	43,499.		71,757.
ď		1	-	-		-
	2	Less: Contributions	23,171.	43,499.		66,670.
	3	Gross income (line 1 minus line 2)	5,087.			5,087.
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
ă						
Direct Expenses	7	Food and beverages				
ji e	′	rood and beverages				
	8	Entertainment				
	9	Other direct expenses	5,901.	2,050.		7,951.
	_		<u> </u>	2,000		7,951.
	l .	Net income summary. Subtract line 10 from li			_	-2,864.
Pa	rt I			n 990 Part IV line 19 or		2,0010
		\$15,000 on Form 990-EZ, line 6a.	answered res en rem	1000,1 41114, 1110 10, 01	roportod more triam	
		+ · · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Ş.						., ., .,
æ	4	Gross revenue				
	Ė	GIOGO TOVOTIGO				
٠,	2	Cash prizes				
ses	_	Cuon prizes				
Direct Expenses	3	Noncash prizes				
Ж	Ĭ	110/104011 p/1200				
ect	4	Rent/facility costs				
₫	7	Tions racinity cools				
	5	Other direct expenses				
	Ť	Cutor direct experieds	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	ľ	volunteer labor	NO	140	140	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	′	bireet expense summary. Add intes 2 through	10 III colaitiit (a)			
	Ω	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Net garning income summary. Subtract line 7	nomine i, column (a)			
9	Ent	ter the state(s) in which the organization condu	rote gaming activities:			
		the organization licensed to conduct gaming a		ototoo?		Yes No
			ctivities in each of these	States!		. L les L NO
D	11	No," explain:				
10-	\\/_	ere any of the organization's gaming licenses re	avoked suspended or t	erminated during the tax	vear?	Yes No
					year !	. LITES LINO
D	11 "	Yes," explain:				
	-					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	nedule G (Form 990) 2021 RI CENTER ASSISTING THOSE IN NEED 20-	40/0/06	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	a The organization's facility		
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
	If "Yes," enter name and address of the third party:		
	- · · · · · · · · · · · · · · · · · · ·		
	Name >		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L	└── No
ŀ	number 2 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	, , , , , , , , , , , , , , , , , , , ,		

Schedule G	(Form 990)	RI	CENTER	ASSISTING	THOSE	IN	NEED	20-4070706	Page 4
Part IV	(Form 990) Supplemental I	nformatio	n (continued)						

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

Open to Public Inspection

Name of	f the organization RI CENTER	ASSISTIN	G THOSE IN	NEED				Employer identification 20-4070	
Part I									
cr	bes the organization maintain records iteria used to award the grants or assi escribe in Part IV the organization's pr	stance?				•			X No
Part II		Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	nt
	nter total number of section 501(c)(3) anter total number of other organization					<u> </u>	1	>	

(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
BASIC NEEDS ASSISTANCE	470	0.	32,358.	FMV	RENT, UTILITY, AND PERSONAL CARE PRODUCTS
FOOD ASSISTANCE	14735	0.	876,618.	\$1.67 PER POUND OF FOOD	FOOD ITEMS
Part IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, column	I ı (b); and any other a	I dditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

RI CENTER ASSISTING THOSE IN NEED

Employer identification number 20-4070706

Га	rt I Types of Property	(a)	(b)	(0)	(4)			
		(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 de noncash contribi	etermir	-	:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		99,002.	FAIR MARKET	' VA	LUE	
6	Cars and other vehicles			-				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	0 " 14" "							
13	Qualified conservation contribution -							
.0	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16								
	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	2,840	851 603	\$1.67/LB PE	ד סי	ипп	CTI
19	Food inventory		2,040	031,033.	Ş1.07/HD II	71/ 1	INDO	511
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 organ		•					
	for which the organization completed Form 82	283, Part V, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive to	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the da		•	•				
	exempt purposes for the entire holding period	l?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31		X
32a			•			32a		х
ل						oza		
	If "Yes," describe in Part II.	l (-) *		famblab aab /-\!				
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is che	ескеа,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

RI CENTER ASSISTING THOSE IN NEED	20-4070706
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SOUTHERN RHODE ISLAND AND SURROUNDING COMMUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT COPY WAS PROVIDED TO THE BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	

CARRYOVER DATA TO 2022

Name RI CENTER ASSISTING THOSE IN NEED	Employer Identification Number 20-4070706
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - RENTAL PROPERT	2,103.

	Name: RI CENTER ASSISTING THOSE IN NEED	FEIN:	20-4070706
--	---	-------	------------

	Type and Entity: RENTAL PROPERTY POST-2017 NOL FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover										
Yea Orig nate	Original Carryover	Total Amount Used	Amount Used for								
A 201 B 201 C 202	.9 372,										
A 201 B 201 C 202 D E F G H	525,										
F G											
1											
J K											
L M N											
O P Q R S											
R S											
T U											
V W	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Deta Type	il S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Α	С										
A B C D E F											
E F											
G H											
J K L											
М											
N O P											
Q R S T											
S											
U V W											

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