EXTENDED TO MAY 16, 2022

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form 990 (2020)

A	For the 2	020 calendar year, or tax year beginning $\mathrm{JUL}1$, 2020	JUN 3	30, 2021	
В	Check if applicable:	C Name of organization		nployer identifi	cation number
	Address	UNIVERSITY OF RHODE ISLAND FOUNDATION &			
\vdash	Name change	ALUMNI ENGAGEMENT		OF CO142	F1
F	Initial	Doing business as		05-60143	
Ē	return _Final _return/ _termin-	Number and street (or P.O. box if mail is not delivered to street address) 79 UPPER COLLEGE ROAD		ephone numbe (401) 87	4-7900
	termin- ated Amended	City or town, state or province, country, and ZIP or foreign postal code	1.64	ss receipts \$	74,666,117.
-	return	KINGSTON, RI 02881		s this a group re	
_	Applica- tion pending	F Name and address of principal officer: ADAM QUINLAN			? Yes X No
_		SAME AS C ABOVE			cluded? Yes No
					list. See instructions
_		WWW.URIFAE.ORG	H(c) @	Group exemption	n number 🕨
		panization: X Corporation Trust Association Other L \ ummary	rear of forma	tion: 1957 N	State of legal domicile; RI
1 6			יו או דו דו	CONTINA	
Activities & Governance	1 Bri	efly describe the organization's mission or most significant activities: ${ t TO}$ ${ t INSPI}$	CTMV C	DE DUODE	TOTAND
nar					
Ver	3 Nu	eck this box if the organization discontinued its operations or disposed of r	nore than 2	5% of its net as	sets,
ဗိ	4 Nu	mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b)		3	112
oŏ v	5 Tot	al number of individuals employed in calendar year 2020 (Part V, line 1a)		5	75
itie	6 Tot	al number of volunteers (estimate if necessary)		6	144
ctiv	7 a Tot	al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12	*************	7a	0.
A	h Ne	t unrelated business taxable income from Form 990-T, Part I, line 11	***********	7a	0.
	5 110	tariolated basiness taxable income norm officers and i, line 11		or Year	Current Year
d)	8 Co	ntributions and grants (Part VIII, line 1h)		311,251.	33,736,342.
Revenue		gram service revenue (Part VIII, line 2g)		369,832.	5,446,622.
eve		estment income (Part VIII, column (A), lines 3, 4, and 7d)		00,090.	17,820,811.
œ		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- / -	0.	10,909.
		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63.7	781,173.	57,014,684.
		ints and similar amounts paid (Part IX, column (A), lines 1-3)		04,863.	15,972,468.
		nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,9	47,693.	8,224,001.
Expenses	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		al fundraising expenses (Part IX, column (D), line 25) 6,809,968.		A 72 JACO	
ш		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,5	04,312.	3,749,634.
	18 Tot	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		56,868.	27,946,103.
	19 Rev	venue less expenses. Subtract line 18 from line 12	32,3	324,305.	29,068,581.
Net Assets or Fund Balances	17-2			of Current Year	End of Year
set	20 Tot	al assets (Part X, line 16)	249,7	06,522.	313,161,779.
ar As	21 Tot	al liabilities (Part X, line 26)		71,967.	5,637,625.
		assets or fund balances. Subtract line 21 from line 20	241,1	34,555.	307,524,154.
		ignature Block			
		of perjury, I declare that I have examined this return, including accompanying schedules and sta			knowledge and belief, it is
rue,	correct, ar	nd complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any	- P	
		Signature of officer		3/1/2	2
Sigr	11 11 11 12			Date	
Here	9	ADAM QUINLAN, CFO Type or print name and title			
	Del		LData	- Fa - F	II DTIN
Paid		nt/Type preparer's name Preparer's signature PATRICK J. MARTIN PATRICK J. MARTIN	Date	Check L	PTIN
			04/44	/22 if self-employe	P00283486
25.00		m's name KAHN, LITWIN, RENZA & CO., LTD. m's address 951 NORTH MAIN STREET		FIRM'S EIN >	05-0409384
	- in	PROVIDENCE, RI 02904		Dhone == 40°	L-274-2001
May	the IPS	discuss this return with the preparer shown above? See instructions		I Priorie no.4 0.	Test Total
ricy	THE IT IS	and the return with the preparet shown above; see Instructions	***********	amitiintatuwa.	X Yes No

	990 (2020) ALUMNI ENGAGEMENT	05-6014351	Page 2
Pa	t III Statement of Program Service Accomplishments		
. 4	Check if Schedule O contains a response or note to any line in this Part III	**************************************	X
1	Briefly describe the organization's mission:	~	
	TO INSPIRE AND STEWARD PHILANTHROPIC SUPPORT BENEFITTIN		
	UNIVERSITY OF RHODE ISLAND (THE "UNIVERSITY") AND TO IN		AGE
	ALUMNI AS COMMITTED PARTNERS OF THE UNIVERSITY AND ITS	MISSION AND	
	TRADITIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	′Yes	X 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses,	and
	revenue, if any, for each program service reported.	nues 1,660,	602
4a	(Code:) (Expenses \$ 4,870,056. including grants of \$ 4,870,056.) (Reven BUILDING AND EQUIPMENT, THE UNIVERSITY OF RHODE ISLAND	T,00U,	092.
	RECEIVES GIFTS ON BEHALF OF DONORS THAT ARE RESTRICTED		
	BUILDING AND EQUIPMENT INITIATIVES THROUGH THE UNIVERSI		
	DOIDLING AND EQUIPMENT INTITATIVES THROUGH THE UNIVERSI	11 CMIFUS.	
4b	(Code:) (Expenses \$ 3,688,570 • including grants of \$ 3,688,570 •) (Reven	nue \$ 1,257,	805 \
-tD	PROGRAM SERVICES, THE UNIVERSITY OF RHODE ISLAND FOUNDA		
	GIFTS ON BEHALF OF DONORS THAT ARE RESTRICTED TO SUPPOR		
	PROGRAMS THROUGH THE UNIVERSITY. EXPENDITURES ARE PAID		
	UNIVERSITY USING FOUNDATION FUNDS. PRIOR TO THE FOUNDA		
	EXPENDITURES, THE UNIVERSITY PROVIDES DOCUMENTATION TO		
	TO ENSURE EXPENDITURES ALIGN WITH DONOR INTENDED PURPOS		
	THE FOUNDATION WILL PAY THE VENDOR DIRECTLY.		
		<u></u>	
4c	(Code:) (Expenses \$ 2,845,418. including grants of \$ 2,845,418.) (Reven	nue \$ 970,	289.)
	SCHOLARSHIPS, AWARDS AND FELLOWSHIPS, THE UNIVERSITY OF		D '
	FOUNDATION RECEIVES GIFTS ON BEHALF OF DONORS THAT ARE		
	THE SUPPORT OF FINANCIAL AID FOR UNIVERSITY STUDENTS. T	O ENSURE	
	COMPLIANCE WITH ALL UNIVERSITY, FEDERAL AND STATE FINAN	CIAL AID	
	REQUIREMENTS, THE UNIVERSITY SELECTS THE STUDENT RECIPI	ENT AND MAKE	S
	THE AWARDS DIRECTLY TO STUDENTS. THE FOUNDATION PROVIDE		
	UNIVERSITY FOR THE FINANCIAL AID EXPENDITURES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 4,568,424. including grants of \$ 4,568,424.) (Revenue \$ 1,	557,836.)	
4e	Total program service expenses ► 15,972,468.		
		Form 9	90 (2020)

Form 990 (2020) Part IV Checklist of Required Schedules

7	u		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		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		11	
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u>X</u>
J	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۲		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
-	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	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
	complete Schedule G, Part III	19	х	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			·
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

				1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	†==
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
248	bid 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			
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
c	Did the organization invest any proceeds of taxesempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	ļ	
	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	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70	<u> </u>	1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	1		1,7
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		X
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		-A.416	
	"Yes," complete Schedule L, Part IV	28a		X
a	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f "Yes," complete Schedule L, Part IV	28c		х
29	bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Х
		00		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Α_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
00				v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Service and a mile and			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 12 15 16 17 18 18 19 18 19 19 19 10 10 10 10 10 10 10			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) ALUMNI ENGAGEMENT

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

ş.	£			Type	l Na
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	Х	gione de la
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
За	Did the examination have unrelated business and the con-		3a	1 52455 x 544	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			 	
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Man Almanaga (1912)		5a	22276028	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	11121111111
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
0			8		Section 10 April 20
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b	-655-855E	
	Initiation fees and capital contributions included on Part VIII, line 12	المد			
h		10a			
11	Section 501(c)(12) organizations. Enter:	10b			
	Gross income from members or shareholders	44.			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	15 85 4 - 8	12b	140		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	F-441 1 - f	13c			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	9 O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			-
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
		·	Form	990 (2020)

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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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 112			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-4		
		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7 D		41
a			х	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8a	$\frac{\Lambda}{X}$	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	Tonoics (This decitor is requests information about policies not required by the internal Revenue Code.)	— т	1	
tΛa	Did the organization have local chapters, branches, or offiliates?		Yes	No
h	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	X	
	and branches to ensure their operations are consistent with the organization is example activities of such chapters, affiliates,		v	
112	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
h	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
			37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
U	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	İ	٠, ا	
10	Did the every leating beauty and the later than the	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
α	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ►RI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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			
	ADAM QUINLAN - 401-874-4490			
	79 UPPER COLLEGE ROAD, KINGSTON, RI 02881			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	th an	(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ELIZABETH O'ROURKE	40.00							400 005		
PRESIDENT	40.00			Х			<u> </u>	403,995.	0.	48,433.
(2) CLAIRE GADROW	40.00							040 044		
VP FOR DEVELOPMENT (3) ADAM QUINLAN	40.00	_				X		240,211.	0.	10,206.
(3) ADAM QUINLAN CHIEF FINANCIAL OFFICER	40.00	┨		7.7				200 627	0	27 400
(4) WENDY BUCCI	40.00	-		X			<u> </u>	200,627.	0.	37,498.
CHIEF OPERATIONS OFFICER	40.00	1		х				184,636.	0	20 206
(5) SARAH LOBDELL	40.00	-		Δ			_	104,030.	0.	29,306.
AVP FOR PRINCIPAL GIFTS	40.00	1				Х		164,708.	0.	36,702.
(6) KATHARINE FLYNN	40.00	<u> </u>	-				_	104,700.	U •	30,702.
EXEC. DIR. OF CORP. & FOUN		1				х		150,890.	0.	35,463.
(7) G. ERIC SCHONEWALD	40.00							200,000		33,103.
MANAGING DIRECTOR OF DEVELOPMENT		1				х		139,373.	0.	34,289.
(8) JACKIE NOWELL	40.00									<u> </u>
AVP DONOR RELATIONS		1				Х		136,735.	0.	27,141.
(9) ALAN G. HASSENFELD	1.00							-		
TRUSTEE		X					ŀ	0.	0.	0.
(10) ALAN G. ZARTARIAN	1.00									
TRUSTEE		X						0.	0.	0.
(11) ALAN H. WASSERMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(12) ALAN SHAWN FEINSTEIN	1.00									-
TRUSTEE		X						0.	0.	0.
(13) ALFRED J. VERRECCHIA	8.00							_	_	
EXEC BOARD CHAIR	1	X		X				0.	0.	0.
(14) ANDREA M. HOPKINS	1.00									_
TRUSTEE	1 00	X						0.	0.	0.
(15) ANN M. SPRUILL	1.00	, ,							_	•
TRUSTEE (16) AUDREY B. HALLBERG	1.00	Х		\dashv				0.	0.	0.
TRUSTEE	1.00	х						0.	ا ۸	^
(17) BARRY M. GERTZ	1.00	Δ						0.	0.	0.
TRUSTEE	1.00	х						0.	0.	Λ
022007 12 22 20		۲۲		1				<u> </u>	U • J	0.

032007 12-23-20

Form 990 (2020)

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Part VII Section A. Officers, Directors, Tr	ustees, Key Em	plo	yees	, an	d H	ighe	st C	Compensated Employe	es (continued)		9-
, (A)	(B)			- (0	C)			(D)	(E)	******	(F)
Name and title	Average	(de	o not c	Pos			one	Reportable	Reportable		Estimated
	hours per	bo	x, unle icer ar	ss pe	erson	is bo	th an		compensatio		amount of
	week	<u> </u>	T	luau	Trecto	Or/trus	Tee)	- from	from related		other
	(list any hours for	or director			l			the	organization		compensation
	related	ord	a			sated		organization	(W-2/1099-MIS	SC)	from the
	organizations	ruste	1 trus		88	npen		(W-2/1099-MISC)			organization
	below	dualt	tiona		g g	st cor					and related organizations
	line)	Individual trustee	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former				Organizations
(18) BRADFORD REED BOSS	1.00										
TRUSTEE		Х						0.		0.	0.
(19) CAROL J. MAKOVICH	1.00						Π				
TRUSTEE		Х						0.		0.	0.
(20) CAROLINE TENNANT KAULL	1.00										
TRUSTEE		X						0.		0.	0.
(21) CHARLES H. WHARTON	1.00]									
TRUSTEE	4 00	X				<u></u>	<u> </u>	0.		0.	0.
(22) CHRISTOPHER J. WOLFE	1.00	.						_			
TRUSTEE		X	<u> </u>			_		0.		0.	0.
(23) COLLEEN GOUVEIA MOULTON BOARD MEMBER	2.00										
(24) CONSTANTINOS PERDIKAKIS	1 00	X				<u> </u>		0.		0.	0.
TRUSTEE	1.00	\									
(25) DANIEL G. LOWNEY	2.00	X					ļ	0.		0.	0.
BOARD MEMBER	2.00	X									•
(26) DAVID J. BUCKANAVAGE	1.00	^				_		0.		0.	0.
TRUSTEE	1.00	x						0.		0.	0
1b Subtotal		L				L		1,621,175.		0.	0. 259,038.
c Total from continuation sheets to Part	VII Section Δ	•••••	• • • • • •		• • • • • •			0.		0:	0.
d Total (add lines 1b and 1c)	in, ocolion A	• • • • • •	•••••		••••			1,621,175.		0.	259,038.
2 Total number of individuals (including but	not limited to th	ose	liste	d at	ove	-) wh	10 re		000 of reportable		235,030.
compensation from the organization						-,		sectived more than \$100	GOOD OF TEPOTRADIC	•	12
											Yes No
3 Did the organization list any former office	r, direct <mark>o</mark> r, truste	ee, k	кеу е	mple	oye	e, or	hig	hest compensated emp	lovee on	ſ	
line 1a? If "Yes," complete Schedule J for	such individual								-		3 X
4 For any individual listed on line 1a, is the	sum of reportabl	le co	mpe	ensa	tion	and	l oth	ner compensation from t	he organization		
and related organizations greater than \$1	50,000? If "Yes,	" co	mple	te S	che	dule	Jf	or such individual			4 X
5 Did any person listed on line 1a receive or	accrue comper	nsati	ion fr	om	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes," con	mplete Schedule	e J fo	or su	ch p	oers	on .					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest c	ompensated inc	depe	ndei	nt co	ontra	acto	rs th	hat received more than s	\$100,000 of comp	oensa	ation from
the organization. Report compensation fo	r the calendar ye	ear e	endir	ig w	ith c	or wi	thin		ear.		
(A) Name and busines	s address							(B) Description of se	nuicos	C	(C)
LEVEL 5 EVENTS BY THE EX			59	31			╬	DEVELOPMENT (ompensation
WEST CAMPUS CIRCLE DRIVE			ТX			63		CREATIVE STRA			147 252
	7 2217 2210						+	CHATTAR DIKA	111101		147,353.
							_				
							\top				
	-						T				
2 Total number of independent contractors	(including but no	ot lin	nited	to t	-		ted	above) who received mo	ore than		
\$100,000 of compensation from the organ SEE PART VII, SECTIO	ization	17.37	TT 74	m÷	$\frac{1}{2}$			TEM C			
ADD TAKE VIL, DECITO	M A CONT	ΤN	ıυA	T, T	UΝ	ı S	HЕ	ETS			orm 990 (2020)

Part VII Section A. Officers, Directors, Tr	ustees, Kev E	lam	ovee	es, a	nd l	Hiah	est	Compensated Employ	rees (continued)	4351
(A)	(B)	T	-,	((C)	<u>ə</u> '		(D)	(E)	/E\
Name and title	Average hours	(c	heck	Pos	ition		oly)	Reportable compensation	Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DAVID J. MARTIRANO TRUSTEE	1.00	7,								_
(28) DEA T. BELAZI	1 2 00	Х	-					0.	0.	0 .
BOARD MEMBER	2.00	١,,							_	_
(29) DEBORAH A. IMONDI	1 2 00	X						0.	0.	0 .
BOARD MEMBER/INVEST. COMMITTEE CHAIR	2.00	₹.								
(30) DENNIS J. DUFFY	1.00	X	<u> </u>					0.	0.	0.
TRUSTEE	1.00	X								_
(31) DIANE CHASE FANNON	2.00	<u> </u>						0.	0.	0.
BOARD MEMBER	2.00	X						0.	0	
(32) DIANE SULLIVAN	1.00	A	-					U •	0.	0.
TRUSTEE	1.00	x						0.	^	0
(33) DONALD N. KAULL	1.00	1	\vdash					U •	0.	0.
TRUSTEE	1.00	х						0.	0.	0
(34) DONALD P. SULLIVAN	1.00		\vdash		-			U .	0.	0.
TRUSTEE		x		Ì				0.	0.	0.
(35) DR. CYNTHIA D. SCULCO	2.00				一					<u> </u>
BOARD MEMBER		x			ı			0.	0.	0.
(36) DR. DAVID DOOLEY	1.00									
EXECUTIVE BOARD, EX-OFFICIO	40.00	Х		- 1		Ì		0.	0.	0.
(37) DR. HEIDI KIRK-DUFFY	1.00									<u> </u>
TRUSTEE		Х						0.	0.	0.
(38) DR. KARINA M. EDMONDS	1.00									<u> </u>
TRUSTEE		Х						0.	0.	0.
(39) DR. MARGARET S. LEINEN	1.00									
TRUSTEE		Х						0.	0.	0.
(40) DR. MARIE C. DIBIASIO	1.00									
TRUSTEE		Х						0.	0.	0.
(41) DR. MICHAEL A. NULA	1.00									
TRUSTEE		Х						0.	0.	0.
(42) DR. WILLIAM CROASDALE, III	1.00									
TRUSTEE (42) FRANCE CONTRACTOR	4 66	Х			_	\perp		0.	0.	0.
(43) EDMUND D. CIANCIARULO, JR.	1.00									
TRUSTEE	2 00	Х	_	_	\dashv	_		0.	0.	0.
(44) EDWARD B. DEUTSCH BOARD MEMBER	2.00	Ţ.							_ [
(45) EDWARD W. BOUCLIN, JR.	1 00	Х	\dashv	4	\dashv	_		0.	0.	0.
PRUSTEE	1.00	Ţ						_	_	
(46) ERIC D. ROITER	1 00	X	_	_	_	\dashv	\dashv	0.	0.	0.
PRUSTEE	1.00	x						0.		-
		\sim 1				1	- 1	(1) 1	0.	0.

Form 990

Form 990 ALUMNI E									05-601	4351
Part VII Section A. Officers, Directors, To	rustees, Key E	mpl	oyee	s, a	nd l	ligh	iest	Compensated Employ	rees (continued)	
, re (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(0	heck	call:	that	app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				втр		organization	(W-2/1099-MISC)	from the
	hours for related	ord	83			sated		(W-2/1099-MISC)		organization
	organizations	trustee	Trus!		8	ibei				and related
	below	la t	tiona	١.	oldu	st cor	h			organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ESTHER EMARD	1.00	T	<u> </u>	<u> </u>			\vdash			
TRUSTEE		x						0.	0.	0.
(48) FRANK N. CARUSO	1.00									
TRUSTEE		X						0.	0.	0.
(49) FREDERICK J. NEWTON, III	2.00									
BOARD MEMBER		X						0.	0.	0.
(50) GERALDINE M. BARBER	1.00									
TRUSTEE		Х						0.	0.	0.
(51) GREG WHITEHEAD	1.00									
TRUSTEE		Х						0.	0.	0.
(52) HON, WILLIAM R. GUGLIETTA	1.00									
TRUSTEE		Х						0.	0.	0.
(53) JACK M. PARENTE	1.00	ļ								
TRUSTEE	4 60	X						0.	0.	0.
(54) JAMES A. HOPKINS	1.00	l							_	
TRUSTEE	1 00	Х						0.	0.	0.
(55) JAMES C. FORTE	1.00	ļ						_		
TRUSTEE	1	Х						0.	0.	0.
(56) JANE M. STICH	1.00							_		
TRUSTEE	1	Х					L	0.	0.	0.
(57) JEFFREY R. CAMMANS	1.00								_	
TRUSTEE	1 00	X						0.	0.	0.
(58) JOHN J. BROUGH, JR.	1.00								_	
TRUSTEE (59) JOHN S. STRUCK	1 00	Х						0.	0.	0.
TRUSTEE	1.00	. ,								•
(60) JOSEPH G. FORMICOLA, JR.	1.00	Х						0.	0.	0.
TRUSTEE	1.00	Х						ا م	_	0
(61) JOSEPH M. CONFESSORE	1.00	Δ						0.	0.	0.
TRUSTEE	1.00	Х						0.	ا م	0
(62) KATHLEEN Y. DUFFY	1.00	77			-			U • I	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(63) KENNETH E. KNOX	1.00		\dashv	-	_			0.	0.	<u> </u>
TRUSTEE	1	х				ĺ		0.	0.	0.
(64) KENNETH HYLANDER	2.00				\neg	-		0.1	0.	V •
BOARD MEMBER		х						0.	0.	0.
(65) KENNETH N. KERMES	1.00		\dashv	\neg		\neg			.	
TRUSTEE		х						0.	0.	0.
(66) KEVIN M. LOPES	2.00			$\neg \dagger$	\neg				· ·	
BOARD MEMBER		Х						0.	0.	0.
Total to Part VII, Section A, line 1c				<u></u> .	<u></u>	<u></u>	<u></u> .			

							Compensated Employ	iees (Continuea)	
(B)	ΤĖ				···g·		Compensated Employ (D)	(E)	(F)
i.					1		l .	!	Estimated
1	1 (0					ılv)	•	'	amount of
1	H	T	T	l l	up.	''''			other
week					98		the	l .	compensation
(list any	cto				<u>6</u>				from the
hours for	iệ				a pa		(W-2/1099-MISC)	,	organization
related	tee o	ustee			ensal				and related
organizations	I E	nal tr		loyee	g ELO				organizations
below	widus	itati	Jeg.	фша	hest (Jet			
	ᆵ	E	\$	Key	哥	ē			
1.00									
	X						0.	0.	0.
1.00									
	X						0.	0.	0.
1.00	†								
	\mathbf{x}						0.	0.	0.
1.00					-				
	\mathbf{x}						0.	0.1	0.
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	x	-					n	<u> </u>	0.
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1.00	Į.,							^	0
1 2 00	10	_					U •	U.	0.
2.00	١.,								
<u> </u>	X						0.	0.	0.
2.00	l							_	_
	X						0.	0.	0.
1.00									
	X						0.	0.	0.
1.00									
	X						0.	0.	0.
6.00									
	Х		X				0.	0.	0.
1.00									
	X						0.	0.	0.
1.00									
	X						0.	0.	0.
1.00							-	-	
	х						0.	0.1	0.
1.00									<u> </u>
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2 00		\vdash					0.	0.	<u> </u>
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2.00	v		I				ا م	<u>, </u>	^
1 00	<u> </u>						0.	0.	0.
1.00	x		l				0.	_	^
				- 1			. (1)	0.1	0.
	Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00 2.00 1.00 2.00 1.00 1.00 6.00	Average hours per week (list any hours for related organizations below line) 1.00 X X X X X X X X X X X X	Average hours per week (list any hours for related organizations below line) 1.00 X X 1.00 X X X X X X X X X X X X	Average hours per week (list any hours for related organizations below line) 1.00 X X 1.00 X X 1.00 X X 1.00 X X X X X X X X X X X X X X X X X X	Average hours per week (list any hours for related organizations below line) 1.00 X X 1.00 X X 1.00 X X 1.00 X X X X X X X X X X X X	Average hours per week (list any hours for related organizations below line) 1.00 X X 1.00 X X 1.00 X X X X X X X X X X X X	Average hours per week (list any hours for related organizations below line) 1.00 X X 1.00 X X 1.00 X X X X X X X X X X X X	Average hours per week (list any hours for related organizations below line)	Average hours per week (list any hours for related organizations below line) Average hours below line) Average hours per week (list any hours for related organizations below line) Average hours below line) Average hours below line) Average hours below line) Average hours for related organizations (W-2/1099-MISC) Average hours for related organizations (W-2/1

Form 990

	ENGAGEME								05-601	4351
Conton 74. Officers, Directors,		mpl	oyee			High	nest		ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١,			itior			Reportable	Reportable	Estimated
	hours	(0	heck	(all	that	app	oly)	compensation	compensation	amount of
	per week							from	from related	other
	(list any	to t				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc		ŀ		ma pa		(W-2/1099-MISC)	(***271033-141100)	organization
	related	tee o	ustee			ensati				and related
	organizations	al frus	nal tr		loyee	фшо				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	릴	Ξ	E	ą,	毫	휸			
(87) NATHANIEL NAZARETH, SR.	1.00	١							_	
TRUSTEE (88) NICOLE NOYA	1 2 00	X	ļ				<u> </u>	0.	0.	0
BOARD MEMBER	2.00	١,,								_
(89) NORMAN G. TASHASH	1 00	X	_		<u> </u>	<u> </u>		0.	0.	0
TRUSTEE	1.00	٠.								
(90) PAUL M. COFONI	4.00	Х					ļ	0.	0.	0
EXEC BOARD VICE CHAIR	4.00	х		v				ا م		
(91) PERRY A. RASO	1.00	<u> </u>	-	Х				0.	0.	0
TRUSTEE	1.00	X						ا م	^	0
(92) PETER F. KOHLSAAT	1.00	<u> </u>						0.	0.	0
TRUSTEE	1.00	X						0.	_	0
(93) PETER J. MINIATI, III	1.00	<u> </u>						U .	0.	0
TRUSTEE	1.00	X						0.	0.	0
(94) PHILIP J. SAULNIER	1.00	1						0.	U • I	0
TRUSTEE	1.00	X						0.	0.	0
(95) RAYMOND M. MATHIEU	1.00	122	\vdash					U•	0.	0
TRUSTEE	1.00	x						0.	0.	0
(96) RAYMOND M. WILLIAMS	4.00	11	\vdash	\dashv				0.	0.	<u> </u>
EXEC BOARD VICE CHAIR		x		х				0.	0.	0
(97) RICHARD D. RENDINE	1.00							V •	0.	<u> </u>
TRUSTEE	100	x						0.	0.	0
(98) RICHARD G. DUNN	2.00			-	\dashv			.	V •	<u> </u>
BOARD MEMBER		х						0.	0.	0
(99) RICHARD J. HARRINGTON	2.00				-			0.	V •	<u> </u>
BOARD MEMBER		х		ĺ				0.	0.	0 .
(100) ROBERT J. PETISI	1.00			\dashv	-			•		<u> </u>
TRUSTEE		х						0.	0.	0.
(101) ROBERT K. VINCENT	2.00			$\neg \dagger$	_					
BOARD MEMBER		х						0.	0.	0.
(102) ROBERT L. CONSIDINE	1.00			\neg		\neg			•	0
FRUSTEE		х						0.	0.	0.
(103) ROBERT S. RUSSELL	1.00		\dashv		7	$\neg \dagger$				
PRUSTEE		х		ı				0.	0.	0.
(104) RUSSELL RUEFF	1.00		$\neg \dagger$	一十						
PRUSTEE		х						0.	0.	0.
(105) S. KENT FANNON	2.00		_	\dashv	$\neg \dagger$	1				<u> </u>
BOARD MEMBER		х						0.	0.	0.
(106) SANDRA PARILLO	2.00	$\neg \dagger$	\neg	\exists		\dashv	\dashv		· ·	
SOARD MEMBER		х				ļ		0.	0.	0.

Part VII Section A. Officers, Directors	s, Trustees, Key E	mpl	oyee	s, a	nd l	High	nest	Compensated Employ	rees (continued)	4331
, ié (A)	(B)							(E)	(F)	
Name and title	Average hours	(c	heck	Pos	ition		olv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	itee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(107) SANDY S. MCCREIGHT	1.00							_		
TRUSTEE		X						0.	0.	0.
(108) SAUL KAPLAN	1.00									
TRUSTEE		X					<u> </u>	0.	0.	0.
(109) SHANNON E. CHANDLEY	1.00									
TRUSTEE		X						0.	0.	0.
(110) STEPHEN M. CUNNINGHAM	1.00									
TRUSTEE		Х						0.	0.	0.
(111) STEVEN R. FRAZIER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(112) SULINA M. MOHANTY	2.00			_						
BOARD MEMBER		x						0.	0.	0.
(113) THOMAS D. CERIO, III	1.00						 		· ·	0.
TRUSTEE		х		ı				0.	0.	0.
(114) THOMAS J. SILVIA	1.00			\dashv	\dashv		_	0.	U •	0.
TRUSTEE		х						0.	0.	0.
(115) THOMAS M. CATALDO	1.00							V •	U • I	U .
TRUSTEE	1.00	х						0.	0.	0
(116) TRUDY C. COLEMAN	2.00			-	_			0.	U•	0.
AUDIT COMMITTEE CHAIR	2.00	Х						0.	_	0
(117) V. SUSAN SOSNOWSKI	1.00				\dashv			0.	0.	0.
EX-OFFICIO	1.00	х						_	_	•
(118) VINCENT A. SARNI	1.00	Λ			-			0.	0.	0.
TRUSTEE	1.00	v						0		
(119) WENDY FIELD	4.00	Х		_	\dashv			0.	0.	0.
EXEC BOARD SECRETARY	4.00	37		.,					_	
(120) WESLEY R. CARD	1 00	Х		X	_			0.	0.	0.
TRUSTEE	1.00	٠,							_	
(121) YAHAIRA PLACENCIA	1 00	Х		_	_	_	_	0.	0.	0.
	1.00				ı			_	_	
TRUSTEE		Х			_	_		0.	0.	0.
			ı				l			
			\perp							
					\perp					
							I			
		T	T	T	T		П			
			_							
Total to Part VII, Section A, line 1c										
									<u></u> 1	

						SNGAG	EMENT			05-6014	351 Page 9
Pa	art	VII		eve	enue						
			Check if Schedule C) COI	ntains a	a response	e or note to any	ine in this Part VIII . (A) Total revenue	I Related or exempt	(C) Unrelated business revenue	Hevenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (condall other contributions, gifts	 tribu	utions)	1a 1b 1c 1d 1e					
ntribut d Othe			similar amounts not include Noncash contributions included i	s not included above 1f		33,736,342 11,297,791					
ರ್ಷ			Total. Add lines 1a-1f					33,736,342.			
						Business Code	Colored and a second se				
e	2	а	SERVICES FOR URI &	AF	FILIA	res	611710	5,446,622.	5,446,622.		
Program Service Revenue		b					3,110,022.				
Se		С									
am eve		d									
P. G.		_									
፵		f	All other program service								
			Total Add lines 2s 04	rev	enue		L	F 446 600	N. S.		
	3		Total. Add lines 2a-2f					5,446,622.			
	4		Investment income (inclu other similar amounts) Income from investment	of ta	ax-exen	npt bond p	oroceeds	4,163,075.			4,163,075
	5		Royalties	·····							
	_) Real	(ii) Personal				
	6		Gross rents	62	1						
			Less: rental expenses	6k)						
		С	Rental income or (loss)	60	;						
		d	Net rental income or (loss	s)							AND THE RESIDENCE OF THE PROPERTY OF
	7	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a	31,	289,768.					
		b	Less: cost or other basis	Г							
e l			and sales expenses	7b	17.0	532,032.					
Revenue			Gain or (loss)			557,736.					
Re			Net gain or (loss)	1.5	<u>' </u>			13,657,736.			42 655 526
			Gross income from fundraisi	na e	vente (n	at	T	13,037,730.	And the second s		13,657,736.
Other	Ŭ		including \$								
_			contributions reported on						1		
ı		h	Part IV, line 18	••••	• • • • • • • • • • •	8a					
			Less: direct expenses				<u> </u>				
			Net income or (loss) from							Control of Control of Control	
	9		Gross income from gamin				20.24				
			Part IV, line 19				30,310.				
			Less: direct expenses				19,401.				
			Net income or (loss) from				·····	10,909.			10,909.
l	10		Gross sales of inventory, I								
		. '	and allowances	• • • • •		10a					
			Less: cost of goods sold								
		С	Net income or (loss) from	sale	s of inv	entory	>				
ध							Business Code				
일 의	11	a.									
e a		b.									
Miscellaneous Revenue		С.									
SE		d /	All other revenue								
			Total. Add lines 11a-11d				>				
	12		Total revenue. See instructio					57,014,684.	5,446,622.	0,	17,831,720.
									<u></u>	- •	,,,20.

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	tion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respor	nse or note to any line ir	this Part IX		
	not include amounts reported on lines 6b, , 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	15,972,468.	15,972,468.		
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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	C 001 450		1 005 000	
7	Other salaries and wages	6,201,479.		1,887,200.	4,314,279
8	Pension plan accruals and contributions (include	205 600		105 050	
_	section 401(k) and 403(b) employer contributions)	385,690.		127,278.	258,412
9	Other employee benefits	1,219,234.		403,166.	816,068
10	Payroll taxes	417,598.		137,807.	279,791
11	Fees for services (nonemployees):	40 (02		40 550	
a		49,683.		40,753.	8,930
b	<u> </u>	07 000		0.000	
_	Accounting	97,982.		97,982.	
d	Lobbying	72,000.			72,000
e	- · · · · · · · · · · · · · · · · · · ·	1 572 001		1 550 004	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	1,572,991.		1,572,991.	
y	column (A) amount, list line 11g expenses on Sch 0.)	261,607.		106 445	125 160
2	· · · · · · · · · · · · · · · · · · ·	201,007.		126,445.	135,162
3	Advertising and promotion	417,934.		112 206	205 640
4	Office expenses	417,334.		112,286.	305,648
15	Information technology Royalties				
6	Occupancy	189,297.		152,162.	27 125
7	- .	2,916.		713.	37,135 2,203
8	Payments of travel or entertainment expenses	2,510.		113.	4,403
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	98,928.		98,928.	
3	Insurance	133,177.		133,177.	
4	Other expenses. Itemize expenses not covered			100,1,,,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES & SUBSCRIPTIONS	429,652.		38,086.	391,566
b	DONOR CULTIVATION	209,390.		33,034.	176,356
С	CONTRIBUTIONS, SPONSORS	156,138.		154,038.	2,100
d	TEMP & STUDENT HELP	47,880.		37,562.	10,318
е	All other expenses	10,059.		10,059.	±0,0±0;
5	Total functional expenses. Add lines 1 through 24e	27,946,103.	15,972,468.	5,163,667.	6,809,968.
6	Joint costs. Complete this line only if the organization		,	-,,	0,000,000
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			į	

if following SOP 98-2 (ASC 958-720)

Part X	Bal	ance	Sheet

.5		Check if Schedule O contains a response or note to any line in this Part X			
	-	The second section of the section of th	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,256,274.	1	4,170,451
	2	Savings and temporary cash investments	4,899,755.	2	13,711,438
	3	Pledges and grants receivable, net	30,423,965.	3	23,258,390
	4	Accounts receivable, net	1,915,066.	4	114,391
	5	Loans and other receivables from any current or former officer, director,		10000	
		trustee, key employee, creator or founder, substantial contributor, or 35%	The second secon		
		controlled entity or family member of any of these persons			
	6	Loans and other receivables from other disqualified persons (as defined		5	
		under section 4958/ft/1), and persons described in antique 4050/1/0/D			
S.	7	Notes and loans receivable, net		6	3,373
Assets	8	Inventories for sale or use		7	3,373
Ä	9	Dropoid symposis and 1 () 1	249,376.	8	225 010
	1	Land, buildings, and equipment: cost or other	243,370.	9	225,019
		basis. Complete Part VI of Schedule D 10a 3,196,630			
	Ь	Less: accumulated depreciation 10b 1,468,129	1,821,070.		1 700 501
	11		202,821,070.		1,728,501
	12	Investments - publicly traded securities	202,021,094.	11	269,555,091
	13	Investments - other securities. See Part IV, line 11		12	
	14	Investments - program-related. See Part IV, line 11 Intangible assets		13	
	15	***************************************	210 000	14	205 405
	16	Other assets. See Part IV, line 11	319,922.	15	395,125
	17	Total assets. Add lines 1 through 15 (must equal line 33)	249,706,522.	16	313,161,779
	18	Accounts payable and accrued expenses	761,237.	17	821,771
	19	Grants payable	1 354 664	18	1 200 500
	20	Deferred revenue	1,354,664.	19	1,309,529
	21	Tax-exempt bond liabilities		20	
.	ı	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	
		Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	6,456,066.	25	3,506,325
\dashv		Total liabilities. Add lines 17 through 25	8,571,967.	26	5,637,625
3		Organizations that follow FASB ASC 958, check here			
<u> </u>		and complete lines 27, 28, 32, and 33.			
}		Net assets without donor restrictions	14,375,740.	27	15,678,055
	28	Net assets with donor restrictions	226,758,815.	28	291,846,099
		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	, Alla	29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ret Assets of Fully Dalaines	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u> </u>	32	Total net assets or fund balances	241,134,555.	32	307,524,154
- 1	33	Total liabilities and net assets/fund balances	249,706,522.		313,161,779

Form **990** (2020)

D	Styl D. W. F. Charles		OOT		Pa	ige 12			
Pa	rt XI Reconciliation of Net Assets								
	Check 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	57	,01	4,6	84.			
2	Total expenses (must equal Part IX, column (A), line 25)	2				03.			
3	Revenue less expenses. Subtract line 2 from line 1	3	29	,06	8,5	81.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				55.			
5	Net unrealized gains (losses) on investments	5	37,321,018						
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8		-					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-		0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	307	52	4 1	54.			
Pa	rt XII Financial Statements and Reporting	10		752	- / -				
	Check 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 X Accrual Other				700	110			
	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?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	***********						
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis							
	consolidated basis, or both:		,						
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.		ense est					
	review, or compilation of its financial statements and selection of an independent accountant?								
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						TERRETA			
	Act and OMB Circular A-133?	۰ ۲ ، ۵۱		3a		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					
					990	2020)			
					(

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

Open to Public Inspection

Name of the organization UNIVERSITY OF RHODE ISLAND FOUNDATION & **Employer identification number** ALUMNI ENGAGEMENT 05-6014351 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 L 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and 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. J 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes Nο above (see instructions))

Total

						0.5	001	-
Part II	Support Sched	lule for Organ	izations Des	cribed in Secti	ions 170(b)(1)(A)(iv)	and 170(b)(⁻	1)(A)(v	/i)
						, ,,	,, ,,	•

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and			(-7	(4) 2010	(0) 2020	(i) rotai
	membership fees received. (Do not						
	include any "unusual grants.")	19,220,143.	26,257,064.	24,685,952.	49,811,251.	33,747,251.	153,721,661.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	19,220,143.	26,257,064.	24,685,952.	49,811,251.	33,747,251.	153,721,661.
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)						1,228,326.
	Public support, Subtract line 5 from line 4.						152,493,335.
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	19,220,143.	26,257,064.	24,685,952.	49,811,251.	33,747,251.	153,721,661.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,496,729.	2,054,579.	2,503,188.	3,225,154.	4,163,075.	13,442,725.
9	Net income from unrelated business			1			
	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.)	Fig. 1 November 2010 and the second s					
	Total support. Add lines 7 through 10						167,164,386.
	Gross receipts from related activities,			• • • • • • • • • • • • • • • • • • • •		12 28	,320,417.
13	First 5 years. If the Form 990 is for th					601(c)(3)	
800	organization, check this box and stop						<u></u> ▶□
	etion C. Computation of Public					· · · · · · · · · · · · · · · · · · ·	01 00
15	Public support percentage for 2020 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	91.22 %
162	Public support percentage from 2019	Schedule A, Part I	II, IIne 14			15	91.17 %
IUa	33 1/3% support test - 2020. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
h	stop here. The organization qualifies a	as a publicly suppo	orted organization			•••••	> X
U	33 1/3% support test - 2019. If the o	figanization did not	cneck a box on IIr	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	is box
17a	and stop here. The organization quali	nes as a publicly si	upported organizat	tion			▶□
114	10% -facts-and-circumstances test	- Zuzu. II the orga	anı∠ation did not ch	eck a pox on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts meets the facts and circumstances to	s-and-circumstance	es test, check this	pox and stop here	Explain in Part \	/I how the organiza	ation
h	meets the facts-and-circumstances te						▶∟
Ŋ	10% -facts-and-circumstances test	Zu is. ii the orga	uu∠ation did not ch	eck a box on line	13, 16a, 16b, or 1	/a, and line 15 is 1	0% or
	more, and if the organization meets the	imetaneas taat 🏋	o organizati	κ τηις box and sto	p nere. Explain ir	Part VI how the	
18	organization meets the facts-and-circularity at a private foundation. If the organization	mistances test. The	e organization qua	mes as a publicly	supported organi	zation	
	Private foundation. If the organization	T GIG HOLGHECK & D	oox on line 13, 16a,	, 100, 17a, 0r 17b,			
					Sche	dule A (Form 990 -	or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 ALUMNI ENGAGEMENT 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.)

Se	ction A. Public Support	relow, please com	npiete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(-) 0010	T ()) 0040	T / \	
	Gifts, grants, contributions, and	(a) 2010	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, .	3 received from disqualified persons	ı					
h	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
-	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 201 7	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	İ					
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	∍ organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section t	501(c)(3) organizatio	n,
-	check this box and stop here				***************************************		>
sec	tion C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2020 (lir	те 8, column (f), d	livided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 202	: 0 (line 10c, colum	nn (f), divid e d by lir	e 13, column (f))		17	%
18	Investment income percentage from 2 0	019 Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the o	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
	more than 33 1/3% , check this box an	d stop here. The d	organization qualifi	es as a publicly su	ipported organiza	tion	
b	33 1/3% support tests - 2019. If the c	organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, ar	 nd
	line 18 is not more than 33 1/3%, chec	k this box and st	op here. The organ	ization qualifies as	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	did not check a l	box on line 14, 19a	, or 19b, check thi	s box and see ins	tructions	
32023	3 01-25-21					dule A (Form 990	
							<u></u> , <u>-</u>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
40		
5a 5b		
5c		
6		
7		
8		
9a		
9c		ational action

1 Has the organization accepted a gift or contribution from any of the following persone? a A person who directly or indirectly controls, either alters or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11 a above? c A 1995 controlled entity of a person described in line 11 a labove? 7 A 1995 controlled entity of a person described in line 11 a or 11b above? If Yes' to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regulatly appoint or efect at least a majority of the organization of the power to regulatly appoint or efect at least a majority of the organization of the power to regulate and the part VI in or the supported organization of the supported organization of the supported organization of the supported organization, describe from the powers to appoint and/or manow effices, directors or thin the organization of the supported organization, describe from the powers to appoint and/or manow effices, directors or thin the organization of the power organization of the thin the supported organization, describe from the powers of power and/or the supported organization of the thin the supported organization, describe from the powers of the supported organization of the thin the supported organization of the supported organization organization organization organization organization of the directors or trusteed organization of the directors or trusteed organization organization organization organization or apported organization organ	L	Supporting Organizations (continued)			
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		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	anizations	
ુ1	Check here if the organization satisfied the Integral Part Test as a qualify			rt VI) See instructions
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through F.	ire vij. Oce mati detions.
Sec	tion 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		
		- 0		(D) 0
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			
				Current Year
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2_	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting organi	zation (see
	instructions).		_	-

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ALUMNI ENGAGEMENT

05-6014351 Page 7

Section P. Distributions 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 2. 2. 3. Administrative expenses paid to accomplehe exempt purposes of supported organizations. 3. Administrative expenses paid to accomplehe exempt purposes of supported organizations. 4. Amounts paid to acquire exempt-use assets. 5. Qualified set active accounts prior IRS approval required - provide details in Part VI). 5. Go Inter distributions (describe in Part VI). See instructions. 6. Other distributions (describe in Part VI). See instructions. 7. Total amount distributions, Add lines 1 through 6. 8. Distribution amount for 2002 form Section C, line 6. 9. Distribution amount for 2002 form Section C, line 6. 9. Distribution amount for 2002 form Section C, line 6. 10. Line 8 amount divided by line 9 amount (i) (ii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iii) (iiii) (Part V Type III	Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (contin	ued)	5-0014331 Page 7
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UNIVERSITY OF RHODE ISLAND FOUNDATION &

Schedule A	(Form 990 or 990 EZ) 2020 ALUMNI ENGAGEMENT	05-601 4 351 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C,
-		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Rublic

Open to Public Inspection

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

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

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

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

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

) (See separate instructions), then Section 501(c)(4), (5), or (6) organiza				
	ne of organization UNIVERS	ITY OF RHODE ISI ENGAGEMENT	AND FOUNDAT	TION & E	mployer identification number $05-6014351$
Pa		ganization is exempt und	er section 501(c	or is a section 52	
	Provide a description of the organi				, organization
	Political campaign activity expendi				▶ ¢
	Volunteer hours for political campa			······································	
CONTRACTOR POR	rt I-B Complete if the org	ganization is exempt und	der section 501(c	<u>)(3). </u>	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		\$
2	Enter the amount of any excise tax	incurred by organization manag	jers under section 495	55	* \$
ა 4 ა	If the organization incurred a section was a correction made?	on 4955 tax, did it lile Form 4720	for this year?		Yes No
та b	Was a correction made? If "Yes," describe in Part IV.		•••••		Yes No
		ganization is exempt und	der section 501(c), except section 5	01(c)(3).
1	Enter the amount directly expende				<u> </u>
	Enter the amount of the filing organ				,
	exempt function activities				> \$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	
	line 17b				> \$
	Did the filing organization file Form				
5	Enter the names, addresses and er	mployer identification number (E	IN) of all section 527 p	political organizations to	which the filing organization
	made payments. For each organizations received that were pre-				
	contributions received that were pr political action committee (PAC). If	additional space is needed, prov	a separate political or vide information in Par	ganization, such as a sej + IV	parate segregated fund or a
	(a) Name	I .			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	
				funds. If none, enter	-0 promptly and directly
					delivered to a separate political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

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UNIVERSITY OF RHODE ISLAND FOUNDATION &

Schedule C (Form 990 or 990-EZ) 2020		AGEMENT	LIMB TOOMER		014351 Page 2
Part II-A Complete if the org	ganization is exe	empt under sectio	n 501(c)(3) and fil	led Form 5768 (el	ection under
expenses, and sha	re of excess lobbying			I group member's nam	e, address, EIN,
Lim	its on Lobbying Exp	and "limited control" pro enditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to infl b Total lobbying expenditures to infl c Total lobbying expenditures (add l d Other exempt purpose expenditure e Total exempt purpose expenditure 	uence a legislative bolines 1a and 1b)	ody (direct lobbying)		72,000. 72,000. 27,874,103. 27,946,103.	
f Lobbying nontaxable amount. Ent				1,000,000.	
If the amount on line 1e, column (a) Not over \$500,000 Over \$500,000 but not over \$1,00 Over \$1,000,000 but not over \$1,50 Over \$1,500,000 but not over \$17 Over \$17,000,000					
g Grassroots nontaxable amount (er	250,000.				
h Subtract line 1g from line 1a. If zer	0.				
i Subtract line 1f from line 1c. If zer	0.				
j If there is an amount other than ze reporting section 4911 tax for this		r line 1i, did the organiz		Г	Yes No
(Some organizations t	4-Year Av hat made a section See the sepa	veraging Period Under 501(h) election do not rate instructions for li	Section 501(h) have to complete all nes 2a through 2f.)		
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	72,000	72,000.	72,000.	72,000.	288,000.
d Grassroots nontaxable amount	250,000	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))				The second secon	1,500,000.

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 ALUMNI ENGAGEMENT

05-6014351 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(1	၁)
of the lobbying activity.	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?		http:///history.com/		
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	22.000000000000000000000000000000000000	A		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
	*		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	he prior vea	r? 3		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), sec	he prior yea on 501(c)	r? 3 (5), or se	ection	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	he prior yea on 501(c)	r? 3 (5), or se	ection III-A, lin	e 3, is
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	he prior yea on 501(c) "No" OF	r? 3 (5), or se (b) Part	ection III-A, lin	e 3, is
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Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ne prior yea on 501(c) "No" OF	7 3 (5), or set (b) Part 2a 2b 2c 3	III-A, lin	e 3, is
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excides the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART 11-A, LINE 1B, LOBBYING ACTIVITIES: THE FOUNDATION HAS HIRED PANNONE, LOPES, DEVEREAUX &	he prior yea on 501(c) "No" OF cal cal description des	7? 3 (5), or set (and 2 (See	e 3, is
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Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section 162(e) dues the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	he prior yea on 501(c) "No" OF cal cal description des	7? 3 (5), or set (and 2 (See	e 3, is

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

UNIVERSITY OF RHODE ISLAND FOUNDATION &

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

ALUMNI ENGAGEMENT 05-6014351

га	organization swarntaining bonor Advise		ommar rungs or	Accounts. Complete if the
	- gameaton anomorou 100 on 1000,1 altiv, iii	(a) Donor advise	d 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 v		eld in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes N
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for a	ny other purpose conf	erring
	impermissible private benefit?	***************************************		Yes N
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ıtion or education) 🖳	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Yea
а				
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or	terminated by the orga	anization during the tax
	year >			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	- · ·	· · ·	
6	violations, and enforcement of the conservation easements it	***************************************		
U	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, at	id enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and or	foreing concentation	aggamenta duving the year
•	\$	ining of violations, and er	norching conservation	easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requiremen	ts of section 170/h)//)	i/R\/i\
Ū	and section 170(h)(4)(B)(ii)?		` ', '	
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	,010 10 1/10 0/ ga. //2010/17	manda datomonto	that describes the
Pa	t III Organizations Maintaining Collections of	f Art, Historical Tre	easures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenu	e statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtheran	nce 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 treat			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	•••••		> \$
	Assets included in Form 990, Part X			S

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

Schedule D (Form 990) 2020

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,855,596.	1,215,500.	1,640,096.
c Leasehold improvements			-	
d Equipment		341,034.	252,629.	88,405.
e Other				
Total. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part X, colui	mn (B), line 10c.)	>	1,728,501.

Schedule D (Form 990) 2020

	UNIVERSITY (OF RHODE ISLA	AND FOUNDATION &	
Schedule D (Form 990) 2020	ALUMNI ENGA	GEMENT		05-6014351 Page
Part VII Investments - Ot	her Securities.			
Complete if the organi	zation answered "Yes" (on Form 990, Part IV, line	e 11b. See Form 990, Part X, line	12.
(a) Description of security or category	(including name of security)	(b) Book value		ost 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. (Col. (b) must equal Form 990, Pa	ert X col. (B) line 12.)			
Part VIII Investments - Pro	ogram Related			
	_	n Form 000 Dort IV line	dda Caa Farra 000 Dark V Pro-	40
(a) Description of inve	estment	(b) Book value	11c. See Form 990, Part X, line	13. st or end-of-year market value
(1)	2011101K	(b) book value	(c) Wethod of Valuation. Co	st or end-or-year market value
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)	-t-V1 (D) (1 d0) b			
Total. (Col. (b) must equal Form 990, Pa Part IX Other Assets.	11 X, COI. (B) line 13.)			
Complete if the organiz			11d. See Form 990, Part X, line	The state of the s
(4)	(a) D	escription		(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.				
	ation answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X	K, line 25.
	ption of liability			(b) Book value
(1) Federal income taxes	OD 03 15 = = = =			
(2) DUE TO RELATED				2,085,215.
(3) DUE TO URI RES	EARCH FOUNDA	TION		1,421,110.
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

3,506,325.

UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMNI ENGAGEMENT Schedule D (Form 990) 2020 05-6014351 Page 4 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. Total revenue, gains, and other support per audited financial statements 93,168,212. Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 37,321,018. b Donated services and use of facilities _____ 2b c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 37,321,018. Subtract line 2e from line 1 55,847,194. 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 1,572,991. -405,501.**b** Other (Describe in Part XIII.) c Add lines 4a and 4b 1,167,490. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 57,014,684. 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. Total expenses and losses per audited financial statements 1 26,778,613. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities _____ b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 26,778,613. 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 1,572,991. b Other (Describe in Part XIII.) -405,501.c Add lines 4a and 4b 1,167,490. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 27,946,103. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE FOUNDATION'S ENDOWMENT NET ASSETS CONSIST OF OVER 1,500 INDIVIDUAL FUNDS THAT WERE ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENTS INCLUDE BOTH DONOR IMPOSED TEMPORARILY AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE FOUNDATION'S EXECUTIVE BOARD TO FUNCTION AS ENDOWMENT. THE FOUNDATION ADOPTED AN INVESTMENT POLICY FOR ENDOWMENTS WITH A LONG TERM INVESTMENT OBJECTIVE TO MAINTAIN AND GROW ITS PURCHASING POWER THROUGH EARNINGS. DURING THE PERIOD OF THIS RETURN (7/1/20-6/30/21), THE SPENDING RATE IS 5.55%.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER

Part XIII | Supplemental Information (continued)

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT
THE FOUNDATION OPERATES IN A MANNER CONSISTENT WITH THEIR TAX-EXEMPT

STATUS AT BOTH THE STATE AND FEDERAL LEVEL.

THE FOUNDATION ANNUALLY FILES IRS FORM 990 - (RETURN OF ORGANIZATION

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

MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THE FOUNDATION ALSO

ANNUALLY FILES IRS FORM 990-T - EXEMPT ORGANIZATION'S BUSINESS INCOME TAX

RETURN, FOR ALL OF ITS FOREIGN INVESTMENT DISCLOSURE REQUIREMENTS. THE

FOUNDATION CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REDUCTION IN PAYABLE TO URI RESEARCH FOUNDATION

-405,501.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REDUCTION IN PAYABLE TO URI RESEARCH FOUNDATION

-405,501.

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMNI ENGAGEMENT

Employer identification number

Schedule F (Form 990) 2020

Part General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part VI, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, little grantees "eligibility for the grants or assistance, and the selection offeria used to award the grants or assistance outside the United States. 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of Offices in the region of Global States. 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Yepi (auch as, fundraling, por service, lines that the region of service(s) in the service of service(s) in the region of service of service(s)	ADUMNI ENGAGEME				05-60143	51
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. The grantmakers designates of the grants of assistance, and the selection criteria used to award the grants or assistance? Per grantmakers. Describe in Part V the grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region of offices in the region of offices in the region of the region			Activities Ou	tside the United States. Comple	ete if the organization answered	"Yes" on
the grantess' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?			n maintain roser	de to oule toutists the second of		
2 For grantmakers. Doscribe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of Offices in the region (c) Number of Offices in the region (d) Activities conducted in the region (b) If activity listed in (d) is a program service, describe appetitic type of service(s) in the region (e) If activity listed in (d) is a program service, describe appetitic type of service(s) in the region (f) Total experiments (parts to the region	the grantees' eligibility i	s the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	, ,
United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of offices in the region offices in the region of the region	the grantees eligibility i	for the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	JYes ∟ JNo
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (c) Number of (d) Activities conducted in the region of the region in the region in the region of the r	2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance ou	tside the
(a) Region (b) Number of offices in the region offices in the region offices in the region offices in the region of contractors in the region of contractors in the region of service (s) in t						
offices in the region of the r	3 Activities per Region. (T	he following Part			needed.)	
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 0 0 TRIVESTMENTS 54,468,206. 3 a Subtotal 0 5 Totals (add lines 3a and 38) 0 0 0 5 54,468,206.	(a) Region		(c) Number of		(e) If activity listed in (d)	
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 0 0 TRIVESTMENTS 54,468,206. 3 a Subtotal 0 5 Totals (add lines 3a and 38) 0 0 0 5 54,468,206.		1	agents, and			
CENTRAL AMERICA AND THE CARTEBEAN ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 0 0 INVESTMENTS 54,468,206. 3 a Subtotal D Total from continuation sheets to Part I C Totals (add lines 3a and 3b) 0 0 0 0 54,468,206.		in the region	contractors			
THE CARIBBEAN - ANTIGUA & BARBUDA, ANUBA, BAHAMAS, 0 UNVESTMENTS 54,468,206. 3 a Subtotal 0 54,468,206. b Total from continuation sheets to Part I 0 0 0 54,468,206. c Totals (add lines 3a and 3b) 0 0 54,468,206.			in the region	recipients located in the region)	or service(s) in the region	in the region
ANTIGUA & BARBUDA, ANUBA, BAHAMAS, 0 0 INVESTMENTS 54,468,206.	CENTRAL AMERICA AND					
ARUBA, BAHAMAS, 0 0 INVESTMENTS 54,468,206.	THE CARIBBEAN -					
3 a Subtotal 0 0 0 54,468,206. b Total from continuation sheets to Part 1 0 0 0 0. c Totals (add lines 3a and 3b) 0 0 54,468,206.	ANTIGUA & BARBUDA,					
3 a Subtotal 0 0 0 54,468,206. b Total from continuation sheets to Part 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ARUBA, BAHAMAS,	0	0	INVESTMENTS		54 468 206
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 0 0 54,468,206.						
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 0 0 54,468,206.						
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b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 0 0 54,468,206.						1
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b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 a Subtotal	0	0			54,468 206
c Totals (add lines 3a and 3b) 0 0 54,468,206.	b Total from continuation					, -,
c Totals (add lines 3a and 3b) 0 0 54,468,206.	sheets to Part I	0	o			n
and 3b) 0 0 54,468,206,	· · · · · · · · · · · · · · · · · · ·					•
The state of the s		0	o			54 468 206
		on Act Notice.	see the Instruct	ions for Form 990.	Schodule E	

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05-6014351

ALUMNI ENGAGEMENT

Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of exempt 501(c)(3) organization of exempt 501(c)(3) organization of exempts o	Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for white constitutions of other propositions or outsides.	ns listed above that are or for which the grantee	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, :tion 501(c)(3) eq	recognized as a tax uivalency letter	A		
		מ בוווופס					Schec	Schedule F (Form 990) 2020

UNIVERSITY OF RHODE ISLAND FOUNDATION &

ALUMNI ENGAGEMENT

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

05-6014351

Part III can be duplicated if additional space is needed.

od of ion iMV, other)					90) 2020
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2020
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

ALUMNI ENGAGEMENT Schedule F (Form 990) 2020
Part IV Foreign For

ган	roreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	X Yes	□ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes 🖸	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes 2	X No

Schedule F (Form 990) 2020

Scriedule F	(FORM 990) 2020 ADOMNI ENGAGEMENT	05-6014351	Page 5
Part V	Supplemental Information		
		an mathed a	
£. 1	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	ng method; amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method	l); and Part III, column (c))
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information	ation Con instructions	
	The second secon	ation. See instructions.	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization UNIVERSITY OF RHODE ISLAND FOUNDATION & Employer identification number ALUMNI ENGAGEMENT 05-6014351 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part, 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. b Internet and email solicitations Solicitation of government grants С Phone solicitations Special fundraising events h In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ີNo b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity or entity (fundraiser) to (or retained by) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

		le G (Form 990 or 990 EZ) 2020 ALUMNI			05-	6014351 Page 2
Pa	art	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answere	d "Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15,000
*		or rundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(ayant typa)	(ayont type)	(total number)	col. (c))
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
zpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from l	, ,	••••••		
Pε	irt I	II Gaming. Complete if the organization		m 990, Part IV. line 19. or		
	12.00017 100	\$15,000 on Form 990-EZ, line 6a.		,		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
B	1	Gross revenue			30,310.	30,310.
ses	2	Cash prizes			10,000.	10,000.
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			9,401.	9,401.
	6	Volunteer labor	Yes % No	Yes% No	Yes % X No	
	7	Direct expense summary. Add lines 2 through	າ 5 in column (d)		>	19,401.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			10,909.
а	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:				X Yes No
-						
		re any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes X No

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 ALUMNI ENGAGEMENT	05-6014351 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes X No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme to administer charitable gaming?	ed
13 Indicate the percentage of gaming activity conducted in:	Les Livino
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 re	ecords:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	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 X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or speed organization's own exempt activities during the tax year ▶ \$	ent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(A) and Dart H. Bree O. Ol. 401
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v), and Part III, lines 9, 9b, 10b,
i, j j j j j j j j j j j j j j j j j j j	

UNIVERSITY OF RHODE ISLAND FOUNDATION & 05-601<u>4351</u> Page 4 ALUMNI ENGAGEMENT Schedule G (Form 990 or 990-EZ) Part IV Supplemental Information (continued)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

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OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information.
UNIVERSITY OF RHODE ISLAND FOUNDATION &

% ⊠ Employer identification number 05-6014351 Yes 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? ALUMNI ENGAGEMENT General Information on Grants and Assistance Name of the organization Part

	V, line 21, for any	•	(h) Purpose of grant or assistance	GENERAL SUPPORT		
	es" on Form 990, Part I		(g) Description of noncash assistance	t)		
	anization answered "Y		(f) Method of valuation (book, FMV, appraisal, other)			
d States.	omplete if the org	led.	(e) Amount of non-cash assistance	.0		
funds in the United	c Governments, C	ional space is neec	(d) Amount of cash grant	15,972,468.		
toring the use of grant	zations and Domesti	be duplicated if addit	(c) IRC section (if applicable)	501(C)(3)		
ocedures for moni	Domestic Organi	\$5,000. Part II can	(b) EIN	05-6000522		
Z Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government	UNIVERSITY OF RHODE ISLAND GREEN HALL KINGSTON, RI 02881		

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

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

Schedule I (Form 990) 2020

UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMNI ENGAGEMENT

Schedule I (Form 990) 2020

PartIII

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.

Page 2

05-6014351

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) 2020

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Questions Regarding Compensation

► Go to www.irs.gov/Form990 for instructions and the latest information.
UNIVERSITY OF RHODE ISLAND FOUNDATION &

ALUMNI ENGAGEMENT

 $Employer\ identification\ number \\ 05-6014351$

Schedule J (Form 990) 2020

			Yes	No
1a	The first and a second a second and a second a second and			
	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 indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:			
	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		_X_
b	Any related organization?	5b		X
	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		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
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		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	- 1	

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

05-6014351 હ UNIVERSITY OF RHODE ISLAND FOUNDATION

ALUMNI ENGAGEMENT

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denems	(a)-(l)(a)	in column (B) reported as deferred on prior Form 990
(1) ELIZABETH O'ROURKE	Ξ	343,488.	54,507.	6,000.	31,776.	16,657.	452,428.	0
PRESIDENT	≘		0	0	0	0	0	0
(2) CLAIRE GADROW	Ξ	240,21	0.	0	9,592.	614.	250,417.	0
VP FOR DEVELOPMENT	▣			0		0		0
(3) ADAM QUINLAN	Ξ	173,900.	26,727.	0	15,999.	21,499.	238,125.	0
CHIEF FINANCIAL OFFICER	Ξ	0		0	0	0.	0	0
(4) WENDY BUCCI	Ξ	159,378.	25,258.	0	14,539.	14,767.	213,94	0
CHIEF OPERATIONS OFFICER	Ξ		0	0	0	0	0	0
(5) SARAH LOBDELL	Ξ	164,708.	0	0	15,235.	21,467.	201,410.	0
AVP FOR PRINCIPAL GIFTS	Ξ		0	0	0	0	0	0
(6) KATHARINE FLYNN	ε	150,89	0	0	14,043.	21,420.	186,353.	0
EXEC. DIR. OF CORP. & FOUN	Ξ	0	0	0	0	0		0
(7) G. ERIC SCHONEWALD	Ξ	139,373.	0	0	12,915.	21,374.	173,662.	0
MANAGING DIRECTOR OF DEVELOPMENT	€		0	0		0	0	0
(8) JACKIE NOWELL	Ξ	134,735.	2,000.	0	12,459.	14,682.	163,876.	0
AVP DONOR RELATIONS	(ii)	0	0.	0	0	0	0	0
	(i)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	Ξ							
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	Ξ							
				Ç			Schedu	Schedule J (Form 990) 2020

ALUMNI ENGAGEMENT

Schedule J (Form 990) 2020

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

Page 3

05-6014351

PART I, LINE 4B:
ELIZABETH O'ROURKE 457B NON QUALIFIED RETIREMENT PLAN
Schedule J (Form 990) 2020

032113 12-07-20

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

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

Go to www.irs.gov/Form990 for instructions and the latest information. UNIVERSITY OF RHODE ISLAND FOUNDATION &

Inspection

Schedule M (Form 990) 2020

Nan	ne of the organization UNIVERSITY C	F RHOD	E ISLAND	FOUNDATION &		Empl	oyer ide	ntificat	ion n	umber
10-	ALUMNI ENGAG	EMENT					05-	6014	135	1
Pa	rt I Types of Property									
		(a) Check if	(b) Number of	(c) Noncash contribution			(c			
		applicable	contributions or	amounts reported on			ethod of c sh contrib			ata
			items contributed	Form 990, Part VIII, line 1g				JULIOIT	amoui	115
1	Art - Works of art	X	2	400.	API	PRAI	SAL			
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х			API	PRAI	SAL			
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	33	11,266,056.	STO)CK	EXCH	ANGE	3	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									-
18	Collectibles									
19	Food inventory	X	3	2,633.	COS	ŀΤ				
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (EQUIPMENT)	X	6	28,702.						
26	Other (AUCTION/EVENT)	Х	190	0.	DON	íOR	STATE	ED V	ALU	ſΕ
27	Other ()									
28_	Other ()									
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29						
	5.1								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throu	gh 28,	, that it				
	must hold for at least three years from the date	of the initial	contribution, and	which isn't required to be u	sed fo	or				
1.	exempt purposes for the entire holding period?	• • • • • • • • • • • • • • • • • • • •						30a		X
	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribu	ıtions'	?		31	X	
J∠a	Does the organization hire or use third parties of									
h	contributions?							32a	Description and	X
33	If "Yes," describe in Part II.									
55	If the organization didn't report an amount in co	olumn (c) for	a type of property	tor which column (a) is che	cked,					

LHA

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

Schedule M (Form 990) 2020 ALUMNI ENGAGEMEN'I'	05-6014351	Page
Part II Supplemental Information. Provide the information required by Part I, lines 3 is reporting in Part I, column (b), the number of contributions, the number of items recursive this part for any additional information.	0b, 32b, and 33, and whether the organiza ceived, or a combination of both. Also comp	tion olete
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
2142 11-23-20	Cabadula M (Farra O	

Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-FZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNIVERSITY OF RHODE ISLAND FOUNDATION ALUMNI ENGAGEMENT

Employer identification number 05-6014351

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

"UNIVERSITY") AND TO INFORM AND ENGAGE ALUMNI AS COMMITTED

PARTNERS OF THE UNIVERSITY AND ITS MISSION AND TRADITIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES, THE UNIVERSITY OF RHODE ISLAND FOUNDATION

RECEIVES GIFTS ON BEHALF OF DONORS THAT ARE RESTRICTED TO SUPPORT

NUMEROUS PROGRAMS SUCH AS OUTREACH PROGRAMS, RESEARCH, ATHLETIC,

VISITING LECTURERS, FACULTY CHAIRS, LIBRARY AND ADMINISTRATIVE SUPPORT.

EXPENSES \$ 4,568,424. INCL GRANTS OF \$ 4,568,424. REVENUE \$ 1,557,836.

FORM 990, PART VI, SECTION A, LINE 2:

CURRENTLY THE FOLLOWING TRUSTEES HAVE A FAMILY RELATIONSHIP WITH EACH

OTHER: MRS. LAURA H. CUNNINGHAM AND MR. STEPHEN M. CUNNINGHAM, MRS.

KATHLEEN YANITY DUFFY AND MR. DENNIS J. DUFFY, MRS. CAROLINE TENNANT KAULL

AND MR. DONALD N. KAULL, MS. SHANNON CHANDLEY AND MR. TOM SILVIA, S. KENT

FANNON AND DIANE CHASE FANNON.

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

THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY

MANAGEMENT. REVISIONS, CORRECTIONS, ETC. ARE MADE AS NECESSARY. ONCE

MANAGEMENT IS SATISFIED WITH THE FORM, IT IS DISTRIBUTED TO THE AUDIT

COMMITTEE FOR REVIEW AND APPROVAL.

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

ANNUALLY, FOLLOWING EACH URI FOUNDATION ANNUAL MEETING OF TRUSTEES

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Employer identification number 05-6014351

INDIVIDUALS WILL BE ASKED TO DISCLOSE TO THE URI FOUNDATION ANY PERSONAL INTEREST WHICH HE/SHE MAY HAVE IN ANY MATTER PENDING BEFORE THE ORGANIZATION AND SHALL REFRAIN FROM PARTICIPATION IN ANY DECISION ON SUCH MATTER. ANNUALLY, THE URI FOUNDATION PRESIDENT AND EXECUTIVE COMMITTEE (OR GOVERNANCE COMMITTEE) SHALL REVIEW AND MONITOR THE ANNUAL DISCLOSURE FORMS AND BRING TO THE ATTENTION OF THE EXECUTIVE COMMITTEE ANY DISCLOSED PERSONAL OR PRIVATE INTERESTS OF CONCERN FOR REVIEW. IF THERE IS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE PERSONAL OR PRIVATE INTEREST, HAS DISCLOSED TO A THIRD PARTY A CONFIDENTIALITY, OR HAS ENGAGED IN A PROHIBITED ACTION, THE INDIVIDUAL WILL BE GIVEN THE OPPORTUNITY TO EXPLAIN. IF, AFTER HEARING THE RESPONSE, THE EXECUTIVE COMMITTEE BELIEVES A CONFLICT EXISTS, IT SHALL TAKE APPROPRIATE CORRECTIVE ACTION.

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

ANNUALLY THE EXECUTIVE COMMITTEE OF THE BOARD CONDUCTS A PERFORMANCE REVIEW AND EVALUATION OF THE PRESIDENT TO DETERMINE COMPENSATION AND BONUS FOR THE FOLLOWING YEAR. THE PRESIDENT CONDUCTS PERFORMANCE REVIEWS AND EVALUATIONS OF SENIOR LEADERSHIP AND PROVIDES COMPENSATION RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW AND APPROVAL. THIS PROCESS INVOLVES THE REVIEW OF COMPARABLE COMPENSATION OF SIMILAR POSITIONS.

ANNUALLY THE BOARD APPROVES THE ANNUAL BUDGET WHICH INCLUDES THE SALARY
RAISE POOL. THE PRESIDENT ESTABLISHES THE COMPENSATION OF ALL OTHER STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION

AND BY-LAWS), ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization UNIVERSITY OF RHODE ISLAND FOUNDATION &	Page 2
ALUMNI ENGAGEMENT	Employer identification number $05-6014351$
AVAILABLE UPON REQUEST. THE ORGANIZATION WILL MAIL COPIE	S UPON REQUEST OR
PROVIDE COPIES TO THOSE WHO COME TO THE ADMINISTRATIVE OF	FICE DURING NORMAL
BUSINESS HOURS.	
FORM 990, PART XII, LINE 2C	
AUDIT COMMITTEE	
THE AUDIT COMMITTEE INCLUDES THE FOLLOWING:	
TRUDY COLEMAN	
JOHN BROUGH	
KYLE FLYNN	
CHRISTOPHER FRANKLIN	
ROXANNE PETTIWAY	
DONALD SULLIVAN	
ELISE VONHOUSEN	
GEORGE BEDARD	

SCHEDULE R (Form 990)

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.

2020

OMB No. 4545-0047

■ Go to www.irs.gov/Form990 for instructions and the latest information. UNIVERSITY OF RHODE ISLAND FOUNDATION &

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

ALUMNI ENGAGEMENT

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Employer identification number 05-6014351Open to Public Inspection

(g) Section 512(b)(13) controlled Š × × Direct controlling Yes 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. entity Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) LINE 7 Total income Exempt Code 9 SOVERNMENT section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) RHODE ISLAND RHODE ISLAND Primary activity EDUCATIONAL FACILITY Primary activity RESEARCH FACILITY FOUNDATION - 36-4644408, 75 LOWER COLLEGE UNIVERSITY OF RHODE ISLAND - 05-6000522 Name, address, and EIN (if applicable) UNIVERSITY OF RHODE ISLAND RESEARCH Name, address, and EIN of related organization of disregarded entity 02881 02881 RD, KINGSTON, RI KINGSTON, RI GREEN HALL Part

70

Schedule R (Form 990) 2020

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

Schedule R (Form 990) 2020 ALUMNI ENGAGEMENT

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. PartIII

Page 2

05-6014351

General or Percentage managing ownership Schedule R (Form 990) 2020 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. Yes No Section 512(b)(13) controlled entity? 3 Percentage ownership Yes No 3 Ē Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets **6** Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) চ <u>e</u> Legal domicile (state or foreign country) <u>ပ</u> Direct controlling entity Primary activity <u>a</u> (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> <u>a</u> 032162 10-28-20 Part IV

UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMNI ENGAGEMENT

Schedule R (Form 990) 2020

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

Page 3

05-6014351

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					V	2
1 During the tax year, did the organization engage in any of the following transaction	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?			1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1 a		×
b Gift, grant, or capital contribution to related organization(s)				9	×	
c Gift, grant, or capital contribution from related organization(s)				<u>ئ</u> :		×
d Loans or loan guarantees to or for related organization(s)				7		×
e Loans or loan disaptage by related organization(s)				2		1
				-		×
f Dividends from related organization(s)				*		×
g Sale of assets to related organization(s)				;		×
Purchase of assets from related organization(s)				2 ;		\$
				4		∢
				-		×
j Lease of facilities, equipment, or other assets to related organization(s)				=		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related org:	related organization(s)			 -	×	
	elated organization(s)			<u>ξ</u>		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£	×	
 Sharing of paid employees with related organization(s) 				:	×	
				⊒ :	1	
p Reimbursement paid to related organization(s) for expenses				1		Þ
				<u>₽</u> ,		4 2
				-	l	∢
r Other transfer of cash or property to related organization(s)				+		×
ω				<u>-</u>		×
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.	vho must complete th	is 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	involved		
(1)						
(2)						
(5)						
(4)						
(5)						
(9)						
032163 10-28-20	72	- 100 AAA	Schedul	Schedule R (Form 990) 2020	066 1	2020

UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMNI ENGAGEMENT

Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Page 4

05-6014351

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.

(4)	Percentage ownership				
E	General or managing partner?				
-	20 ma -1 pa				
(1)	Codi amount of Sch (Forr				
(4)	늘 말으				
F	Disp tio alloca				
(6)	Share of end-of-year assets				
(J)	Share of total income				
(e)	Are all partners sec. 501(c)(3) orgs.?				
(d)	t income related, tax under 2-514)				
(0)	nicile oreign y)				
(q)	Primary activity				
(a) (b) (c) (d)	Name, address, and EIN of entity				

UNIVERSITY OF RHODE ISLAND FOUNDATION & 05-6014351 Page 5 Schedule R (Form 990) 2020 ALUMNI ENGAGEMENT Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

4562

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MNI ENGAGEMENT			м 990 р			05-6014351
Election To Expense Certain Prope	rty Under Section 17	9 Note: If you have any lis	ted property, o	complete Part	V before y	
aximum amount (see instructions)					1	1,040,000.
otal cost of section 179 property plac	ed in service (see i	nstructions)			2	
reshold cost of section 179 property	before reduction i	n limitation			3	2,590,000.
eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-			4	
llar limitation for tax year. Subtract line 4 from line	e 1. If zero or less, enter -	0 If married filing separately, see	instructions		5	
(a) Description of pr	operty	(b) Cost (busine	ess use only)	(c) Elected o	cost	
sted property. Enter the amount from	line 29		7			
	***************************************				8	
-						
•						
						
			e listed proper	tv.)		
And the state of t		·	<u>-</u>			
·				=	14	
•						
MACRS Depreciation (Don't			***************************************		10	
MACINE Depresiation (Den	molado notod prop					
		Section A				
ACRS deductions for assets placed	in service in tax ver	Section A	<u> </u>		17	98.928.
ACRS deductions for assets placed		ars beginning before 2020			17	98,928.
ou are electing to group any assets placed in ser	vice during the tax year in	ars beginning before 2020 ato one or more general asset acco	ounts, check here	▶ ∟		
ou are electing to group any assets placed in ser	vice during the tax year in	ars beginning before 2020	ounts, check here	▶ ∟	ation Syst	
ou are electing to group any assets placed in ser Section B - Assets (a) Classification of property	vice during the tax year in Placed in Service (b) Month and year placed	ars beginning before 2020 to one or more general asset accordance During 2020 Tax Year U (c) Basis for depreciation (business/investment use	Jsing the Gen	eral Deprecia	ation Syst	em
ou are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property	vice during the tax year in Placed in Service (b) Month and year placed	ars beginning before 2020 to one or more general asset accordance During 2020 Tax Year U (c) Basis for depreciation (business/investment use	Jsing the Gen	eral Deprecia	ation Syst	em
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Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year Section C - Assets I Summary (See instructions.) sted property. Enter amount from line	Placed in Service // // // Placed in Service // // // // // Placed in Service	ars beginning before 2020 to one or more general asset accord During 2020 Tax Year Use During 2020 Tax Year Use Only - see instructions) 6, 359. During 2020 Tax Year Use Our During 2020 Ta	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
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	aximum amount (see instructions) otal cost of section 179 property place preshold cost of section 179 property eduction in limitation. Subtract line 3 eduction in limitation. Subtract line 4 from line (a) Description of property. Enter the amount from the property of the lected cost of section 179 property arryover of disallowed deduction from usiness income limitation. Enter the section 179 expense deduction. Add light arryover of disallowed deduction to 2 Don't use Part II or Part III below for the lected depreciation allowance for quality arryoperty subject to section 168(f)(1) elected depreciation (including ACRS)	aximum amount (see instructions) potal cost of section 179 property placed in service (see in preshold cost of section 179 property before reduction in leduction in limitation. Subtract line 3 from line 2. If zero of all ar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -1 (a) Description of property steed property. Enter the amount from line 29 potal elected cost of section 179 property. Add amounts it is entative deduction. Enter the smaller of line 5 or line 8 parryover of disallowed deduction from line 13 of your 20 pusiness income limitation. Enter the smaller of business ection 179 expense deduction. Add lines 9 and 10, but carryover of disallowed deduction to 2021. Add lines 9 ard Don't use Part II or Part III below for listed property. Install Special Depreciation Allowance and Other Dependent depreciation allowance for qualified property (other etax year coperty subject to section 168(f)(1) election ther depreciation (including ACRS)	aximum amount (see instructions) potal cost of section 179 property placed in service (see instructions) preshold cost of section 179 property before reduction in limitation preshold cost of section 179 property before reduction in limitation preshold cost of section 179 property before reduction in limitation preshold cost of section 18 from line 2. If zero or less, enter -0- potal elimitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filling separately, see (a) Description of property (b) Cost (busing potal elected cost of section 179 property. Add amounts in column (c), lines 6 and entative deduction. Enter the smaller of line 5 or line 8 parryover of disallowed deduction from line 13 of your 2019 Form 4562 pusiness income limitation. Enter the smaller of business income (not less than zer ection 179 expense deduction. Add lines 9 and 10, but don't enter more than line arryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Don't use Part II or Part III below for listed property. Instead, use Part V. Poecial Depreciation Allowance and Other Depreciation (Don't include becal depreciation allowance for qualified property (other than listed property) place tax year property subject to section 168(f)(1) election ther depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.)	aximum amount (see instructions) potal cost of section 179 property placed in service (see instructions) preshold cost of section 179 property before reduction in limitation preduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- pullar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filling separately, see instructions (a) Description of property (b) Cost (business use only) potal elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 putantive deduction. Enter the smaller of line 5 or line 8 parryover of disallowed deduction from line 13 of your 2019 Form 4562 pusiness income limitation. Enter the smaller of business income (not less than zero) or line 5 particularly expense deduction. Add lines 9 and 10, but don't enter more than line 11 parryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed properto decial depreciation allowance for qualified property (other than listed property) placed in service to tax year property subject to section 168(f)(1) election ther depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.)	aximum amount (see instructions) ortal cost of section 179 property placed in service (see instructions) ortal cost of section 179 property before reduction in limitation eduction in limitation. 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Decial depreciation allowance for qualified property (other than listed property) placed in service during e tax year operty subject to section 168(f)(1) election ther depreciation (including ACRS) III MACRS Depreciation (Don't include listed property. See instructions.)	aximum amount (see instructions) potal cost of section 179 property placed in service (see instructions) potal cost of section 179 property before reduction in limitation aduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- allar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost sted property. Enter the amount from line 29 potal elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 attained elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 attained elected cost of disallowed deduction from line 13 of your 2019 Form 4562 pusiness income limitation. Enter the smaller of business income (not less than zero) or line 5 arryover of disallowed deduction. Add lines 9 and 10, but don't enter more than line 11 pon't use Part II or Part III below for listed property. Instead, use Part V. The porty subject to section 168(f)(1) election ther depreciation allowance for qualified property (other than listed property) placed in service during et ax year poerty subject to section 168(f)(1) election ther depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.)

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Form 4562 (2020)

Р	art V Listed Proper	ty (Include a	utomobiles, c	ertain ot	her vehi	cles, cer	tain airc	raft, ar	nd proper	ty used t	or				rage z
	entertainment, Note: For any				o etanda	rd milaa	ao rato a	or dod	iotina loo	20 01/20			aba 0.4 a		
*	24b, columns ((a) through (c	c) of Section A	A, all of S	ection E	3, and S	ection C	if appl	licable.	se exper	ise, com	ipiete or	11 y 24a,		
			on and Other							imits for	passeng	ger auto	mobiles.)	
24	a Do you have evidence to s	support the bu	siness/investm	ent use c	laimed?	Y	'es	No	24b If "Y	'es," is t	he evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investmen use percenta	t _	(d) Cost or ther basis	/bu	(e) sis for depr siness/inve use onl	eciation estment	(f) Recovery period	Me	(g) thod/ vention	Depr	(h) eciation uction	Ele section	(i) cted on 179 ost
25	Special depreciation allo	owance for q	ualified listed	propert	y placed	in servi	ce durin	g the t	ax year ar	nd					
	used more than 50% in	a qualified b	usiness use .								. 25				
26	Property used more tha	n 50% in a c	ualified busin	ess use	:									***************************************	···
		: :	(%											
		<u> </u>	(%											
		<u> </u>		%											
27	Property used 50% or le	ess in a quali	fied business	use:											
		<u> </u>	(%						S/L -					
			(%						S/L -				1	
		1 : :		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and or	n line 21	, page 1				. 28				
29	Add amounts in column	(i), line 26. E	nter here and	on line	7, page	1							. 29		
			9	Section	B - Infor	rmation	on Use	of Veh	nicles						
Co	mplete this section for ve	hicles used	by a sole prop	orietor, p	artner, c	or other '	"more th	nan 5%	owner,"	or relate	d persor	ո. lf you	provide	d v ehicle	s
to	your employees, first ans	wer the ques	itions in Secti	on C to	see if yo	u meet a	an excep	otio n to	complet	ing this s	section f	or those	vehicle	s.	
				(a)	(b)		(c)	(d)	(e)	(1	f)
30	Total business/investment miles driven during the		•	Ve	hicle	Vel	hicle	V	'ehicle	Vel	hicle	Vel	hicle	Veh	icle
	year (don't include commu	ting miles)	***************************************												
31	Total commuting miles of	driven during	the year												
32	Total other personal (no	ncommuting) miles												
	driven														
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	****************													
35	Was the vehicle used pr														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa														
	use?														
		Section C	- Questions	for Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their I	Employe	es		4	
Ans	swer these questions to o												ren't		
	re than 5% owners or rela					_				-					
37	Do you maintain a writte	n policy stat	ement that pr	ohibits a	all perso	nal use o	of vehicl	es, incl	luding cor	nmuting	, by you	r		Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins	tructions for	vehicles used	by corp	orate of	ffic er s, d	directors	, or 1%	or more	owners				.	
39	Do you treat all use of ve	ehicles by en	nployees as p	ersonal	use?										
40	Do you provide more tha	an five vehicl	es to your em	ployees	, obtain	informat	tion from	your e	employee	s about				`	
	the use of the vehicles, a														
41	Do you meet the require	ments conce	erning qualifie	d autom	obile de	monstra	ition use	?							1
	Note: If your answer to 3														
P	art VI Amortization														
	(a) Description of	costs	Date	(b) amortization		(c) Amortizat	ole		(d) Code		(e) Amortiza	tion	Aı	(f) nortization	
				begins		amount			section		period or per		fc	r this year	
<u>42</u>	Amortization of costs that	at begins du	ring your 2020	0 tax yea	ar:										
				<u>: : </u>											
				: :	<u> </u>				-			<u>- </u>			
	Amortization of costs that											43			
44	Total. Add amounts in c	olumn (f). Se	e the instruct	ions for	where to	report	*******					44			

016252 12-18-20

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information.

beginning JUL 1

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

, 2020, and ending **JUN** 30

Attachment Sequence No. **865**

Form 8865 (2020)

, 2021

Name of person filing this return			File	r's identifica	ation numbe	er
UNIVERSITY OF RHOD: ALUMNI ENGAGEMENT	E ISLAND FOUNDATI	ON &		05-601	4351	
Filer's address (if you aren't filing this form wit	h vour tax return)	A Category	of filer (see Categories of Filers in t	he idetructions	and shook or	anliantia hav(an)
()	n your tan rotain,	1		X	4	oplicable box(es)j.
		B Filer's tax beginning	year JUL 1 202	5.0		30,2021
C Filer's share of liabilities: Nonrecourse \$	Qualified none	ecourse financi		20 , and end Other		30, 2021
D If filer is a member of a consolidated group				Othe	ГФ	
Name	but not the parent, enter the following	inormation abi	EIN			
Address			CIIV	***		
E Check if any excepted specified foreign fina	ncial assets are reported on this form	See instruction	*			Г
F Information about certain other partners (s	ee instructions)	366 1113 11 11 11 11 11	5			
I mornador about our ann other partition (5	70 mod dodona)			(4)	Check applica	shle hov(es)
(1) Name	(2) Address		(3) Identification number	Category 1		Constructive owner
				Jacogory .	Outogory 2	CONSTRUCTIVE OWNER
				-		
G1 Name and address of foreign partnership				2(a) EIN	(if any)	
BENEFIT STREET PARTNI	ERS SPECTAL				3-1301	995
SITUATIONS FUND (CAY)					erence ID nu	
9 WEST 57TH STREET, S	SUITE 4920			1 .	FIT1	
NEW YORK, NY 10019						se laws organized
·				1	N ISL	-
4 Date of organization 5 Principal place of business	6 Principal business activity code number	7 Principal bus	siness 8a Fund			ange rate nstructions)
04/13/2016CAYMAN ISLA	ANDS 523900	INVESTM	ENTS USD	епсу	(see ii	nstructions)
H Provide the following information for the fo				M		
1 Name, address, and identification number of		2 Check if th	e foreign partnership must fi	le:		
	,	I —	rm 1042		S Form 106	35
		Service Ce	nter where Form 1065 is file			•
		E-FI	LE			
3 Name and address of foreign partnership's		4 Name and a	ddress of person(s) with custody and the location of such books ar	of the books and records, if o	nd records of t	he foreign
MAPLES CORPORATE SERV		BENEFI	T STREET PART	NERS		
UGLAND HOUSE, PO BOX		9 WEST	57TH STREET,	SUIT	E 492	0
GEORGE TOWN, GRAND CA)		
5 During the tax year, did the foreign partne	rship pay or accrue any interest or roy	alty for which o	ne or more partners			
aren't allowed a deduction under section	267A? See instructions		***************************************		Yes	☐ No
If "Yes," enter the total amount of the disa	llowed deductions			>	\$ <u></u> .	*******************************
6 Is the partnership a section 721(c) partne	rship, as defined in Regulations sectio	n 1.721(c)-1(b)	(14)?		Yes Yes	☐ No
7 Were any special allocations made by the					X Yes	No No
8 Enter the number of Forms 8858, Informa						
(FDEs) and Foreign Branches (FBs), attac	hed to this return. See instructions \dots					0
9 How is this partnership classified under the				PARTN	ERSHI	P
10 a Does the filer have an interest in the foreign						
separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit	under Reg. 1.15	503(d)-1(b)(4)(ii)? If "No,"			
skip question 10b			•••••		Yes	∟ No
b If "Yes," does the separate unit or combine	ed separate unit have a dual consolidat	ted loss, as defi	ned in			
			•••••		Yes	☐ No
11 Does this partnership meet both of the fo	* ')			
The partnership's total receipts for the						
2. The value of the partnership's total ass		than \$1 million.			Yes	∟ No
If "Yes," don't complete Schedules L, M-1	, and M-2.		J			

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

ruiin öö	65 (2020)	UNIVERSITY OF	RHODE	ISLAND FOUNI	DATION	&	(05-601	4351	Page 2
12 a	Is the filer of	this Form 8865 claiming a fore	ign-derived in	tangible income deduction (under section	250) with res	spect to			
5 L	any amounts	s listed on Schedule N?		• • • • • • • • • • • • • • • • • • • •				► ☐ Ye	s [No
» b	from transpose	r the amount of gross income d	erived from s	ales, leases, exchanges, or c	other dispositio	ns (but not i	icenses)			
	eligible incor	tions with or by the foreign part	mersnip that i	ne filer included in its compi	utation of forei	gn-derived d	eduction	_		
C	If "Yes." enter	ne (FDDEI) r the amount of gross income d	arivad from a	licence of property to or by	the foreign ner	toorobin that		<u> </u>		
						· •				
		r the amount of gross income d	erived from s	ervices provided to or by the	e foreign partne	rship that th	e filer			
		s computation of FDDEI						•		
13	Enter the nur	mber of foreign partners subject	t to section 86	64(c)(8) as a result of transfe	erring all or a p	ortion of an i	interest in			
	the partnersh	nip or of receiving a distribution	from the part	nership				>		
14	At any time d	luring the tax year were any trar	isfers betwee	n the partnership and its par	tners subject t	o the disclos	ure			
		of Regulations section 1.707-8			•••••			Ye:	3	No
15 a	that would ro	ny transfers of property or mon	ey within a 2-	year period between the part	tnership and ar	ny of its parti	ners			
	amount or va	quire disclosure under Regs. 1. llue of each transfer, and an exp	/U/-3 OF 1./U	o tay treetment. See instruct	nent identifying				_	¬
		ership assume a liability or rece					a partner within	Ye:	; <u> </u>	No
	a 2-year perio	od of transferring the property t	o the partners	hip? If "Yes." attach a statem	nent identifving	the propert	a partifici within / transferred			
	the amount o	r value of each transfer, the deb	t assumed or	taken by the partnership, an	nd an eynlanati	on of the tay	treatment	► TYe	; <u> </u>	No
Sign Here f You're Fi	Only Under pe	enalties of perjury, I declare that I hav and complete. Declaration of prepare	e examined this	return, including accompanying s	schedules and st	tements and	to the heet of my kr	owledge and be	lief it in te	
This Form Separately	i	, a series en proposition de la proposition della (outor trialingor	oral partitor or milited liability cor	npany member) is	based on an i	mormation of which	preparer has ar	y knowled	ge.	
Not With Y	our									
ax Return		gnature of general partner or limited I e preparer's name		member arer's signature	-	Date			Date	
Paid		- Frequencial		and o organization		Date	Checkself-employ	if PTIN		
Prepai	rer Firm's n	ame >						/eu		
Jse Only		ddress					Firm's EIN Phone no.			
							1 110110 110.			
Sched	ule A	Constructive Owners	hip of Par	tnership Interest. Ch	neck the bo	xes that a	pply to the fil	er. If you c	heck	
		box b , enter the name	, address,	and U.S. taxpayer ider	ntification n	umber (if a	any) of the pe	erson(s) wh	ose	
		interest you constructi		See instructions.						
		a X Owns a direct inter	est	b [Owns a	constructive	interest			
		Name		Address			Identification num	ber (if any)	Check if foreign	Check if direct
									person	partner
Sched	ule A-1	Certain Partners of Fo	oreign Par	tnership (see instruc	tions)				<u> </u>	1
		A.I.			<u> </u>					Check if
STA'	PEMENT	1		Address			Identification	number (if any)		foreign person
~		P								
	ule A-2	Foreign Partners of S	ection 721	(c) Partnership (see	instructions U.S. taxp					
Name of partr		Address		organization	identification	number	Check if related to U.S. transferor		tage intere	
				(if any)	(if any	/)		Capital		rofits
			·						%	<u>%</u>
oes the p	partnership ha	ave any other foreign person as	a direct partr	ler?	<u> </u>			Yes	%	% T No.
	ule A-3	Affiliation Schedule.	ist all part	nerships (foreign or do	omestic) in v	which the	foreign nartn	ership owr	L 1S	No
		a direct interest or indir	ectly owns	a 10% interest.	· · · · · ·			5.5/11P 0WI		
		_ Name					EIN	Total	rdinary	Check if
STAT	PEMENT	2 ^{Name}		Address			(if any)		or loss	foreign partner- ship
									Form 886	35 (2020)

SCHEDULE O (Form 8865)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfer				LAND FOUNDA	TION &	Filer's identifying nu	
Name of foreign (GEMENT	TNERS SPECI	AL EIN (if an	05-60143	551 nce ID number (see instr)
				AYMAN) L.P.			FIT1
b If "Yes," wa2 Was any ir	nership a section 7 as the gain deferral ntangible property	21(c) partne method app transferred c	ership (as defined in Tem plied to avoid the recogni considered or anticipated	porary Regulations section of gain upon the cont to be, at the time of the to section 1.482-7(c)(1)?	on 1.721(c)-1T(b)(14)) tribution of property? ransfer or at any	? See instructions[Yes
Part I	ransfers Reportab	le Under Se	ction 6038B	:(١/٥)(١٠):		·····L	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	09/30/20		233,333.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			233,333.				
	ansferor's p e rcenta	age interest i	in the partnership: (a) Be	fore the transfer •		(b) After the trans	fer •2825 %
			orted (see instructions):				
(a) Type of property	(b) Date of original transfer	Da	Section 6038B (c) (d) ate of Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized	(g) Gain allocated to partner	(h) Depreciation recapture allocated
				partierantp	by parinership		to partner
				ecognition under section !	904(f)(3) or section 90	4(f)(5)(F)? ►	Yes X No
_HA For Paperw	ork Reduction Act	Notice, see	the Instructions for For	m 8865.		Schedule	O (Form 8865) 12-2018

FORM 8865	CERTAIN PARTNERS OF FOREIGN	PARTNERSHIP	STATEMEN	Т 1
NAME	ADDRESS	IDENTIFYING NUMBER	CHECK I FOREIGN PE	
ASCENSION ALPHA FUND, LLC	101 S. HANLEY RD, STE. 200	90-0786464		
ASCENSION HEALTH MASTER PE	ST. LOUIS, MO 63105 101 S. HANLEY RD, STE. 200	36-6891022		
HOWARD HUGHES MEDICAL INST	ST. LOUIS, MO 63105 2711 CENTERVILLE RD, #400	59-0735717		
	WILMINGTON, DE 19808			
FORM 8865	AFFILIATION SCHEDULE		STATEMEN	т 2
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR- EIGN P'SH
BSP SPECIAL SIT MASTER A	9 WEST 57TH ST, #4920	81-2178751		•
BSP SPECIAL SIT	NEW YORK, NY 10019 9 WEST 57TH ST, #4920	81-2243859		
MASTER B	NEW YORK, NY 10019			

(Rev. November 2018) Department of the Treasury internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Fait 5 0.3. Transferor information (see instructions)			
Name of transferor UNIVERSITY OF RHODE ISLAND FOUNDATION &		Identifying numl	
ALUMNI ENGAGEMENT		05-6014	
Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corp	ooration?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 3			
five or fewer domestic corporations?	***************************************	Yes	X No
b Did the transferor remain in existence after the transfer?	***************************************	X Yes	└─ No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	lde	ntifying number	
·			
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parer If not, list the name and employer identification number (EIN) of the parent corporation.	nt corporation?	X Yes	└── No
Name of parent corporation	EIN of	parent corporat	ion
d Have basis adjustments under section 367(a)(4) been made?		Yes Yes	X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated a			
a paration in a parational paraticular was the dottal transferor (but is not treated a	ıs such under s ecti	ion 367),	
complete questions 3a through 3d.			
a List the name and EIN of the transferor's partnership.			
Name of partnership	EIN	of partnership	
NEUBERGER BERMAN SECONDARY OPPORTUNITIES FUND II			
LP	98-10357	16	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			X No
c Is the partner disposing of its entire interest in the partnership?	***************************************	Yes	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estab		Yes	X No
			X No
Part II Transferee Foreign Corporation Information (see instructions)	***************************************	Yes	L∆ No
4 Name of transferee (foreign corporation)	- Eo Ia	dentifying numb	
	Ja it	aenuiying numb	er, if any
NEUBERGER BERMAN SECONDARY OPPORTUNITIES FUND II L	P		
6 Address (including country) 1290 AVENUE OF THE AMERICAS		eference ID num	ber
NEW YORK, NY 10104		01001017	
7 Country code of country of incorporation or organization	1 000	01821017	
8 Foreign law characterization (see instructions) CORPORATION			-
9 Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No
D24531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (F	Rev. 11-2018)

Form 926 (Rev. 11-2018)

Forr	926 (Rev. 11-2018) UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMN	05-6014351	Page 3
b C	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$\Bigsim \bigsim	Yes	No No No
Sur	plemental Part III Information Required To Be Reported (see instructions)		
PIII	RCHASE OF STOCK		
Da	rt IV Additional Information Regarding Transfer of Property (see instructions)		
	Additional information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 1.700% (b) After 1.800%		
17	Type of nonrecognition transaction (see instructions) ▶ SEC 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Ye s	X No
c C	Recapture under section 1503(d)	Yes	X No
19	Exchange gain under section 987 Did this transfer result from a change in entity classification?		X No X No
	Did a demostic corporation make a distribution of preparty and the second of the control of the	·····	X No
	If "Yes," complete lines 20b and 20c.	L res	L21 NO
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
•	covered by section 367(e)(1)? See instructions		X No
		Form 926 (Re	v. 11-2018)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Name of transferor VALUE OF RHODE ISLAND FOUNDATION &		Identifying numb	er (see instruction
ALUMNI ENGAGEMENT		05-6014	351
 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation. If the transferor was a corporation, complete questions 2a through 2d. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 3 five or fewer domestic corporations? Did the transferor remain in existence after the transfer? 	368(c)) by	Yes Yes	X No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	Ide	ntifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the pare If not, list the name and employer identification number (EIN) of the parent corporation.	ent corporation?	X Yes	□ No
Name of parent corporation	EIN of	parent corporati	on
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
If the transferor was a partner in a partnership that was the actual transferor (but is not treated complete questions 3a through 3d.a List the name and EIN of the transferor's partnership.	as such under sect	ion 367),	
Name of partnership	EIN	l of partnership	
NITORUM OFFSHORE FUNDS LTD			
 b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an esta 	•••••	Yes	X No X No
securities market? Part II Transferee Foreign Corporation Information (see instructions)		Yes	X No
Name of transferee (foreign corporation)	5a I	dentifying numb	er, if any
NITORUM OFFSHORE FUNDS LTD			
Address (including country) D BOX 309 UGLAND HOUSE RAND CAYMAN KY1-1104 CAYMAN ISLANDS Country code of country of incorporation or organization CJ		Reference ID num	ber
B Foreign law characterization (see instructions) CORPORATION			
Is the transferee foreign corporation a controlled foreign corporation? 4531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.		Yes Form 926 (F	X No

Form 926 (Rev. 11-2018)	UNIVERSITY	OF RHODE ISLAND nsfer of Property (see i	D FOUNDATION	& ALUMN 05-	6014351 Page 2
Section A - Cash	riogaranig ira	nater of Froperty (See)	ristructions)		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash STMT 4					(Idioje)
	nainder of Part III and				X Yes No
Section B - Other Pr	operty (other th	an intangible property			
Type of property	(a) Date of transfer	(b) Description of	(c) Fair market value on	(d) Cost or other	(e) Gain recognized on
Stock and securities	Talisiei	property	date of transfer	basis	transfer
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					
(including a branch the lif "Yes," continue to lice Immediately after the transferee foreign confirmed in the transferee foreign confirmed in the transferred in the transferred in the transferor transfer if "No," skip Section (including including a branch in the transferor transfer in the transferor transfe	b. domestic corporation nat is a foreign disregation ine 12c. If "No," skip of transfer, was the dore reporation? ine 12d. If "No," skip of loss amount included refer property describe and questions 14a to	through 15.	all of the assets of a fore %-owned foreign corpora ine 13. eholder with respect to t	eign branch ation?[he	Yes No Yes No Yes No Yes No
Section C - Intangible	e Property Subje	ect to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length prion date of trans	(e) ice Cost or other ifer basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)					
Totals					

For	n 926 (Rev. 11.2018) UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMN	05-6014351	Page 3
· k	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$\Bigsim \\$\$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No No
Su	pplemental Part III Information Required To Be Reported (see instructions)		
PÜ	RCHASE OF STOCK		
Рa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 0 0 % (b) After0 . 410 %		
17	Type of nonrecognition transaction (see instructions) ▶ SEC 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а		Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Ves	X No
С	necapture under section 1503(d)	Ves	X No
d	Exchange gain under section 987	Yes	X No
9	bid this transfer result from a change in entity classification?	Ves	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes	X No
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	> \$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
_	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
1	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (Re	v. 11-2018)

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information. ► Attach to your income tax return for the year of the transfer or distribution. OMB No. 1545-0026

Attachment Sequence No. 128

P27570_1

Part I U.S. Transferor Information (see instructions)	distribution.		
Part I U.S. Transferor Information (see instructions) Name of transferor	****	T	
UNIVERSITY OF RHODE ISLAND FOUNDATION &		Identifying num	ber (see instructions)
ALUMNI ENGAGEMENT		 	
		05-6014	
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	ration?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 36	8(c)) by		
five or fewer domestic corporations?		Yes	X No
b Did the transferor remain in existence after the transfer?		X Yes	☐ No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	-		
	Ide	ntifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent		V	
If not, list the name and employer identification number (EIN) of the parent corporation.	corporation?	X Yes	└─ No
Name of parent corporation	EIN of	parent corporat	ion
		,	
d. Have begin adjustments under a attention 207/1/40 L			
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
2 If the transferance and the state of the s			
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as			
complete and the control of the cont	such under secti	ion 367),	
complete questions 3a through 3d.	such under secti	ion 367),	
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership.	such under secti	ion 367),	
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership.			
complete questions 3a through 3d.		of partnership	
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership	EIN	of partnership	
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD	EIN 98-15878	of partnership	
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	EIN 98-15878	of partnership	X No
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership?	EIN 98-15878	of partnership	X No X No
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD	EIN 98-15878	of partnership	
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market?	EIN 98-15878	of partnership 42 Yes Yes	X No
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establia	EIN 98-15878	of partnership	
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market?	EIN 98-15878 shed	of partnership 42 Yes Yes	X No
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establic securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation)	EIN 98-15878 shed	of partnership 42 Yes Yes	X No
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establic securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation)	EIN 98-15878 shed	of partnership 42 Yes Yes	X No
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DAVIDSON KEMPNER INTERNATIONAL LTD	98-15878 shed	of partnership 42 Yes Yes Yes	X No X No er, if any
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DAVIDSON KEMPNER INTERNATIONAL LTD 6 Address (including country)	98-15878 shed	of partnership 42 Yes Yes	X No X No er, if any
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DAVIDSON KEMPNER INTERNATIONAL LTD 6 Address (including country) VISTRAS CORPORATE SERVICES CENTRE WICKHAMS CAY IT	98-15878 shed 5a la	42 Yes Yes dentifying numb	X No X No er, if any
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establic securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DAVIDSON KEMPNER INTERNATIONAL LTD 6 Address (including country) VISTRAS CORPORATE SERVICES CENTRE WICKHAMS CAY II FORTOLA VG1110 VIRGIN ISLANDS	98-15878 shed 5a la	of partnership 42 Yes Yes Yes	X No X No er, if any
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DAVIDSON KEMPNER INTERNATIONAL LTD 6 Address (including country) VISTRAS CORPORATE SERVICES CENTRE WICKHAMS CAY II FORTOLA VG1110 VIRGIN ISLANDS 7 Country code of country of incorporation or organization	98-15878 shed 5a la	42 Yes Yes dentifying numb	X No X No er, if any
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DAVIDSON KEMPNER INTERNATIONAL LTD 6 Address (including country) VISTRAS CORPORATE SERVICES CENTRE WICKHAMS CAY II FORTOLA VG1110 VIRGIN ISLANDS 7 Country code of country of incorporation or organization VQ	98-15878 shed 5a la	42 Yes Yes dentifying numb	X No X No er, if any
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establic securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DAVIDSON KEMPNER INTERNATIONAL LTD 6 Address (including country) VISTRAS CORPORATE SERVICES CENTRE WICKHAMS CAY II FORTOLA VG1110 VIRGIN ISLANDS 7 Country code of country of incorporation or organization VQ 8 Foreign law characterization (see instructions)	98-15878 shed 5a la	42 Yes Yes dentifying numb	X No X No er, if any
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establic securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DAVIDSON KEMPNER INTERNATIONAL LTD 6 Address (including country) VISTRAS CORPORATE SERVICES CENTRE WICKHAMS CAY II FORTOLA VG1110 VIRGIN ISLANDS 7 Country code of country of incorporation or organization VQ 8 Foreign law characterization (see instructions) CORPORATION	98-15878 shed 5a la	of partnership 42 Yes Yes Yes dentifying numb	X No X No er, if any
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DAVIDSON KEMPNER INTERNATIONAL LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establic securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DAVIDSON KEMPNER INTERNATIONAL LTD 6 Address (including country) VISTRAS CORPORATE SERVICES CENTRE WICKHAMS CAY II FORTOLA VG1110 VIRGIN ISLANDS 7 Country code of country of incorporation or organization VQ 8 Foreign law characterization (see instructions)	98-15878 shed 5a la	42 Yes Yes dentifying numb	X No X No er, if any

Form 926 (Rev. 11-2018)	UNIVERSITY	OF RHODE ISLAN	D FOU	MOITAGN &	ALUMN 05-6	6014351 Page 2
Section A - Cash	regarding fran	nsfer of Property (see i	nstruct	ions)		
Type of	(a)	(b)		(c)	(d)	(e)
property	Date of transfer	Description of property	Fair m	narket value on se of transfer	Cost or other	Gain recognized on
Cash	12/31/2020	property		500,000.	basis	transfer
			<u> </u>			
10 Was cash the only pr If "Yes," skip the rem	roperty transferred? nainder of Part III and	go to Part IV.	•••••••			X Yes No
Section B - Other Pr	operty (other tha	an intangible property	subjec	t to section 36	67(d))	
Type of	(a) Date of	(b) Description of		(c) narket value on	(d) Cost or other	(e)
property	transfer	property		e of transfer	basis	Gain recognized on transfer
Stock and securities			-			
Inventory			-			
inventory						
Other property						
(not listed under						
another category)						
Property with						
built-in loss						
Totalo						
Totals						
recognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12th b Was the transferor a complete (including a branch the lif "Yes," continue to limited to limited the complete transferee foreign corporation.	nt was filed? foreign branch (include) b. domestic corporation nat is a foreign disregation ine 12c. If "No," skip litransfer, was the dorr poration?	es subject to section 367(a) verified in a branch that is a foreign that transferred substantially arded entity) to a specified 10 ines 12c and 12d, and go to be settic corporation a U.S. share	a disregar all of the %-owned line 13.	rded entity) transfe e assets of a foreign d foreign corporation	rred to a [Yes No Yes No Yes No No
if "Yes," continue to li	ne 12d. It "No," skip l	ine 12d, and go to line 13.				
d Enter the transferred I	loss amount included	in gross income as required	under se	ction 91 ▶ \$		
13 Did the transferor transfer		ed in section 367(d)(4)?			L	Yes No
ii ivo, skip section c	and questions 14a t	nrough 15.				
Section C - Intangible	e Property Subje	ect to Section 367(d)				
Type of			, ,			
property	(a) Date of	(b) Description of	(c) Useful	(d) Arm's length price		(f) Income inclusion for
	transfer	property	life	on date of transfer	basis	year of transfer
Property described						
in sec. 367(d)(4)						
V 1V 1						
Totals						

For	m 926 (Rev. 11-2018) UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMN 0	5-6014351	Page 3
t c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any	Yes	No No No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	└── No
Su	pplemental Part III Information Required To Be Reported (see instructions)		
PU	RCHASE OF STOCK		
			·
Pa	irt IV Additional Information Regarding Transfer of Property (see instructions)		
Pa	art IV Additional Information Regarding Transfer of Property (see instructions)		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.040 % (b) After 0.060 %		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 . 40 % (b) After0 . 0 . 60 % Type of nonrecognition transaction (see instructions) > SEC351		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 . 40 % (b) After0 . 0 . 60 % Type of nonrecognition transaction (see instructions) > SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following.	Yes	X No.
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.040% (b) After 0.060% Type of nonrecognition transaction (see instructions) \triangleright SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)	Yes	X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 4 0 % (b) After0 . 0 6 0 % Type of nonrecognition transaction (see instructions) ▶ SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.040% (b) After 0.060% Type of nonrecognition transaction (see instructions) \triangleright SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section $904(f)(3)$ Gain recognition under section $904(f)(5)(F)$ Recapture under section $1503(d)$	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.040 % (b) After 0.060 % Type of nonrecognition transaction (see instructions) SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes	X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 . 4 .0 . % (b) After0 . 0 . 6 .0 .% Type of nonrecognition transaction (see instructions) \[\subseteq SEC 351 \] Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.040 % (b) After 0.060 % Type of nonrecognition transaction (see instructions) SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No
16 17 18 a b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 4 0 % (b) After0 . 0 6 0 % Type of nonrecognition transaction (see instructions) > SEC351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
116 117 118 a b c d d 119 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes	X No X No X No X No
116 117 118 a b c d d 119 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 .0 .4 0 % (b) After0 .0 .6 0 % Type of nonrecognition transaction (see instructions) \[\bigstar \infty \inf	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
116 117 118 a b c d d 119 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 .0 .4 0 % (b) After0 .0 .6 0 % Type of nonrecognition transaction (see instructions) \[\bigstar \infty \inf	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No

(Rev. November 2018)
Department of the Treasury

Return by a U.S. Transferor of Property

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information. ► Attach to your income tax return for the year of the transfer or distribution. OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)			
Name of transferor		Identifying numb	er /con instructions)
UNIVERSITY OF RHODE ISLAND FOUNDATION &		, , , , , , , , , , , , , , , , , , ,	- (see manuchuna)
ALUMNI ENGAGEMENT		05-6014	351
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	oration?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.	***************************************		
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 36	88(c)) by		
five or fewer domestic corporations?		Yes	X No
b Did the transferor remain in existence after the transfer?		X Yes	☐ No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	lden	tifying number	
	,		
			"
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent	corporation?	X Yes	No
If not, list the name and employer identification number (EIN) of the parent corporation.			
Name of parent corporation	EIN of n	arent corporati	on
	2.11 O. p	di citt corporati	OII
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
,		Les	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as	such under sectio	ın 367)	
complete questions 3a through 3d.		,,	
a List the name and EIN of the transferor's partnership.			
Name of partnership			
Name of partnership	EIN	of partnership	
DIAMEMED OFFICIORE FIND IN			
DIAMETER OFFSHORE FUND LP	98-135225	52	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		. Yes	X No
c Is the partner disposing of its entire interest in the partnership?		. Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establi			.
Part II Transferee Foreign Corporation Information (see instructions)		. Yes	X No
4 Name of transferee (foreign corporation)	5a Ide	entifying numbe	ar if only
	Ja lu	entinying numbe	er, ii ai iy
DIAMETER OFFSHORE FUND LP			
6 Address (including country)	5b Re	ference ID numl	oer
PO BOX 309 UGLAND HOUSE			
GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	000	1715019	
7 Country code of country of incorporation or organization CJ			
8 Foreign law characterization (see instructions) CORPORATION			
9 Is the transferee foreign corporation a controlled foreign corporation?		. Yes	X No
24531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.			ev. 11-2018)

Form 926 (Rev. 11-2018) U	UNIVERSITY	OF RHODE ISLANI	FOUNDATION	& ALUMN 05-6	014351 Page 2
Section A - Cash	Regarding Trai	n sfer of Property (see i	nstructions)		
' Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/28/2021		2,000,000.	Page	Hansie
10 Was cash the only pro-	ainder of Part III and				X Yes No
	perty (other the	an intangible property			
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					
recognition agreemen 12 a Were any assets of a foreign corporation? If "Yes," go to line 12b b Was the transferor a continuity (including a branch that if "Yes," continue to ling to limediately after the transferee foreign corporate n? d Enter the transferor transferor transferor foreign corporation?	t was filed? foreign branch (included) foreign branch (included) foreign disregation disregation at is a foreign disregation at is a foreign disregation at its a foreign disregation? foreign disregation at its answer included at its and questions 14a foreign disregations 14a foreign disregat	through 15.	disregarded entity) trans all of the assets of a fore %-owned foreign corpora ine 13. eholder with respect to th	ferred to a ign branch tion?	Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ect to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length pri- life on date of transi	(e) ce Cost or other fer basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)					

<u>Forn</u>	1926 (Rev. 11-2018) UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMN	05-6014351	Page 3
b c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reăsonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in	Yes	No No No
15	Regulations section 1.367(d)-1(c)(3)(ii) > \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	□ No
	pplemental Part III Information Required To Be Reported (see instructions) RCHASE OF STOCK		
Pai	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.120 % (b) After 17.000 %		
17	Type of nonrecognition transaction (see instructions) ► SEC 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)		X No
С	Recapture under section 1503(d)	Yes	X No
ď		Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes	X No
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	> \$	
	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions		X No
		Form 926 (Re	v. 11-2018)

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)			
Name of transferor		ldentifying numb	er (see instructions)
UNIVERSITY OF RHODE ISLAND FOUNDATION &		, ,	(See mandedney
ALUMNI ENGAGEMENT		05-6014	351
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	oration?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.	***************************************	.,	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 36	8(c)) bv		
five or fewer domestic corporations?		Yes	X No
b Did the transferor remain in existence after the transfer?	***************************************	X Yes	□ No
If not, list the controlling shareholder(s) and their identifying number(s).	***************************************	== 103	
Controlling shareholder	Ident	ifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent	corporation?	X Yes	□ No
If not, list the name and employer identification number (EIN) of the parent corporation.			110
Name of parent corporation	EIN of pa	arent corporati	on
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
			X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as			X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d.			X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as			X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d.	such under section	n 367),	X No
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. 	such under section		X No
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership	s such under section	n 367), of partnership	X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND	EIN o	n 367), of partnership 0	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	EIN o	of partnership	X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership?	EIN o	of partnership	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estable	EIN o	of partnership O Yes Yes	X No X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estable securities market?	EIN o	of partnership	X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establ securities market? Part II Transferee Foreign Corporation Information (see instructions)	EIN o	of partnership O Yes Yes Yes	X No X No X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estable securities market?	EIN o	of partnership O Yes Yes	X No X No X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establ securities market? Part II Transferee Foreign Corporation Information (see instructions)	EIN o	of partnership O Yes Yes Yes	X No X No X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estable securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DOVER STREET X FEEDER FUND	EIN o	of partnership O Yes Yes Yes Prifying number	X No X No X No er, if any
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estable securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DOVER STREET X FEEDER FUND	EIN o	of partnership O Yes Yes Yes	X No X No X No er, if any
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estable securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DOVER STREET X FEEDER FUND 6 Address (including country)	EIN of Shed 5b Rei	of partnership O Yes Yes Yes Partifying number	X No X No X No er, if any
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establ securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DOVER STREET X FEEDER FUND 6 Address (including country) 190 ELGIN AVENUE SRAND CAYMAN KY1-1104 CAYMAN ISLANDS 7 Country code of country of incorporation or organization	EIN of Shed 5b Rei	of partnership O Yes Yes Yes Prifying number	X No X No X No er, if any
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establ securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DOVER STREET X FEEDER FUND 6 Address (including country) 190 ELGIN AVENUE GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	EIN of Shed 5b Rei	of partnership O Yes Yes Yes Partifying number	X No X No X No er, if any
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establ securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DOVER STREET X FEEDER FUND 6 Address (including country) 190 ELGIN AVENUE 3RAND CAYMAN KY1-1104 CAYMAN ISLANDS 7 Country code of country of incorporation or organization CJ 8 Foreign law characterization (see instructions)	EIN of Shed 5b Rei	of partnership O Yes Yes Yes Partifying number	X No X No X No er, if any
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establ securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DOVER STREET X FEEDER FUND 6 Address (including country) 190 ELGIN AVENUE GRAND CAYMAN KY1-1104 CAYMAN ISLANDS 7 Country code of country of incorporation or organization CJ 8 Foreign law characterization (see instructions) CORPORATION	EIN of Shed 5b Rei	of partnership O Yes Yes Yes entifying number	X No X No X No er, if any
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership DOVER STREET X FEEDER FUND b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establ securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) DOVER STREET X FEEDER FUND 6 Address (including country) 190 ELGIN AVENUE 3RAND CAYMAN KY1-1104 CAYMAN ISLANDS 7 Country code of country of incorporation or organization CJ 8 Foreign law characterization (see instructions)	EIN of Shed 5b Rei	of partnership O Yes Yes Yes entifying number	X No X No X No er, if any

		nefer of Proporty (acc.	potwiction-1		6014351 Page 2
Section A - Cash	garanig ira	nsfer of Property (see i	ristructions)		1000 1000 1000
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash STMT 5				Dadio	uansiei
10 Was cash the only prop If "Yes," skip the remai	nder of Part III and				X Yes No
Section B - Other Pro	perty (other th (a)	an intangible property (b)			
Type of property	Date of transfer	Description of property	(c) Fair market value on		(e) Gain recognized on
Stock and securities		property	date of transfer	basis	transfer
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals			3		
b Was the transferor a dor (including a branch that If "Yes," continue to line Immediately after the tra transferee foreign corpo If "Yes," continue to line	mestic corporation is a foreign disregal 12c. If "No," skip lansfer, was the dorration?		all of the assets of a for %-owned foreign corpor ine 13. eholder with respect to	eign branch ration?	Yes No
	•	hrough 15.			Yes No
Section C - Intangible l		_			Yes No
Section C - Intangible I Type of property		_	(c) (d) Useful Arm's length p life on date of trans	(e)	(f) Income inclusion for year of transfer
	Property Subjection (a) Date of	(b) Description of	(c) (d) Useful Arm's length p	(e)	(f) Income inclusion for

For	m 926 (Rev. 11-2018) UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMN 05	-601435	1 Page 3
i I	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$\infty\$ \text{\text{Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes Yes	No No No
Sui	oplemental Part III Information Required To Be Reported (see instructions)		
PU	RCHASE OF STOCK		
		<u></u>	
			_
Da	of IV Additional Information D		
Га	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before 0.005 % (b) After 0.003 %		
17	Type of nonrecognition transaction (see instructions) ► SEC 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а		Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Voc	X No
U	necapture under section 1503(d)	l Voc	X No
d	Exchange gain under section 987	Yes	X No
	bid this transfer result from a change in entity classification?	Vos	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.	103	140
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	· \$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the	¥	
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	□ Vaa	
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	└── Yes	└─ No
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (R	ev. 11-2018)

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)	tribution.	Sequen	ce No. 128
Name of transferor			
UNIVERSITY OF RHODE ISLAND FOUNDATION &		ldentifying num	ber (see instructions)
ALUMNI ENGAGEMENT		0=	
		05-6014	
Toy owned to reight corporation that is not a controlled loreight corporati	on?	L	X No
a solver and a solver attent, complete questions 2a tillough 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)			
five or fewer domestic corporations?		Yes	X No
b Did the transferor remain in existence after the transfer?	•••••	X Yes	☐ No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	lden	tifying number	
		anying number	
	<u> </u>		
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent cor	poration?	X Yes	□ No
If not, list the name and employer identification number (EIN) of the parent corporation.			
Name of parent corporation			
reality of parent corporation	EIN of pa	arent corporat	ion
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
2 If the transferred			
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as successful as a succe	ch under sectio	n 367),	
complete questions 3a through 3d.			
a List the name and EIN of the transferor's partnership.			
Name of partnership	FIN (of partnership	
	Liiv	n partifership	
BRACEBRIDGE (BIL LTD)			
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	***************************************	. Yes	X No
c Is the partner disposing of its entire interest in the partnership?		, L Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
securities market? Part II Transferee Foreign Corporation Information (see instructions)		. Yes	X No
Name of transferee (foreign corporation)			
Traine of transferee (foreign corporation)	5a Ide	entifying numb	er, if any
BRACEBRIDGE (BIL LTD)			
6 Address (including country)			
C/O WAYSTONE CORP SVC, SUITE 5B201 2ND FL ONE NEXUS WA	5b Ref	ference ID num	ber
FRAND CAYMAN KY1-1108 CAYMAN ISLANDS	- 1	1270125	
7 Country code of country of incorporation or organization	1 000	1379135	
CJ			
8 Foreign law characterization (see instructions)			
CORPORATION			
9 Is the transfered foreign corporation a controlled feature with 0		T 1	37
24531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.		Yes	X No
entransport and the state of th		Form 926 (F	ev. 11-2018)

TEAL MILL MINORINGER	on Regarding Tran	OF RHODE ISLAN sfer of Property (see	instructions)		5-6014351 Page:
Section A - Cash			instructions)		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value of date of transfer		(e) Gain recognized on transfer
Cash	07/28/2020		2,000,00		
If "Yes," skip the re	property transferred?	o to Part IV. n intangible propert			X Yes No
Type of	(a)	(b)	(c)	(d)	(e)
property	Date of transfer	Description of property	Fair market value of date of transfer	On Cost or other basis	Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals			er e		
recognition agreeme	ent was filed? a foreign branch (includi		n disregarded entity) tı	ansferred to a	
recognition agreement 12 a Were any assets of foreign corporation? If "Yes," go to line 1. b Was the transferor a (including a branch of the first of the firs	ent was filed? a foreign branch (includi) 2b. a domestic corporation to that is a foreign disregar b line 12c. If "No," skip lir e transfer, was the dome proporation?	ng a branch that is a foreign nat transferred substantiall ded entity) to a specified 1 es 12c and 12d, and go to estic corporation a U.S. sha e 12d, and go to line 13. In gross income as required d in section 367(d)(4)?	n disregarded entity) to y all of the assets of a 0%-owned foreign corp line 13. areholder with respect	ransferred to a foreign branch poration?	Yes No
recognition agreement 12 a Were any assets of foreign corporation? If "Yes," go to line 1. b Was the transferor a (including a branch of the first of the firs	ent was filed? a foreign branch (includi) 2b. a domestic corporation to that is a foreign disregar line 12c. If "No," skip lir e transfer, was the dome proporation? Iline 12d. If "No," skip lir d loss amount included in ansfer property describe C and questions 14a th	ng a branch that is a foreign at transferred substantial ded entity) to a specified 1 es 12c and 12d, and go to estic corporation a U.S. shows a 12d, and go to line 13. In gross income as required in section 367(d)(4)?	n disregarded entity) to y all of the assets of a 0%-owned foreign corp line 13. areholder with respect	ransferred to a foreign branch poration?	Yes No
recognition agreement and the second recognition agreement assets of foreign corporation? If "Yes," go to line 1. b Was the transferor a (including a branch of the second recognition of the second recognition of the second recognition of the second recognition of the second recognition of the second recognition of the second recognition of the second recognition of the second recognition assets as the second recognition of the second recognition as the second recognition as the second recognition as the second recognition as the second recognition as the second recognition as the second recognition agreement as the second recognition agreement as the second recognition as the second r	ent was filed? a foreign branch (includi) 2b. a domestic corporation to that is a foreign disregar line 12c. If "No," skip lir e transfer, was the dome proporation? Iline 12d. If "No," skip lir d loss amount included in ansfer property describe C and questions 14a th	ng a branch that is a foreign at transferred substantial ded entity) to a specified 1 es 12c and 12d, and go to estic corporation a U.S. shows a 12d, and go to line 13. In gross income as required in section 367(d)(4)?	n disregarded entity) to y all of the assets of a 0%-owned foreign corp line 13. areholder with respect	foreign branch poration? to the (e) price Cost or othe	Yes No Yes No Yes No Yes No (f)
recognition agreement was a sets of foreign corporation? If "Yes," go to line 1. Was the transferor a (including a branch of the transfere foreign could be transfered for the transfered foreign could be transfered for the transferor transfer the transferor trans	ent was filed? a foreign branch (includiction) 2b. a domestic corporation to that is a foreign disregare line 12c. If "No," skip lire transfer, was the dome prporation? I line 12d. If "No," skip lire diss amount included in ansfer property describe C and questions 14a the line Property Subjection (a) Date of	ng a branch that is a foreign at transferred substantial ded entity) to a specified 1 es 12c and 12d, and go to estic corporation a U.S. share 12d, and go to line 13. In gross income as required in section 367(d)(4)? In cough 15.	n disregarded entity) to y all of the assets of a 0%-owned foreign corp line 13. areholder with respect under section 91	foreign branch poration? to the (e) price Cost or othe	Yes No Yes No Yes No Yes No No (f)
recognition agreement and the state of the s	ent was filed? a foreign branch (includiction) 2b. a domestic corporation to that is a foreign disregare line 12c. If "No," skip lire transfer, was the dome prporation? I line 12d. If "No," skip lire diss amount included in ansfer property describe C and questions 14a the line Property Subjection (a) Date of	ng a branch that is a foreign at transferred substantial ded entity) to a specified 1 es 12c and 12d, and go to estic corporation a U.S. share 12d, and go to line 13. In gross income as required in section 367(d)(4)? In cough 15.	n disregarded entity) to y all of the assets of a 0%-owned foreign corp line 13. areholder with respect under section 91	foreign branch poration? to the (e) price Cost or othe	Yes No Yes No Yes No Yes No No (f) Income inclusion for
recognition agreement was a sets of foreign corporation? If "Yes," go to line 1. Was the transferor a (including a branch of the transfere foreign could be transfered for the transfered foreign could be transfered for the transferor transferor transfer the transferor trans	ent was filed? a foreign branch (includiction) 2b. a domestic corporation to that is a foreign disregare line 12c. If "No," skip lire transfer, was the dome prporation? I line 12d. If "No," skip lire diss amount included in ansfer property describe C and questions 14a the line Property Subjection (a) Date of	ng a branch that is a foreign at transferred substantial ded entity) to a specified 1 es 12c and 12d, and go to estic corporation a U.S. share 12d, and go to line 13. In gross income as required in section 367(d)(4)? In cough 15.	n disregarded entity) to y all of the assets of a 0%-owned foreign corp line 13. areholder with respect under section 91	foreign branch poration? to the (e) price Cost or othe	Yes No Yes No Yes No Yes No No (f)

:1	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions	Yes	X No
?1	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	77 1777		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	□ No
С		т	
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	. \$	
	If "Yes," complete lines 20b and 20c.	163	LES INU
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
d	Exchange gain under section 987	Yes Yes	X No
С	Recapture under section 1503(d)	Yes Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes Yes	X No
а		Yes	X No
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
17	Type of nonrecognition transaction (see instructions) ► SEC 351		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.040% (b) After 0.070%		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
	REMIDE OF BIOCK		
<u>Sur</u> PU	pplemental Part III Information Required To Be Reported (see instructions) RCHASE OF STOCK		
<u> </u>		. L Yes	└_ No
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?		
45	Regulations section 1.367(d)-1(c)(3)(ii) ▶\$		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
c	1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	. └_J Yes	└─ No
•	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section	Γ	
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	. L Yes	└─ No
, L	reasonably anticipated to exceed 20 years?	Yes	☐ No
14 a	a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
For	m 926 (Rev. 11-2018) UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMN 05	-601435	1 Page 3

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Part I U.S. Transferor Information (see instructions)			
Name of transferor		Identifying numl	ber _(see instructions)
UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMNI ENGAGEMENT		05-6014	
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	oration?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 36	88(c)) by		
five or fewer domestic corporations?			X No
b Did the transferor remain in existence after the transfer?		X Yes	└── No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder		Identifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the paren If not, list the name and employer identification number (EIN) of the parent corporation.	t corporation	? X Yes	No
Name of parent corporation	El	N of parent corpora	tion
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated a	s such under	section 367),	
complete questions 3a through 3d.			
a List the name and EIN of the transferor's partnership.			
Name of partnership		EIN of partnership	
STRATEGIC INVESTORS FUND X	98-15	30513	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	L		X No
c Is the partner disposing of its entire interest in the partnership?			X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estab			140
securities market?		Yes	X No
Part II Transferee Foreign Corporation Information (see instructions)			
4 Name of transferee (foreign corporation)		5a Identifying num	ber, if any
STRATEGIC INVESTORS FUND X			
6 Address (including country) 2770 SAND HILL ROAD		5b Reference ID nur	mber
MENLO PARK, CA 94025		0001791392	
7 Country code of country of incorporation or organization			
8 Foreign law characterization (see instructions)			
9 Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No
Add at all the LUA For Denominary Reduction Act Notice and compute incharacters			

99

Part III Information					
Section A - Cash		Т	· · · · · · · · · · · · · · · · · · ·		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash STMT 6					
	nainder of Part III and	go to Part IV.			X Yes No
Type of	(a) Date of	(b) Description of	(c)	(d)	(e)
property	transfer	property	Fair market value on date of transfer	Cost or other basis	Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Duamantu u dat					
Property with built-in loss					
	1				
Did the transferor transferor transferor transferor12 a Were any assets of a foreign corporation?	nt was filed? foreign branch (includ	es subject to section 367(a) v	disregarded entity) trans	ferred to a	Yes No
recognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12! b Was the transferor a continue to lime 12! c Immediately after the transferee foreign corporation. If "Yes," continue to lime 12! d Enter the transferred I	t was filed? foreign branch (included) condomestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the done poration? ne 12d. If "No," skip I oss amount included sfer property describ	that transferred substantially anded entity) to a specified 10 ines 12c and 12d, and go to linestic corporation a U.S. shartine 12d, and go to line 13. in gross income as required the ed in section 367(d)(4)?	all of the assets of a forei %-owned foreign corpora ine 13. eholder with respect to the	ferred to a gn branch tion? [
11 Did the transferor tran recognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12! b Was the transferor a composition of the fire of the transferor of the transfere of the transfere of the transfere of the transfere of the transferred of t	nt was filed? foreign branch (included) domestic corporation at is a foreign disregation ne 12c. If "No," skip Itransfer, was the don poration? ne 12d. If "No," skip Itransfer, was the don poration? ne 12d. If "No," skip Itransfer, was the don poration? and questions 14a to	that transferred substantially anded entity) to a specified 10 ines 12c and 12d, and go to linestic corporation a U.S. sharmine 12d, and go to line 13. in gross income as required the ed in section 367(d)(4)?	all of the assets of a forei %-owned foreign corpora ine 13, eholder with respect to the	ferred to a gn branch tion? [Yes No Yes No
11 Did the transferor transecognition agreement recognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12 b Was the transferor a confined in the fire transferor to limmediately after the transferee foreign corporation of the transferor tran	nt was filed? foreign branch (included) co. domestic corporation at is a foreign disregation at 12c. If "No," skip I transfer, was the don poration? ne 12d. If "No," skip I oss amount included sfer property describ c and questions 14a t	that transferred substantially anded entity) to a specified 10 ines 12c and 12d, and go to linestic corporation a U.S. sharmine 12d, and go to line 13. in gross income as required the ed in section 367(d)(4)?	all of the assets of a forei %-owned foreign corpora ine 13, eholder with respect to the	gn branch tion? [Yes No Yes No Yes No Yes No
11 Did the transferor transferor transferognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12! b Was the transferor a continue to lime 12 in the transferor and the stransferor transferee foreign continue to lime 13 Did the transferor tr	t was filed? foreign branch (included) condomestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the done poration? ne 12d. If "No," skip I oss amount included sfer property describes and questions 14a to express the poration of the property Subject (a) Date of	that transferred substantially anded entity) to a specified 10 ines 12c and 12d, and go to linestic corporation a U.S. sharmine 12d, and go to line 13. in gross income as required the ed in section 367(d)(4)?	disregarded entity) trans all of the assets of a forei %-owned foreign corpora ine 13, eholder with respect to the under section 91 \$\bigseleft\ \bigseleft\ \big	gn branch tion? [Yes No Yes No Yes No Yes No Income inclusion for
11 Did the transferor transecognition agreement recognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12! b Was the transferor a confine to limit of the transfere foreign corporation of the transfere foreign corporation of the transferred I denter the transferred I denter the transferor transf	t was filed? foreign branch (included) condomestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the done poration? ne 12d. If "No," skip I oss amount included sfer property describes and questions 14a to express the poration of the property Subject (a) Date of	that transferred substantially anded entity) to a specified 10 ines 12c and 12d, and go to linestic corporation a U.S. sharmine 12d, and go to line 13. in gross income as required the ed in section 367(d)(4)?	disregarded entity) trans all of the assets of a forei %-owned foreign corpora ine 13, eholder with respect to the under section 91 \$\bigseleft\ \bigseleft\ \big	gn branch tion? [Yes No Yes No Yes No Yes No (f) Income inclusion for
11 Did the transferor transferor transferognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12! b Was the transferor and (including a branch the fire transferor to lime 12 to lime 12 to lime 13 to lime 14 to lime 15 to lime 16 to lime 16 to lime 17 to lime 17 to lime 17 to lime 17 to lime 18 to lime 19	t was filed? foreign branch (included) condomestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the done poration? ne 12d. If "No," skip I oss amount included sfer property describes and questions 14a to express the poration of the property Subject (a) Date of	that transferred substantially anded entity) to a specified 10 ines 12c and 12d, and go to linestic corporation a U.S. sharmine 12d, and go to line 13. in gross income as required the ed in section 367(d)(4)?	disregarded entity) trans all of the assets of a forei %-owned foreign corpora ine 13, eholder with respect to the under section 91 \$\bigseleft\ \bigseleft\ \big	gn branch tion? [Yes No Yes No Yes No Yes No Income inclusion for

For	m 926 (Rev. 11-2018) UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMN	05-601435	1 Page 3
t c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No No
Sup	oplemental Part III Information Required To Be Reported (see instructions)		
PU.	RCHASE OF STOCK		
Pa	rt IV Additional Information Regarding Transfer of Proporty/occ instructions		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
P a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 0 0 % (b) After0 . 6 8 0 %		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0.000 % (b) After0.680 % Type of nonrecognition transaction (see instructions) > SEC351		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 0 0 % (b) After0 . 6 8 0 % Type of nonrecognition transaction (see instructions) > SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following.		X
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 0 0 % (b) After0 . 6 8 0 % Type of nonrecognition transaction (see instructions) > SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)	Yes	X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.000 % (b) After 0.680 % Type of nonrecognition transaction (see instructions) ► SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.000 % (b) After 0.680 % Type of nonrecognition transaction (see instructions) > SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 0 0 % (b) After0 . 6 8 0 % Type of nonrecognition transaction (see instructions) ► SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes	X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 0 0 % (b) After0 . 6 8 0 % Type of nonrecognition transaction (see instructions) ▶ SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before0 . 0 0 0 % (b) After0 . 6 8 0 % Type of nonrecognition transaction (see instructions) ► SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No
116 117 118 a b c d 119	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.000 % (b) After 0.680 % Type of nonrecognition transaction (see instructions) SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes	X No X No X No X No
116 117 118 a b c d 119 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes	X No X No X No X No
116 117 118 a b c d 119 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
116 117 118 a b c d d 119 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.000 % (b) After 0.680 % Type of nonrecognition transaction (see instructions) SEC 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes Yes Yes Yes	X No X No X No X No
116 117 118 a b c d 119 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)	distribution.	Sequen	ce No. 128
Name of transferor		Ide-466	L .
UNIVERSITY OF RHODE ISLAND FOUNDATION &		Identifying num	Der (see instructions)
ALUMNI ENGAGEMENT		05-6014	2 5 1
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corp	ovetion 0	1 03-0014	
2 If the transferor was a corporation, complete questions 2a through 2d.	oration?	Yes	X No
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 36	20()) (
			77
b Did the transferor remain in existence after the transfer?		└── Yes	X No
If not, list the controlling shareholder(s) and their identifying number(s).		X Yes	└── No
and their identifying flumber(s).			
Controlling shareholder	lde	entifying number	•
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent	t corporation?	X Yes	No
If not, list the name and employer identification number (EIN) of the parent corporation.	,		
Name of parent corporation	=====		
rame of parent corporation	EIN of	parent corporat	ion
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not to be actual transferor).			
as the actual transferor (but is not treated as	such under sect	ion 367),	
complete questions 3a through 3d.			
a List the name and EIN of the transferor's partnership.			
Name of partnership	FIN	l of partnership	
		or partnership	
HUDSON BAY INTERNATIONAL FUND	00 10010		
	98-12943	51	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?c Is the partner disposing of its entire interest in the partnership?			X No
d is the partner disposing of an interest in the partnership?		L Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establi	shed		
securities market? Part II Transferee Foreign Corporation Information (see instructions)		Yes	X No
4 Name of transferee (foreign corporation)			
ramo di dansionee (foreign corporation)	5a lo	dentifying numbe	er, if any
HUDSON BAY INTERNATIONAL FUND			
6 Address (including country)			
.90 ELGIN AVENUE	5b R	leference ID numl	ber
RAND CAYMAN KY1-9005 CAYMAN ISLANDS	100	01407670	
7 Country code of country of incorporation or organization	00	01497679	
CJ			
B Foreign law characterization (see instructions)			
CORPORATION			
Is the transferee foreign corporation a controlled foreign corporation?			137
4531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.		Yes	X No
to constitution of the con		⊦orm 926 (R	ev. 11-2018)

Section A - Cash		n sfer of Property (see	instructio	ns)		6014351 _{Page}
Type of	(a) Date of	(b) Description of	Fair ma	(c) rket value on	(d) Cost or other	(e)
Property Cash	transfer 02/01/2021	property	date	of transfer	basis	Gain recognized on transfer
If "Yes," skip the re	property transferred? emainder of Part III and	go to Part IV.		1		X Yes No
Section B - Other F Type of	Property (other th	an intangible property	y subject	to section 367	(d))	
property	Date of transfer	Description of property		rket value on of transfer	Cost or other basis	(e) Gain recognized on
Stock and securities		рюроку	date	or transfer	Dasis	transfer
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
Totals						
foreign corporation? If "Yes," go to line 1			••••••	********************		YAS I NA
(including a branch If "Yes," continue to c Immediately after th transferee foreign co If "Yes," continue to d Enter the transferred Did the transferor tra If "No," skip Section	that is a foreign disregated in the transfer, was the doreorporation? In the transfer in the transfer in the transfer in the transfer in the transfer in the transfer in the transfer property described in C and questions 14a to the transfer in the transf	_	0%-owned f line 13. areholder wit	ssets of a foreign loreign corporation	oranch ?[Yes No Yes No Yes No
(including a branch If "Yes," continue to c Immediately after th transferee foreign co If "Yes," continue to d Enter the transferred ID Did the transferor tra If "No," skip Section Section C - Intangib	that is a foreign disregated in the transfer, was the doreorporation? In the transfer in the transfer in the transfer in the transfer in the transfer in the transfer in the transfer property described in C and questions 14a to the transfer in the transf	arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. shall in 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	0%-owned f line 13. areholder wit	ssets of a foreign oreign corporation the respect to the	oranch ?[Yes No
(including a branch If "Yes," continue to c Immediately after th transferee foreign co If "Yes," continue to d Enter the transferred Did the transferor tra If "No," skip Section	that is a foreign disregated in the transfer, was the doreorporation? In the transfer in the transfer in the transfer in the transfer in the transfer in the transfer in the transfer property described in C and questions 14a to the transfer in the transf	arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. shames ine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? hrough 15.	(c) Useful A	ssets of a foreign oreign corporation the respect to the	oranch ?[Yes No Yes No Yes No
(including a branch If "Yes," continue to c Immediately after th transferee foreign co If "Yes," continue to d Enter the transferred 13 Did the transferor tra If "No," skip Section Section C - Intangib	that is a foreign disregated line 12c. If "No," skip the transfer, was the doreorporation? In the 12d. If "No," skip the line 12d. If "No," skip the loss amount included ansfer property described and questions 14a the line 14d part of the	arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. shall in gross income as required ed in section 367(d)(4)? hrough 15. (b) Description of	(c) Useful A	ssets of a foreign oreign corporation th respect to the on 91 > \$	coranch ?[Yes No Yes No Yes No (f) Income inclusion for

For	n 926 (Rev. 11-2018) UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMN	05-6014351	Page 3
t c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No No
<u> </u>			
OUL	pplemental Part III Information Required To Be Reported (see instructions) RCHASE OF STOCK		
P a	rt IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
. –	(a) Before 0.000 % (b) After %		
17	Type of nonrecognition transaction (see instructions) ► SEC 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
a	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
C C	Recapture under section 1503(d)	Yes	X No
9 19	Did Abia Assaura (manager 1987)	Yes	X No
9	bid this transfer result from a change in entity classification?	Ves	X No
.v a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes	X No
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
1	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions		X No
		Form 926 (Re	ev. 11-2018)

(Rev. November 2018) Department of the Treasury Internal Regenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

Go to www.irs.gov/Form926 for instructions and the latest information. Attach to your income tax return for the year of the transfer or distribution. OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)			
Name of transferor UNIVERSITY OF RHODE ISLAND FOUNDATION &		ldentifying numb	
ALUMNI ENGAGEMENT		05-6014	351
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	oration?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 36	88(c)) by		
five or fewer domestic corporations?		Yes	X No
b Did the transferor remain in existence after the transfer?		X Yes	☐ No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	ldent	ifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent If not, list the name and employer identification number (EIN) of the parent corporation.	corporation?	X Yes	□ No
Name of parent corporation	EIN of pa	arent corporati	on
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. 	such under section	า 367),	
Name of partnership	EIN o	f partnership	
WHALE ROCK FLAGSHIP FUND LTD			
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	X No
c Is the partner disposing of its entire interest in the partnership?	***************************************	Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establi	shed	res	140
securities market?		Yes	X No
Part II Transferee Foreign Corporation Information (see instructions)		res	[<u>4</u> 2] [NO
4 Name of transferee (foreign corporation)	5a Ide	ntifying numbe	er, if any
WHALE ROCK FLAGSHIP FUND LTD			
6 Address (including country)	Eb Doi	orongo ID mumi	
UGLAND HOUSE SOUTH CHURCH STREET	ob hei	erence ID numl	ber
GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	001	457666	
7 Country code of country of incorporation or organization CJ	1 001	±01000	
8 Foreign law characterization (see instructions) CORPORATION			
9 Is the transferee foreign corporation a controlled foreign corporation?			V
224531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (R	X No ev. 11-2018)

Section A - Cash	Trogaraing Tra		inctructions)		0014351 Page 2
		nsfer of Property (see	instructions)		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash STMT 7				Pudid	tidisjer
10 Was cash the only pro- If "Yes," skip the remains	ainder of Part III and	go to Part IV. an intangible property			X Yes No
Type of	(a) Date of) (b)	(c)	(d)	(e)
property	transfer	Description of property	Fair market value on date of transfer	Cost or other basis	Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals			3		
If "Yes," go to line 12b b Was the transferor a d (including a branch tha	o. domestic corporation at is a foreign disrega	that transferred substantially	vall of the assets of a forei	gn branch	
 c Immediately after the transferee foreign corp.	ne 12c. If "No," skip I transfer, was the don poration? ne 12d. If "No," skip I oss amount included sfer property describ and questions 14a to	lines 12c and 12d, and go to nestic corporation a U.S. shaline 12d, and go to line 13. in gross income as required led in section 367(d)(4)?hrough 15.	line 13. reholder with respect to th	e [Yes No
 c Immediately after the transferee foreign corp. If "Yes," continue to ling. d Enter the transferred low. Did the transferor trans. If "No," skip Section C. 	ne 12c. If "No," skip I transfer, was the don poration? ne 12d. If "No," skip I oss amount included sfer property describ and questions 14a to	lines 12c and 12d, and go to nestic corporation a U.S. shaline 12d, and go to line 13. in gross income as required led in section 367(d)(4)?hrough 15.	line 13. reholder with respect to th under section 91 ▶\$	e [Yes No
 c Immediately after the transferee foreign corp. If "Yes," continue to ling. d Enter the transferred low. Did the transferor trans. If "No," skip Section C. 	ne 12c. If "No," skip I transfer, was the don poration? ne 12d. If "No," skip I oss amount included sfer property describ and questions 14a to	lines 12c and 12d, and go to nestic corporation a U.S. shaline 12d, and go to line 13. in gross income as required led in section 367(d)(4)?hrough 15.	line 13. reholder with respect to th under section 91 ▶\$	e (e) Cost or other	Yes No
c Immediately after the t transferee foreign corp If "Yes," continue to lin d Enter the transferred lo 13 Did the transferor trans If "No," skip Section C Section C - Intangible	ne 12c. If "No," skip I transfer, was the don poration? ne 12d. If "No," skip I oss amount included sfer property describ and questions 14a t Property Subje (a) Date of	lines 12c and 12d, and go to nestic corporation a U.S. sha line 12d, and go to line 13. in gross income as required and in section 367(d)(4)?	line 13. reholder with respect to th under section 91 \$	e (e) Cost or other	Yes No Yes No Income inclusion for

Forr	n 926 (Rev. 11-2018) UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMN	05-6014351	Page 3
b C	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any	Yes	No No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Sur PU:	pplemental Part III Information Required To Be Reported (see instructions) RCHASE OF STOCK		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before		
17	Type of nonrecognition transaction (see instructions) ▶ SEC 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	□□Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	□ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (Re	v. 11-2018)

FORM 926	PART III - INFORMATION REGARDING TRANSFER OF PROPERTY	STATEMENT	3
	CASH		
(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER		
12/21/2020 03/11/2021 06/14/2021	105,000. 200,000. 90,000.		
	395,000.		

PART III - INFORMATION REGARDING TRANSFER OF PROPERTY	STATEMENT	4
CASH		
(C) FAIR MARKET VALUE ON DATE OF TRANSFER		
3,000,000. 2,000,000. 500,000.		
	CASH (C) FAIR MARKET VALUE ON DATE OF TRANSFER 3,000,000. 2,000,000. 500,000.	CASH (C) FAIR MARKET VALUE ON DATE OF TRANSFER 3,000,000. 2,000,000. 500,000.

FORM 926	PART III - INFORMATION REGARDING TRANSFER OF PROPERTY	STATEMENT	5
	CASH		
(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER		
10/29/2020 12/19/2020 04/20/2021 06/17/2021	50,000. 200,000. 100,000. 50,000.		
	400,000.		

FORM 926	PART III - INFORMATION REGARDING TRANSFER OF PROPERTY	STATEMENT	6
	CASH	, , , , , , , , , , , , , , , , , , ,	
(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER		
09/20/2020 12/31/2020 03/31/2021 06/01/2021	131,750. 147,228. 136,395. 131,250.		
	546,623.		

FORM 926	PART III - INFORMATION REGARDING TRANSFER OF PROPERTY	STATEMENT	7
	CASH		
(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER		
01/29/2021 02/26/2021 05/28/2021	4,000,000. 1,000,000. 500,000.		
	5,500,000.		

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or tiscal year beginning JUL 1 . 2020, and ending JUN 30

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax UNIVERSITY OF RHODE ISLAND FOUNDATION & ALUMNI ENGAGEMENT

Taxpayer identification number

-*4351

Name and title of officer or person subject to tax

1a Form 990 check here

ADAM QUINLAN

CFO

Dart	Type of Detrom and D. I. I.	
raiti	Type of Return and Return Information	Whole Dollars Only
		(TYTIOID DOILD S OF IIV)

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

b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 57,014,684.		
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b		
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)			
5a Form 8868 check here b Balance due (Form 8868, line 3c)	4b		
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	5b		
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	6b		
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	7b		
Haday was allowed to the state of the state			
(name of organization)			
(EIN)	and that I have examined a copy		

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. true, correct, and complete. I jurner declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1.88-353-4537 no later than 2 business days prior to the payment (settlement) date. Lake authorize the financial institutions involved in the processing of the electronic payment of taxes to proceive (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only

X I author	rize KAHN	, LITWIN,	RENZA	&	CO.,	LTD

to enter my PIN ERO firm name

12345 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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

Certification and Authentication Part III

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

05052699999

Do not enter all zeros

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

ERO's signature

Date > 02/24/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

023051 11-03-20