

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

FSRI PARTNERS TO BUILD HEALTHY, SUPPORTIVE, VIBRANT COMMUNITIES WITH QUALITY CARE, EDUCATION AND OPPORTUNITIES FOR ALL TO REACH THEIR POTENTIAL.

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

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

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

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

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

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

4a (Code:) (Expenses \$ 5,066,442 including grants of \$) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 10,802,473 including grants of \$ 570,157) (Revenue \$ 2,945,468)

See Additional Data

4c (Code:) (Expenses \$ 1,772,481 including grants of \$) (Revenue \$ 2,094,202)

See Additional Data

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

HOME: OUR HOME TEAM FOSTERS SAFE AND LOVING HOMES FOR OUR CLIENTS. "RESIDENTIAL TREATMENT CENTERS: FSRI PROVIDES FOUR TRAUMA-FOCUSED RESIDENTIAL PROGRAMS FOR ADOLESCENT GIRLS WHO ARE IN THE CUSTODY OF THE STATE OF RHODE ISLAND. THESE PROGRAMS INCLUDE AN EMERGENCY PROGRAM FOR YOUTH IN CRISIS, AND 3 PROGRAMS FOR YOUTH WHO ARE IN NEED OF CRITICAL INTERVENTIONS TO ADDRESS SERIOUS CRISES IN THEIR LIVES. THE PROGRAMS, WORKING WITH THE CHILD'S FAMILY/CAREGIVERS WHEN REUNIFICATION IS POSSIBLE, ADDRESS BEHAVIORAL ISSUES INVOLVING SIGNIFICANT TRAUMA HISTORIES AS A RESULT OF PHYSICAL, EMOTIONAL, AND SEXUAL ABUSE, HUMAN TRAFFICKING, PARENTAL NEGLECT, AND MENTAL HEALTH AND SUBSTANCE ABUSE PROBLEMS. FSRI'S RESIDENTIAL PROGRAMS PROVIDE A HOME-LIKE ENVIRONMENT WITH A RANGE OF EDUCATIONAL AND RECREATIONAL OPPORTUNITIES, AS WELL AS WEEKLY INDIVIDUAL/GROUP MENTAL HEALTH COUNSELING AND CASE MANAGEMENT. RESIDENTS OF THE PROGRAMS USUALLY ATTEND LOCAL SCHOOLS. FSRI ALSO HAS LUCY'S HEARTH, AN EMERGENCY FAMILY SHELTER WHICH ALLOWS PARENTS AND CHILDREN TO STAY TOGETHER IN THE SHELTER PROGRAM. LUCY'S HEARTH'S MISSION IS: TO PROVIDE COMPREHENSIVE PROGRAMS AND SERVICES TO HOMELESS FAMILIES IN A SAFE, SUPPORTIVE ENVIRONMENT THAT PROMOTES FAMILY HEALTH AND STABILITY AND INCREASES SELF-SUFFICIENCY IN ORDER TO ACHIEVE PERMANENT, AFFORDABLE HOUSING. "FOSTER CARE: FSRI'S FOSTER CARE PROGRAM SERVES YOUTH AND FAMILIES STATEWIDE. WHILE ADDRESSING THE COMPLEX NEEDS OF CHILDREN IN DCYF CARE, WE SUPPORT FOSTER FAMILIES WITH TRAINING, EDUCATION, AND IN-HOME SUPPORT TO ENSURE THAT YOUTH AND FAMILIES ARE SUCCESSFUL. OUR GOAL IS FINDING A PERMANENT SAFE AND LOVING HOME FOR YOUTH, WHETHER IT IS SAFELY HOME WITH THEIR BIOLOGICAL FAMILY, WITH AN ADOPTIVE FAMILY, OR ANOTHER LOVING ADULT. WE SUPPORT YOUTH AND FAMILIES WHOSE PRIMARY LANGUAGES ARE ENGLISH AND SPANISH.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► 17,641,396

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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	Yes
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	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
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	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
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	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
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	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	73
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
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 in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 20		
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		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
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		No
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		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
PHYLLIS PELLETIER 9 PLEASANT STREET PROVIDENCE, RI 02940 (401) 519-2271

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 ☐

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,186,423	0	118,639

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
J & H REALTY LLC 100 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904	REAL ESTATE SERVICES	367,320

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

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Part VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII ☐											
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a								
	b Membership dues . . .		1b								
	c Fundraising events . . .		1c	118,980							
	d Related organizations		1d								
	e Government grants (contributions)		1e	15,694,529							
	f All other contributions, gifts, grants, and similar amounts not included above		1f	640,134							
	g Noncash contributions included in lines 1a - 1f:\$		1g								
	h Total. Add lines 1a-1f ▶		16,453,643								
Program Service Revenue			Business Code								
	2a PROGRAM SERVICE FEES		621400	2,828,940		2,828,940					
	b TUITION FEES		611110	2,094,202		2,094,202					
	c MANAGEMENT FEES		561000	30,000		30,000					
	d										
	e										
	f All other program service revenue.										
	g Total. Add lines 2a-2f. ▶		4,953,142								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			48,564						48,564	
	4 Income from investment of tax-exempt bond proceeds ▶										
	5 Royalties ▶										
			(i) Real	(ii) Personal							
	6a Gross rents		6a								
	b Less: rental expenses		6b								
	c Rental income or (loss)		6c								
	d Net rental income or (loss) ▶										
			(i) Securities	(ii) Other							
	7a Gross amount from sales of assets other than inventory		7a	109,902	344,681						
	b Less: cost or other basis and sales expenses		7b	125,554	211,846						
	c Gain or (loss)		7c	-15,652	132,835						
	d Net gain or (loss) ▶			117,183						117,183	
	8a Gross income from fundraising events (not including \$ 118,980 of contributions reported on line 1c). See Part IV, line 18		8a	97,200							
	b Less: direct expenses		8b	35,647							
	c Net income or (loss) from fundraising events . . . ▶			61,553						61,553	
	9a Gross income from gaming activities. See Part IV, line 19		9a								
	b Less: direct expenses		9b								
	c Net income or (loss) from gaming activities . . . ▶										
	10a Gross sales of inventory, less returns and allowances . . .		10a								
b Less: cost of goods sold . . .		10b									
c Net income or (loss) from sales of inventory . . . ▶											
Miscellaneous Revenue			Business Code								
11a MISCELLANEOUS INCOME			900099	86,528		86,528					
b											
c											
d All other revenue											
e Total. Add lines 11a-11d ▶			86,528								
12 Total revenue. See instructions ▶			21,720,613		5,039,670		0		227,300		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	570,157	570,157		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	486,742		486,742	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,758,394	10,196,102	1,459,583	102,709
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	142,212	121,365	19,041	1,806
9 Other employee benefits	1,651,301	1,520,561	119,928	10,812
10 Payroll taxes	928,928	728,908	189,059	10,961
11 Fees for services (non-employees):				
a Management				
b Legal	5,105		5,105	
c Accounting	52,536	300	52,236	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,691		17,691	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	920,804	784,890	135,914	
12 Advertising and promotion	732	732		
13 Office expenses	292,896	190,052	99,705	3,139
14 Information technology	232,631	64,058	157,773	10,800
15 Royalties				
16 Occupancy	928,638	852,856	68,782	7,000
17 Travel	242,756	214,385	28,218	153
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	236,092	128,746	107,346	
23 Insurance	77,617	30,653	46,616	348
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM COSTS	1,612,308	1,599,305	12,988	15
b SUPPLIES	553,499	540,544	7,787	5,168
c TRAININGS/DUES/RECRUITM	156,781	90,335	59,456	6,990
d INDIRECT COSTS	56,197	7,447	36,837	11,913
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,924,017	17,641,396	3,110,807	171,814
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		1,078,280	1	4,960,186	
	2	Savings and temporary cash investments		1,032,229	2	1,205,200	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		2,282,586	4	2,691,650	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		124,403	9	94,241	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	7,436,530			
	b	Less: accumulated depreciation	10b	4,318,334	3,503,578	10c	3,118,196
	11	Investments—publicly traded securities		1,737,296	11	1,846,997	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		52,744	15	73,827	
16	Total assets. Add lines 1 through 15 (must equal line 34)		9,811,116	16	13,990,297		
Liabilities	17	Accounts payable and accrued expenses		1,140,888	17	1,544,026	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		981,204	23	3,865,883	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		2,122,092	26	5,409,909	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		7,431,119	27	7,953,070	
	28	Net assets with donor restrictions		257,905	28	627,318	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		7,689,024	32	8,580,388	
33	Total liabilities and net assets/fund balances		9,811,116	33	13,990,297		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,720,613
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,924,017
3	Revenue less expenses. Subtract line 2 from line 1	3	796,596
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,689,024
5	Net unrealized gains (losses) on investments	5	94,768
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,580,388

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

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

Additional Data

Software ID:

Software Version:

EIN: 05-0258858

Name: FAMILY SERVICE OF RHODE ISLAND INC

Form 990 (2019)

Form 990, Part III, Line 4a:

HEALING: OUR HEALING TEAM DELIVERS EVIDENCE-BASED TRAUMA RESPONSE AND RECOVERY TO OUR CLIENTS."GO TEAM: SINCE 2004, FAMILY SERVICE OF RHODE ISLAND'S GO TEAM HAS PARTNERED WITH THE PROVIDENCE POLICE AND OTHER AGENCIES TO OFFER IMMEDIATE CRISIS INTERVENTION, TRAUMA TREATMENT, LANGUAGE SUPPORT, TRIAGE, AND A FULL ARRAY OF SOCIAL SERVICES TO THOUSANDS OF PROVIDENCE RESIDENTS AND THEIR FAMILIES EACH YEAR. GO TEAM RESPONDERS PROVIDE TRAINING TO COMMAND STAFF, ATTEND COMMAND STAFF MEETINGS, PROVIDE ONGOING TRAINING WITH THE POLICE ACADEMY, CARRY POLICE RADIOS TO BE ACCESSED IMMEDIATELY, CO-LOCATE AT THE PUBLIC SAFETY COMPLEX, AND RIDE-ALONG WITH OFFICERS. 90% OF VICTIMS REPORT THAT THEY RECEIVE THE TYPE OF ASSISTANCE THEY NEED. 77% OF VICTIMS REPORTED A MORE POSITIVE OPINION OF THE POLICE AS A RESULT OF THE HELP THEY RECEIVED. 81% OF VICTIMS SERVED REPORTED THEY WOULD BE MORE LIKELY TO CONTACT THE POLICE FOR ASSISTANCE IN THE FUTURE. RECENTLY, THE GO TEAM RECEIVED THE MET LIFE FOUNDATION COMMUNITY POLICING PARTNERSHIP AWARD AND THE MUTUAL OF AMERICA COMMUNITY PARTNERSHIP AWARD, BOTH OF WHICH REPRESENT PRESTIGIOUS NATIONAL PROGRAM RECOGNITION. FSRI SUCCESSFULLY EXPANDED THE AWARD-WINNING GO TEAM MODEL TO THE CITY OF CENTRAL FALLS. "TRAUMA TRAINING INSTITUTE: FSRI'S TRAUMA TRAINING INSTITUTE WAS CREATED TO MEET THE NEEDS IN THE PROVIDER AND CHILD-SERVING COMMUNITY FOR TRAINING IN TRAUMA-INFORMED PRACTICES. FSRI TRAUMA TRAINED CLINICIANS PROVIDE TRAINING AND CONSULTATION TO SCHOOL SYSTEMS, NON-PROFIT AGENCIES AND VARIOUS OTHER ENTITIES THAT FOCUS ON INCREASING KNOWLEDGE OF THE IMPACT OF TRAUMA, AND GIVING PROVIDERS AND EDUCATORS THE TOOLS TO SUPPORT CHILDREN, INDIVIDUALS, AND FAMILIES THROUGH A TRAUMA LENS. THE TRAUMA TRAINING INSTITUTE ALSO FOCUSES ON PROVIDING EDUCATION AND GUIDANCE FOR PROVIDERS TO IDENTIFY AND INTERVENE IN SECONDARY TRAUMATIC STRESS TO ENSURE THAT STAFF ARE ABLE TO PROVIDE THE BEST CARE POSSIBLE."PROJECT SOS: PROJECT SUPPORT OCEAN STATE (PROJECT SOS) IS A STATEWIDE EDUCATION CAMPAIGN WITH THE GOAL OF INCREASING AWARENESS ABOUT THE IMPACT OF SUBSTANCE USE DISORDER (SUD) ON YOUNG PEOPLE. THE INITIATIVE WAS LAUNCHED IN 2019 IN RESPONSE TO THE SERIOUSNESS OF THE OPIOID EPIDEMIC IN RHODE ISLAND AND ITS IMPACT ON RI YOUTH. THROUGH PROJECT SOS, FSRI CREATED AND DISSEMINATED A TOOLKIT COMPRISED OF FACT SHEETS, BROCHURES, FLYERS, WEB-BLASTS THAT INCLUDE: RESOURCES FOR PROVIDERS SUPPORTING PARENTS AND CAREGIVERS TO CONNECT WITH SUD-AFFECTED CHILDREN IN POSITIVE WAYS; ADVICE FOR YOUNG PEOPLE AND/OR THEIR CAREGIVERS AFFECTED BY SUD ABOUT HOW TO ACCESS AVAILABLE RESOURCES; AND MATERIALS FOR ESPECIALLY HIGH-RISK POPULATIONS (LGBTQQI YOUNG PEOPLE AND/OR THOSE AFFECTED BY INTIMATE PARTNER VIOLENCE) TO ACCESS SPECIALIZED CARE. ADDITIONALLY, FSRI DESIGNED AND DELIVERED HIGH IMPACT TRAININGS WHICH INCREASE THE CAPACITY OF PROVIDERS TO COLLABORATE MORE EFFECTIVELY. "BEWELL: BEWELL WAS CREATED IN RESPONSE TO THE CORONAVIRUS CRISIS TO HELP RHODE ISLANDERS COPE WITH ISOLATION, FOOD INSECURITY, HEIGHTENED ANXIETY AND DEPRESSION, JOB LOSS, INCREASED RISK FOR CHILD ABUSE AND DOMESTIC VIOLENCE, SUBSTANCE ABUSE, AND SUICIDE. WITHIN 48 HOURS OF ITS CREATION, 100% OF FSRI'S MENTAL HEALTH SERVICES WERE CONVERTED TO AN ONLINE TELEHEALTH MODEL. THROUGH BEWELL, FSRI WAS ABLE TO EXPAND OUR TRAUMA RESPONSE PROGRAMMING TO SUPPORT OUR DUAL-CERTIFIED CLINICAL PSYCHIATRIST, GINGER MANZO, MD, TO CONDUCT CASE CONSULTATIONS AND CASE REVIEWS AND ASSIST ON EMERGENT NEEDS CASES; SUPPORT OUR CLINICAL DIRECTOR, KAYLA DAVID, WHO HAS THE CLINICAL EXPERTISE IN TRAUMA TO GUIDE PROJECT EFFORTS AND DIRECTLY SUPERVISE CLINICIANS AND TRIAGE SPECIALISTS; HIRE AN ADDITIONAL BILINGUAL TRIAGE SPECIALIST TO ADDRESS OVERWHELMING NUMBERS OF CALLERS IN NEED OF CRISIS COUNSELING AND ASSESSMENT AND CONNECT THEM TO APPROPRIATE BEHAVIORAL HEALTH SERVICES AND SUBSTANCE USE SERVICES; DEDICATE CLINICAL TIME TO PROVIDE EVIDENCE-BASED TREATMENT FOR UNINSURED IMMIGRANT POPULATIONS WHO REQUEST OUR BEHAVIORAL HEALTH SERVICES; DEDICATE TIME FOR INFANT/CHILD CLINICIANS TO WORK IN COLLABORATION WITH WOMEN AND INFANTS AND THE DEPARTMENT OF HEALTH TO TREAT HIGH-RISK BABIES AND THEIR CAREGIVERS; AND HIRE AN ADDITIONAL FULL-TIME TRANSLATOR TO MEET THE DEMONSTRATED LANGUAGE NEEDS IN OUR BEHAVIORAL HEALTH PROGRAMS.

Form 990, Part III, Line 4b:

HEALTH: OUR HEALTH TEAM ENHANCES CARE FOR IMPROVED WELL-BEING OF OUR CLIENTS."COMMUNITY HEALTH TEAMS: THE COMMUNITY HEALTH TEAM (CHT) PROGRAM ADDRESSES THE SOCIAL, BEHAVIORAL AND ENVIRONMENTAL DETERMINANTS FOR HIGH RISK/HIGH COST/HIGH IMPACT PATIENTS IN ORDER TO ESTABLISH HEALTHIER LIVING, IMPROVED HEALTH AND TOTAL COST OUTCOMES. CHTS PROVIDE IN-HOME, COMMUNITY AND OFFICE ENGAGEMENT TO REFERRED INDIVIDUALS AND THEIR FAMILIES TO EFFECTIVELY ADDRESS PHYSICAL HEALTH NEEDS, BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER NEEDS, HEALTH EDUCATION NEEDS AND SOCIAL NEEDS. THE CHT PROGRAM IS PAYER-BLIND, MEANING THAT NO SPECIFIC TYPE OF INSURANCE IS REQUIRED TO PARTICIPATE. IT PROVIDES LOCALLY BASED CARE COORDINATION FOR INDIVIDUALS AND HELPS PROVIDE SERVICES AND SUPPORT TO THEIR FAMILIES, INCLUDING CHILDREN, IN COORDINATION WITH PARTNER PROGRAMS AND AGENCIES. THE PRIMARY FOCUS OF THIS PROGRAM IS ON INDIVIDUALS WHO: ARE 18 YEARS OF AGE OR OLDER; ARE IDENTIFIED AS HIGH RISK BY THE HEALTH PLANS, PRIMARY CARE PRACTICE TEAM WITH WHOM THEY RECEIVE CARE, OR REFERRING PROGRAM COORDINATING WITH CHTS; OR HAVE BARRIERS TO CARE OR LIMITATIONS IN DAILY LIVING AND MIGHT BENEFIT FROM BEHAVIORAL OR COMMUNITY-BASED SERVICES. CHTS SERVE 3000 PATIENTS ANNUALLY. IN 2019-2020, THE PROGRAM WAS ENHANCED IN SEVERAL WAYS, INCLUDING ADDING PEER RECOVERY SPECIALISTS, SBIRT SCREENING, A RIPIN FAMILY CARE LIAISON AND MULTIDISCIPLINARY TEAM CARE COORDINATION TEAM MEETINGS. FSRI'S COMMUNITY HEALTH TEAM EXPANDED TO SERVE PATIENTS LIVING IN LINCOLN, CRANSTON, JOHNSTON AND SMITHFIELD. STAFFING WAS INCREASED TO NOW HAVE A TEAM OF TWO BEHAVIORAL HEALTH PROFESSIONALS, FOUR COMMUNITY HEALTH WORKERS (CHW), A PEER RECOVERY SPECIALIST, AND AN SBIRT SPECIALTY COMMUNITY HEALTH WORKER. IN RESPONSE TO COVID-19, SBIRT SCREENING WERE COMPLETED VIRTUALLY AND THROUGH PROGRAMS CONTRACTED WITH FSRI BECAME THE LEADER IN THE STATE FOR CONDUCTING THE MOST SBIRT SCREENS. THROUGH FUNDING FROM THE CARE TRANSFORMATION COLLABORATIVE OF RHODE ISLAND, FSRI'S COMMUNITY HEALTH TEAM COLLABORATED WITH FSRI'S FIRST CONNECTIONS PROGRAM TO LAUNCH A MULTIDISCIPLINARY PILOT PROJECT AIMED AT PROVIDING STREAMLINED SERVICES TO FAMILIES (CHILDREN AND ADULTS) WITH COMPLEX MEDICAL, BEHAVIORAL, AND SOCIAL NEEDS WHO ARE ALSO AFFECTED BY SUBSTANCE USE DISORDER. STAFF ALSO ARE IMBEDDED AT PROVIDENCE COMMUNITY HEALTH CENTER PROVIDING CHW AND BEHAVIORAL HEALTH INTERVENTIONS."EARLY INTERVENTION: FSRI IS A STATE-CERTIFIED EARLY INTERVENTION (EI) PROVIDER. EI, AS NOTED IN RHODE ISLAND'S EI WEBSITE, "PROMOTES THE GROWTH AND DEVELOPMENT OF INFANTS AND TODDLERS WHO HAVE A DEVELOPMENTAL DISABILITY OR DELAY. DEVELOPMENTAL DISABILITIES OR DELAYS CAN AFFECT A CHILD'S SPEECH, PHYSICAL ABILITY, OR SOCIAL SKILLS." CURRENTLY, MOST EI SERVICES ARE PROVIDED VIA ZOOM (OR A SIMILAR PLATFORM). BEFORE THE COVID-19 CRISIS, THE CHILD AND FAMILY WOULD COME TO OUR OFFICE IN SOUTH PROVIDENCE, OR WE WOULD GO TO THE FAMILY HOME. WHEN COVID HIT, THE EARLY INTERVENTION PROGRAM IMMEDIATELY AND WITHOUT DELAY, ADAPTED THEIR PAPERWORK AND SERVICE DELIVERY TO SAFELY PROVIDE ESSENTIAL DEVELOPMENTAL SUPPORT TO FAMILIES WITH YOUNG CHILDREN WITH SPECIAL NEEDS. EARLY INTERVENTIONISTS PROVIDED TELEHEALTH SERVICES IN OUR HIGHLY IMPACTED COMMUNITIES, WHILE RESPONDING TO THE FAMILY'S IMMEDIATE NEEDS BY REFERRING AND COORDINATING WITH OTHER FSRI PROGRAMS TO PROVIDE MUCH NEEDED HELP. EARLY INTERVENTION CONTINUES TO DEVELOP NEW SYSTEMS AND BETTER PRACTICES TO SUPPORT FAMILIES, INCLUDING PROVIDING DEVELOPMENTALLY APPROPRIATE ACTIVITIES TO FAMILIES ENTERING OUR PROGRAM TO AID IN EVALUATION AND ASSESSMENT OF OUR YOUNG CLIENTS. THIS YEAR, SEVERAL ASPECTS OF EI WERE IMPROVED, INCLUDING: THE PROGRAM'S ABILITY TO EVALUATE A CHILD'S DEVELOPMENTAL SKILLS USING AGE-APPROPRIATE ACTIVITIES WITH STANDARD EVALUATION TOYS/BOOKS; OUR COVID-19 EVALUATION TECHNIQUES; ACCESSIBILITY OF EVALUATION AND DEVELOPMENT-PROMOTING TOYS/BOOKS FOR LOW-INCOME FAMILIES."FIRST CONNECTIONS: FIRST CONNECTIONS IS A PROGRAM FOR FAMILIES WITH YOUNG CHILDREN LOCATED WITHIN THE CENTER FOR PERINATAL AND EARLY CHILDHOOD HEALTH IN THE RHODE ISLAND DIVISION OF COMMUNITY HEALTH AND EQUITY. FIRST CONNECTIONS PROVIDES FAMILY HEALTH ASSESSMENTS AND DEVELOPMENTAL SCREENINGS FOR CHILDREN ACROSS RHODE ISLAND AND REFERS FAMILIES TO ADDITIONAL SERVICES. IN EXECUTING THIS PURPOSE, FIRST CONNECTIONS AGENCIES PROVIDE SHORT-TERM SUPPORT TO WOMEN AND FAMILIES WITH CHILDREN UNDER THREE, INCLUDING HOME VISITS AND SCREENINGS FOR NEWBORNS AT RISK, AND CONNECT FAMILIES TO ADDITIONAL SUPPORTS IN THE COMMUNITY. FIRST CONNECTIONS SENDS NURSES AND TRAINED SPECIALISTS TO MEET WITH MOMS TO: PROVIDE VOLUNTARY FAMILY VISITS AND SCREENINGS AT NO COST TO FAMILIES; LINK FAMILIES WITH PREVENTATIVE HEALTHCARE SERVICES AND COMMUNITY SUPPORTS; AND LISTEN AND RESPOND TO ANY QUESTIONS THAT FAMILIES MAY HAVE ABOUT THEIR NEW BABY OR TODDLER. FROM JUNE 1ST 2019-JUNE 30TH 2020 FSRI'S FIRST CONNECTIONS PROGRAM RECEIVED 2,290 NEW REFERRALS FOR SERVICES. THE PROGRAM ADDED ONE ADDITIONAL CHW IN FEBRUARY TO MEET THE INCREASED NEEDS OF THE PROGRAM, BRINGING THE STAFF TO A TOTAL OF 7 PROVIDERS. (RN'S & CHW'S) DURING COVID-19, THE FIRST CONNECTIONS PROGRAM CONTINUED TO SEE CLIENTS IN PERSON, AND THIS QUICKLY BECAME NOTICED BY THE DEPARTMENT OF HEALTH, OTHER COMMUNITY ORGANIZATIONS AND MEDICAL PRACTICES WHO BEGAN UTILIZING OUR SERVICES TO RESPOND TO CRISIS THAT WERE BEING EXPERIENCED BY FAMILIES WITH CHILDREN UNDER AGE 3 IN THE COMMUNITY. THROUGHOUT COVID, FSRI FIRST CONNECTIONS PROGRAM INCREASED THE TYPICAL MONTHLY CAPTURE RATE OF 35% (WHICH WAS ALREADY ABOVE THE STATE AVERAGE) TO AN ASTOUNDING 78% IN MAY OF 2020. ADDITIONALLY, FSRI'S FIRST CONNECTIONS PROGRAM WAS AWARDED AND BEGAN COLLABORATING ON THREE NEW PROJECTS: CTC WITH OUR INTERNAL CHT AND BRADLEY ENHANCED FIRST CONNECTIONS. FSRI'S FIRST CONNECTIONS PROGRAM ALSO CONTINUES TO BE A PART OF THE DOH SOR INITIATIVE, RESPONDING TO THE UNIQUE NEEDS OF SUBSTANCE EXPOSED NEWBORNS AND THEIR FAMILIES EXPERIENCING SUBSTANCE USE DISORDER."AIDS PROJECT RHODE ISLAND: APRI WAS THE FIRST AIDS SERVICE ORGANIZATION IN RHODE ISLAND. OUR MISSION IS TO PROVIDE A COMPASSIONATE, NONJUDGMENTAL, AND COLLABORATIVE RESPONSE TO THE NEEDS OF PEOPLE LIVING WITH, AFFECTED BY, AND AT RISK FOR HIV. WE STRIVE TO ACCOMPLISH OUR MISSION THROUGH LEADERSHIP IN PREVENTION, EDUCATION, SUPPORTIVE SERVICES, AND ADVOCACY. WE SERVE MORE THAN 1,500 PEOPLE THROUGHOUT RHODE ISLAND EVERY YEAR. IN 2020, APRI PILOTTED THE LAUNCH OF THE FIRST AT-HOME HIV TESTING PROGRAM IN THE STATE, WORKING IN COORDINATION WITH THE RI DEPT. OF HEALTH AND ADAPTING IN RESPONSE TO THE COVID-19 PANDEMIC. APRI'S FOOD/PERSONAL CARE PANTRY SAW A 130% INCREASE AND PIVOTED TO DELIVERY AND CONTACTLESS DROP-OFF TO MEET CLIENT NEED DUE TO COVID. WITH FUNDING FROM THE RI FOUNDATION AND TUFTS

Form 990, Part III, Line 4c:

HOPE: OUR HOPE TEAM CREATES EDUCATIONAL AND FAMILY SUCCESS FOR OUR CLIENTS."BESAFE: BESAFE WAS LAUNCHED AT THE BEGINNING OF MARCH 2020 TO BRING CLEANING SUPPLIES (THINGS LIKE ANTIBACTERIAL SOAP, DISINFECTING WIPES, HAND-SANITIZERS AND LAUNDRY DETERGENT), FOOD AND GROCERIES TO RHODE ISLANDERS IN NEED TO REDUCE THE RATE OF COVID-19 TRANSMISSION. EVERY DAY, FSRI DELIVERS 100+ BESAFE KITS OUT TO THE HOMES OF ISOLATED SENIORS, PARENTS WITH KIDS, PEOPLE WITH DISABILITIES, PEOPLE LIVING WITH CHRONIC ILLNESS AND OTHERS ACROSS THE STATE. WHAT BEGAN AS A PLAN TO SERVE 200 OF OUR CLIENTS QUICKLY EVOLVED INTO SOMETHING MUCH LARGER, ENDORSED BY THE GOVERNOR'S OFFICE AND FUNDED BY SEVERAL LARGE FOUNDATIONS. SO FAR, BESAFE HAS HELPED OVER 27,000 RHODE ISLANDERS STAY SAFE AND HEALTHY. THIS WORK WAS LARGELY MADE POSSIBLE BY THE REDEPLOYMENT OF FSRI'S AMERICORPS MEMBERS WHO QUICKLY SHIFTED THEIR ATTENDANCE IMPROVEMENT MATTERS SERVICE ACTIVITIES WHEN SCHOOLS CLOSED DUE TO COVID TO BECOME THE CORE TEAM PROVIDING BE SAFE OPERATIONAL SUPPORT AND DELIVERING KITS STATE-WIDE ALONG WITH OTHER VOLUNTEERS FROM THE COMMUNITY AND OTHER FSRI PROGRAMS."FCCP: THE FAMILY CARE COMMUNITY PARTNERSHIP (FCCP) SERVES FAMILIES WITH CHILDREN UNDER 18 WITH BEHAVIOR ISSUES, JUVENILE DELINQUENCY OR OTHER PROBLEMS THAT PLACE THEM AT RISK OF INVOLVEMENT WITH THE RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES (DCYF). FSRI LEADS WHAT IS OFTEN REFERRED TO AS THE "WEST URBAN CORE FCCP," WHICH SERVES CRANSTON AND PROVIDENCE. FCCP HELPS MANY FAMILIES ACCESS THE FULL RANGE OF NATURAL, INFORMATIONAL AND FORMAL SERVICES THEY NEED BY HELPING THEM IDENTIFY AND DIRECT THEMSELVES TO RESOURCES IN THEIR COMMUNITIES, WITH THE AIM OF SUPPORTING FAMILIES TO BECOME SELF-SUFFICIENT. THE GOAL OF FCCP IS TO PROMOTE ACTIVITIES AT THE COMMUNITY LEVEL DESIGNED TO STRENGTHEN AND SUPPORT FAMILIES SO CHILD NEGLECT AND MALTREATMENT DO NOT OCCUR. THIS YEAR, THE KEEPING FAMILIES TOGETHER INITIATIVE WAS LAUNCHED UNDER FCCP, WHICH HELPS FAMILIES FACING SEPARATION DUE TO HOMELESSNESS BY PROVIDING FINANCIAL SUPPORT FOR CREATIVE SOLUTIONS TO IMMEDIATE HOMELESSNESS OF FAMILIES WITH MINOR CHILDREN. SOLUTIONS INCLUDE TEMPORARY STAYS IN HOTELS, FINANCIAL SUPPORTS THAT ENABLE THEM TO REMAIN TEMPORARILY WITH FRIENDS/FAMILY THROUGH PROVISION OF ADDITIONAL FOOD, BEDDING SUPPLIES, ETC. AS HOMELESSNESS HAS CONTINUED TO INCREASE OVER THE PAST 18 MONTHS, THE NEED FOR EMERGENCY HOUSING FOR FAMILIES HAS FAR EXCEEDED THE CAPACITY OF RI'S EXISTING HOUSING SUPPORT AND FAMILY SHELTER RESOURCES. DUE TO THE HIGH LEVEL OF RISK EXPERIENCED BY HOMELESS CHILDREN, MORE AND MORE FAMILIES HAVE BEEN REFERRED TO FCCP TO HELP THOSE FAMILIES AVOID INVOLVEMENT WITH THE CHILD WELFARE SYSTEM. "SCHOOL-BASED MENTAL HEALTH COUNSELING: FSRI PROVIDES EVIDENCE-BASED AND TIERED SUPPORT TO IMPROVE SOCIAL EMOTIONAL LEARNING AND MENTAL HEALTH NEEDS OF ALL REFERRED STUDENTS-INCLUDING THOSE WITH FULL MEDICAL COVERAGE, PARTIAL MEDICAL COVERAGE AND NO MEDICAL COVERAGE. WE ALSO PROVIDE DIRECT SERVICES FOR STUDENTS REQUIRING MORE INDIVIDUALIZED SUPPORTS. FSRI'S SCHOOL-BASED MENTAL HEALTH COUNSELING HELPS STUDENTS STRUGGLING WITH FEELINGS OF LONELINESS, DEPRESSION, ANXIETY, AND THOUGHTS OF SUICIDE IN 14 PUBLIC SCHOOLS IN PROVIDENCE AND WILL EXPAND TO 16 SCHOOLS THIS YEAR. WHEN SCHOOLS CLOSED WITH LITTLE NOTICE DUE TO THE COVID EMERGENCY, OUR CLINICIANS QUICKLY ADAPTED TO PROVIDING STUDENT AND FAMILY SUPPORTS INCLUDING ON-GOING MENTAL HEALTH TREATMENT VIA PHONE, TEXT, AND VIRTUAL PLATFORMS. IN ADDITION TO PROVIDING MENTAL HEALTH TREATMENT THEY RECOGNIZED THAT FAMILIES HAD OTHER IMMEDIATE NEEDS FOR FOOD, ECONOMIC RESOURCES, RECREATIONAL SUPPORTS FOR CHILDREN CONFINED TO THEIR HOMES, AND OTHER HEALTH AND SAFETY CONCERNS. OUR CLINICIANS PROVIDED CRISIS COUNSELING, INFORMATION ABOUT RESOURCES, WORKED WITH BE SAFE TO ENSURE FAMILIES HAD ACCESS TO COVID SUPPLIES AND EMERGENCY FOOD, AND EVEN DELIVERED THERAPEUTIC SUPPLIES INCLUDING TOYS, ACTIVITIES, AND COPING BOXES DESIGNED TO HELP MEET THE INDIVIDUAL NEEDS OF STUDENTS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOLLAND MCDUFF MARGARET CHIEF EXECUTIVE OFFICER	40.00			X				299,981	0	23,804
MANZO GINGER MEDICAL DIRECTOR	40.00					X		169,994	0	21,180
PELLETIER PHYLLIS CHIEF FINANCIAL OFFICER	40.00			X				140,952	0	21,909
BRUSINI JEFFREY EXECUTIVE DIRECTOR MPA	40.00					X		123,040	0	10,566
PALUMBO-HAYES MARIE VICE PRESIDENT	40.00			X				110,518	0	20,540
MEIZOSO JAMES VP HUMAN RESOURCES	40.00					X		115,003	0	8,747
REMLINGTON NANCY PSYCHIATRIC NURSE OUT PATI	40.00					X		111,161	0	10,365
WEINER BENJAMIN VICE PRESIDENT	40.00					X		115,774	0	1,528
VINCENT ROBERT VICE PRESIDENT	2.00	X		X				0	0	0
SIMMONS JOHN CHAIR PERSON	2.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WADDINGTON ROBERT TREASURER	2.00	X		X				0	0	0
FARRELL MARGARET SECRETARY	2.00	X		X				0	0	0
MARTIN GLEN BOARD MEMBER	2.00	X						0	0	0
ROSSIGNOLD DANIEL BOARD MEMBER	2.00	X						0	0	0
SMITH WILLIAM BOARD MEMBER	2.00	X						0	0	0
WEED M TERESA PAIVA BOARD MEMBER	2.00			X				0	0	0
MANIGULT JULIE BOARD MEMBER	2.00	X						0	0	0
ESSERMAN DEAN BOARD MEMBER	2.00	X						0	0	0
ANDERSON DONNIE BOARD MEMBER	2.00	X						0	0	0
FARMER III MALCOLM BOARD MEMBER	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KANE COLIN BOARD MEMBER (UNTIL 10/2019)	2.00	X						0	0	0
BAILEY SYBIL BOARD MEMBER	2.00	X						0	0	0
SAUNDERS MICHELLE BOARD MEMBER (UNTIL 5/2020)	2.00	X						0	0	0
BRIGGS REBECCA F BOARD MEMBER	2.00	X						0	0	0
CHACE JOHNNIE BOARD MEMBER	2.00	X						0	0	0
CHASE THOMAS BOARD MEMBER	2.00	X						0	0	0
CLEMENTS JR HUGH BOARD MEMBER	2.00	X						0	0	0
DE LOS SANTOS DORIS BOARD MEMBER	2.00	X						0	0	0
DIOSSA JAMES BOARD MEMBER	2.00	X						0	0	0
DWIGHT DANIEL BOARD MEMBER	2.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FAMILY SERVICE OF RHODE ISLAND INC

Employer identification number
05-0258858

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

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

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

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
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.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	824,039	13,419,323	15,206,204	15,747,468	16,334,663	61,531,697
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	31,019,251	5,361,882	5,218,093	5,178,956	4,953,142	51,731,324
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	31,843,290	18,781,205	20,424,297	20,926,424	21,287,805	113,263,021
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						113,263,021

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	31,843,290	18,781,205	20,424,297	20,926,424	21,287,805	113,263,021
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,747	36,540	40,813	44,026	48,564	201,690
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	31,747	36,540	40,813	44,026	48,564	201,690
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		232,105	114,772	344,367	86,528	777,772
13 Total support. (Add lines 9, 10c, 11, and 12.)	31,875,037	19,049,850	20,579,882	21,314,817	21,422,897	114,242,483
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.140 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.430 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.180 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.130 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 05-0258858
Name: FAMILY SERVICE OF RHODE ISLAND INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349335700090

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

2019

Open to Public Inspection

Name of the organization
FAMILY SERVICE OF RHODE ISLAND INC

Employer identification number
05-0258858

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	343,500		343,500
b	Buildings	3,699,176	1,486,569	2,212,607
c	Leasehold improvements	1,752,787	1,360,095	392,692
d	Equipment	1,641,067	1,471,670	169,397
e	Other			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			3,118,196

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

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

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

☒

Schedule D (Form 990) 2019

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 05-0258858
Name: FAMILY SERVICE OF RHODE ISLAND INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, 2020 AND 2019.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BRIGHTER FUTURES (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	216,180			216,180
	2 Less: Contributions	118,980			118,980
	3 Gross income (line 1 minus line 2)	97,200			97,200
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,000			1,000
	7 Food and beverages	16,165			16,165
	8 Entertainment				
	9 Other direct expenses	18,482			18,482
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				35,647
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				61,553	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 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:

a The organization's facility	13a	%
b 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 ► PHYLLIS PELLETIER

Address ► 9 PLEASANT STREET PROVIDENCE, RI 02906

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c 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

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

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

Schedule I
(Form 990)

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

FAMILY SERVICE OF RHODE ISLAND INC

Employer identification number

05-0258858

Part I General Information on Grants and Assistance

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

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

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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION MAINTAINS A FILE ON EACH GRANTEE WHICH CONTAINS THE ORIGINAL GRANT APPLICATION AND DOCUMENTATION OF THE GRANT AWARD MEETING AT WHICH THE GRANT WAS APPROVED, AS WELL AS CORRESPONDENCE BETWEEN THE GRANTEE AND THE ORGANIZATION REGARDING THE USE OF THE GRANT FUNDS INCLUDING CONFIRMATION THAT THE FUNDS WERE USED AS INTENDED AND THE RESULTS.

Additional Data

Software ID:
Software Version:
EIN: 05-0258858
Name: FAMILY SERVICE OF RHODE ISLAND INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSO LATINO 626 BROAD STREET CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	50,162				TO PROVIDE INDIVIDUAL AND FAMILY SERVICES
CHILDRENS FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903	05-0258819	501(C)(3)	172,114				TO PROVIDE INDIVIDUAL AND FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPREHENSIVE COMMUNITY ACTION 311 DORIC AVENUE CRANSTON, RI 02910	05-6018801	501(C)(3)	290,346				TO PROVIDE INDIVIDUAL AND FAMILY SERVICES
TIDES 215 WASHINGTON STREET WEST WARWICK, RI 02893	22-2478229	501(C)(3)	57,535				TO PROVIDE INDIVIDUAL AND FAMILY SERVICES

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization FAMILY SERVICE OF RHODE ISLAND INC		Employer identification number 05-0258858

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

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

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

Department of the Treasury

Internal Revenue Service

Name of the organization
FAMILY SERVICE OF RHODE ISLAND INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

05-0258858

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY MANAGEMENT. ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A COPY IS SENT TO ALL BOARD MEMBERS. AT THE SUBSEQUENT BOARD MEETING, THE BOARD IS ASKED IF THEY HAVE ANY QUESTIONS OR COMMENTS AND A GENERAL REVIEW OF THE FORM IS CONDUCTED BY MANAGEMENT. REVISIONS, CORRECTIONS, ETC ARE MADE AS NECESSARY. SUBSEQUENT TO THIS MEETING THE FORM IS SUBMITTED TO THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS AND MEMBERS OF MANAGEMENT COMPLETE CONFLICT OF INTEREST FORMS ON AN ANNUAL BASIS. NEW MEMBERS OF THE BOARD OF DIRECTORS AND ALL NEW EMPLOYEES COMPLETE THE FORM WHEN THEY ARE ELECTED OR IN THE CASE OF EMPLOYEES, HIRED. FORMS ARE REVIEWED AND ANY POTENTIAL CONFLICT IS REVIEWED BY THE BOARD PRESIDENT IN THE CASE OF DIRECTORS OR THE VP OF HUMAN RESOURCES FOR EMPLOYEES. ANY IDENTIFIED CONFLICTS ARE RESOLVED IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	ANNUALLY THE EXECUTIVE COMMITTEE OF THE BOARD ACTING AS A COMPENSATION COMMITTEE CONDUCTS A PERFORMANCE REVIEW AND EVALUATION OF THE CHIEF EXECUTIVE OFFICER. THE REVIEW ALSO ESTABLISHES THE INDIVIDUAL'S COMPENSATION FOR THE FOLLOWING YEAR. THIS PROCESS INVOLVES THE EVALUATION OF THE INDIVIDUAL AND A REVIEW OF COMPENSATION OR COMPARABLE POSITIONS OBTAINED FROM COMPENSATION SURVEYS. THE BOARD'S DELIBERATION AND DECISION IS NOTED IN THE MINUTES OF THE MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, ANNUAL BUDGETS, AUDITS, OTHER FINANCIAL INFORMATION, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FORM 990 IS POSTED ON-LINE, AND THE AGENCY PUBLISHES AND DISTRIBUTES VIA MAIL, IN-PERSON CONTACT AND THE INTERNET, AN ANNUAL REPORT, WHICH CONTAINS FINANCIAL STATEMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FAMILY SERVICE OF RHODE ISLAND INC

Employer identification number
05-0258858

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)LUCYS HEARTH PO BOX 6688 PROVIDENCE, RI 02940 22-2566612	TO PROVIDE TEMPORARY HOUSING PROGRAMS FOR WOMEN & CHILDREN	RI	501(C)(3)	LINE 10	FAMILY SERVICE OF RHODE ISLAND INC	Yes	
(2)FAMILY SERVICE REALTY HOLDING CORPORATION PO BOX 6688 PROVIDENCE, RI 02940 05-0476321	TO HOLD REAL ESTATE FOR THE BENEFIT OF FAMILY SERVICE OF RHODE ISLAND, INC	RI	501(C)(2)		FAMILY SERVICE OF RHODE ISLAND INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LUCY'S HEARTH	Q	517,103	
(2) LUCY'S HEARTH	D	58,004	

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

Schedule R (Form 990) 2019

Part VII **Supplemental Information**

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

Return Reference	Explanation