# 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

Open to Public Inspection

Form 990 (2018)

Department of the Treasury Internal Revenue Service

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

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

07/01 , 2018, and ending A For the 2018 calendar year, or tax year beginning 06/30, 20 19 D Employer identification number C Name of organization B Check if applicable RISING GROUND, INC. 13-1860451 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 463 HAWTHORNE AVENUE Initiat return (914) 375-8700 Final return/ City or town, state or province, country, and ZIP or foreign postal code Amended return YONKERS, NY 10705 113,279,352. G Gross receipts \$ Name and address of principal officer. ALAN MUCATEL H(a) Is this a group return for subordinates? Yes 463 HAWTHORNE AVENUE, YONKERS, NY 10705 H(b) Are all subordinates inclu Yes X 501(c)(3) Tax-exempt status 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) Website: WWW.RISINGGROUND.ORG H(c) Group exemption number Form of organization: X Corporation NY Trust Association Other > L Year of formation: 1831 M State of legal domicile: Summary Part I Briefly describe the organization's mission or most significant activities: RISING GROUND IS DEDICATED TO SUPPORTING CHILDREN, ADULTS, AND FAMILIES WITH COMPREHENSIVE SOCIAL SERVICES. Activities & Governance WORKING TOGETHER, WE CREATE STRONG FOUNDATIONS FOR SUCCESS. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 20. 3 Number of independent voting members of the governing body (Part VI, line 1b) 20. 4 1,683. Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 521. 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . b Net unrelated business taxable income from Form 990-T, line 38 0. Prior Year **Current Year** 1,932,227. 8 Contributions and grants (Part VIII, line 1h) 1,829,613. Revenue 96,465,561. 101,457,242. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 1,015,794. 835,564. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 290,010. 1,108,456. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 99,703,592. 105,230,875. 6,364,651. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. 74,791,332. 70,711,769. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 29,056,375. 25,270,810. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 99,768,144. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 106, 426, 793. Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . -64,552. -1,195,918. Beginning of Current Year End of Year Total assets (Part X, line 16) 58,227,198. 60,635,836. 21 Total liabilities (Part X, line 26) 44,019,803. 50,649,057. 22 14,207,395. Net assets or fund balances, Subtract line 21 from line 20. 9,986,779. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here CFO ELLIGT Type or print name and title Print/Type preparer's name Preparer's signature Check Paid AARON SHAPIRO self-employed P01333816 Preparer Firm's EIN > 44-0160260 Firm's name ▶BKD, LLP **Use Only** Firm's address >1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036 212.867.4000 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions). X Yes

8E1010 1.000

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1		escribe the organization's mission:  CHMENT 1
2		organization undertake any significant program services during the year which were not listed on the rm 990 or 990-EZ?
2	If "Yes,"	describe these new services on Schedule O.
3	services	organization cease conducting, or make significant changes in how it conducts, any program ?
4	expense	e the organization's program service accomplishments for each of its three largest program services, as measured by its. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others expenses, and revenue, if any, for each program service reported.
4a	(Code: ATTA	) (Expenses \$41,100,302. including grants of \$4,953,213. ) (Revenue \$44,941,381. ) CHMENT 2
4b	(Code: ATTA	) (Expenses \$15,078,376. including grants of \$234,296. ) (Revenue \$16,618,783. ) CHMENT 3
	(Code:	) (Expenses \$14,176,128. including grants of \$385,736) (Revenue \$15,388,422)  TELLECTUAL/DEVELOPMENTAL DISABILITIES SERVICES INCLUDE
		VITY BASED PROGRAMS SUCH AS GROUP RESIDENCES AND SUPPORTED
		MENTS IN THE COMMUNITY, RESPITE/RECREATION SERVICES,
	SUPPOR	RTIVE EMPLOYMENT, DAY HABILITATION SERVICES, AND MEDICAID
		CE COORDINATION FOR BOTH CHILDREN AND ADULTS.OUR SUPPORTIVE
		CAL PRACTICES ADDRESS THE ASSOCIATED EMOTIONAL, BEHAVIORAL
		SYCHOLOGICAL ISSUES/DISORDERS IN ORDER TO ASSIST OUR MERS TO LIVE MORE FULFILLING LIVES.
	CONDO	HERD TO HIVE MORE FORFIBBING BIVED.
4d		rogram services (Describe in Schedule O.) ATTACHMENT 4
40	(Expens	es \$ 23,929,730. including grants of \$ 791,406. ) (Revenue \$ 24,508,656. )  ogram service expenses > 94,284,536.
	. July	

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Part IV Checklist of Required Schedules Page 3

rai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<b>-</b>		
0	complete Schedule D, Part III	8		Х
^		-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0	Х	
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Λ	
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		110	X	
<b>L</b>	complete Schedule D, Part VI	11a	21	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	444		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.1		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		τ,	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	<b>.</b>		3.7
	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			3.5
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ا		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا	π,	
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			7.7
•-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		Х
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		21
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		256		Х
20	If "Yes," complete Schedule L, Part I	25b		21
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	0.0		Х
07	disqualified persons? If "Yes," complete Schedule L, Part II.	26		21
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
	entity 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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did 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 contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c		
	Section 3 (games gy minings to prize minings)		990	(0040

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,683			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
va	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	·			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		05		
	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	7a	Х	
<b>L</b>	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	70		
		7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>f</del>		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	/ 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
а				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Cross income from monitoric or charcinologic First Fir			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		Λ
4.5	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		21
	If "Yes," complete Form 4720, Schedule O.			

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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 in Schedule O. See instructions.

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

Sect	ion A. Governing Body and Management	• • •		
	<del>, , , , , , , , , , , , , , , , , , , </del>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.0.		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401-	Х	
	rise to conflicts?	12b		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
	describe in Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	14	X	-
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	-	X
b	Other officers or key employees of the organization	. 55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,		` '
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.		-	
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls ▶		

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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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles er and	s pe I a d	more rson lirect	e than o	an ee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)MATT DEL PERCIO	1.00									
PRESIDENT	2.00	Х		х				0.	0.	0.
(2)MARGERY E. AMES	1.00									-
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(3)CAROL CHEN	1.00									
TREASURER	2.00	Х		Х				0.	0.	0.
(4)G. CROSSAN SEYBOLT, JR.	1.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(5)SUSAN S. BENEDICT	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(6)TONY CIRINCIONE	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(7)JOYCE R. COPPIN-MONDESIRE	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(8)CHRISTOPHER ACKERMAN	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(9)THOMAS GALLAGHER	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(10)JOSE M. JARA	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(11)BRIGETTE MCLEOD-WILLIAMS	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(12)ELLEN POLANSKY	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(13)BOB SCHANZ	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(14)MARK BROUDE	1.00									
DIRECTOR	2.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors,	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (c									continued)
(A) Name and title	(B) Average hours per	(do ı		Pos		e than o	ne	(D) Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)					both story Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
			Ф			ated				
15) DAVID THEOBALD	1.00									
DIRECTOR	2.00	X						0.	0.	0.
16) DUNCAN JAMES TURNBULL	1.00									
DIRECTOR	2.00	X						0.	0.	0.
17) ALLEN WAXMAN	1.00									
DIRECTOR	2.00	X						0.	0.	0.
18) JUDITH BENITEZ	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
19) KAREN MYRIE, M.D.	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
20) KIM WALKER	1.00									
DIRECTOR	2.00	Х						0.	0.	0 .
21) ALAN MUCATEL	33.00									
CHIEF EXECUTIVE OFFICER	3.00			Х				389,118.	0.	18,932.
22) UDAY RAY	33.00									
CFO (THROUGH 1/2019)	3.00	1		Х				217,436.	0.	27,888.
23) ELLIOT HAGLER	33.00									
CFO	3.00			Х				4,808.	0.	0 .
24) ELISE ZEALAND	34.00									
GENERAL COUNSEL	2.00	1			X			194,907.	0.	14,502
25) BELINDA CONWAY	35.00									
EXECUTIVE VICE PRESIDENT					X			181,600.	0.	17,839.
1b Sub-total							_	0.	0.	0.
c Total from continuation sheets to Part VII				•	• •			1,950,341.	0.	180,655.
d Total (add lines 1b and 1c)	•				-		•	1,950,341.	0.	180,655.
2 Total number of individuals (including but r							re		\$100,000 of	•
reportable compensation from the organiza				u u	JO V	o, wiic	, 10	ocived more than	ψ100,000 01	
										Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3 X
<b>4</b> For any individual listed on line 1a, is th organization and related organizations individual	ne sum of rep greater than	ortab \$15	ole c 50,00	om 00?	per <i>If</i>	nsatior "Yes	n aı ;,"	nd other compen complete Schedu	sation from the le J for such	4 X
5 Did any person listed on line 1a receive	or accrue co	mpen	satio	on f	fron	n any	un	related organizati	on or individual	

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 13

for services rendered to the organization? If "Yes," complete Schedule J for such person .....

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Name and title	Part VII Section A. Officers, Directors, Tr		, <u>,                                  </u>	. 1			u 1 1	<u>y</u> ı						
Second content   Seco	<b>(A)</b> Name and title	hours per week (list any hours for	box,	Po (do not check box, unless po officer and a			Position t check more than one nless person is both an and a director/trustee)  Reportable compensati from the		compensation from the	Reportable compensation from related organizations				
EXECUTIVE VICE PRESIDENT   0.		organizations below dotted	dividual trustee director	stitutional trustee	fficer	эу employee	ghest compensated nployee	ormer		(W-2/1099-WISC)	organization and related organizations			
7) JACQUELINE CALLEJAS   35.00	5) ANGELA RUTH WHITE	35.00												
PSYCHIATRIST						Х			175,104.	0.	1,83			
33 YEZID ACOSTA CHIEF INFORMATION OFFICER O. X 163,855. O. 21, NINSA CREARY NINSE PRACTITIONER O. X 159,979. O. 1, DENISE WALSH SENIOR VICE PRESIDENT O. X 145,702. O. 32, NANYA BAKER VICE PRESIDENT O. X 145,730. O. 31,  B Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 29  Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye		+												
CHIEF INFORMATION OFFICER 0. X 163,855. 0. 21,  NANISHA CREARY 35.00							Х		172,102.	0.	12,88			
Note		+							160 055		01 04			
NURSE PRACTITIONER  0.							X		163,855.	0.	21,88			
D) DENISE WALSH SENIOR VICE PRESIDENT O.  X 145,702. 0.  32,  WARYA BAKER 35.00  VICE PRESIDENT O.  X 145,730. 0.  31,  Description  B Sub-total C Total from continuation sheets to Part VII, Section A D Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Discription    Discription    P Sub-total C Total from continuation sheets to Part VII, Section A D Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    P Sub-total C Total from continuation sheets to Part VII, Section A D Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  4 X		+					v		150 070		1 29			
SENIOR VICE PRESIDENT 0. X 145,702. 0. 32,  MARYA BAKER 35.00 X 145,730. 0. 31,  VICE PRESIDENT 0. X 145,730. 0. 31,  b Sub-total c Total from continuation sheets to Part VII, Section A							Λ		139,919.	0.	1,3			
NARYA BAKER  VICE PRESIDENT  0.		+					x		145 702	0	32 2			
VICE PRESIDENT  O. X 145,730. O. 31,    Sub-total   S							21		113,702.	0.	32,2			
b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   29  Yes  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .  4 X		+					x		145.730.	0.	31,3			
Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 29  Yes  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  X		+	-											
total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 29  Telephone														
total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 29  Yes  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  X  X														
total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 29  Yes  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  X	h Cub total							_						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 29  Yes  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, S	Section A						<b>&gt; &gt;</b>						
Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Total number of individuals (including but not	limited to t	hose	liste				re	ceived more than	\$100,000 of				
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											Yes 3			
	organization and related organizations gr	eater than	\$15	0,0	00?	If	"Yes	," (	complete Schedu	le J for such	4 X			
for services rendered to the organization? If "Yes," complete Schedule J for such person	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	rom	any	uni	related organization	on or individual	5			

year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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## Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 1	а	Federated campaigns 1a					
	b	Membership dues 1b					
[	С	Fundraising events1c	359,642.				
5	d	Related organizations 1d	75,000.				
5	е	Government grants (contributions) 1e	278,241.				
5	f	All other contributions, gifts, grants,					
5		and similar amounts not included above . 1f	1,116,730.				
2 │	g	Noncash contributions included in lines 1a-1f: \$	14,255.				
	h	Total. Add lines 1a-1f		1,829,613.			
2			Business Code				
2	a	CHILD WELFARE	624110	44,941,381.	44,941,381.		
	b	SPECIAL EDUCATION	624110	16,618,783.	16,618,783.		
	С	DEVELOPMENTAL DISABILITIES	624110	15,388,422.	15,388,422.		
	d	JUVENILE JUSTICE	624110	14,033,594.	14,033,594.		
	е	EARLY CHILDHOOD CENTERS	624110	10,475,062.	10,475,062.		
•	f	All other program service revenue					
	g	Total. Add lines 2a-2f		101,457,242.			
3		Investment income (including divid	ends, interest,				
		and other similar amounts)		330,037.			330,03
4		Income from investment of tax-exempt bo		0.			
5		Royalties		0.			
		(i) Real	(ii) Personal				
6	a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
		Net rental income or (loss)	(ii) Other	0.			
7	a	Gross amount nom sales or	, ,				
		assets other than inventory 8,431,54	3.				
	b	Less: cost or other basis	.				
		and sales expenses					
- 1		Gain or (loss)		505 505			505 505
		Net gain or (loss)		505,527.			505,527
8	а	Gross income from fundraising  events (not including \$ 359,642.					
		events (not morading $\phi$					
		of contributions reported on line 1c).	255,395.				
		See Part IV, line 18	a				
		Less: direct expenses		132,939.			132,939
			13 1 1 1 1 1	13273331			132773
9	а	Gross income from gaming activities. See Part IV, line 19	0.				
	L	Less: direct expenses					
		Net income or (loss) from gaming activitie	D	0.			
10	а	Gross sales of inventory, less returns and allowances	a 0.				
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory	D	0.			
		Miscellaneous Revenue	Business Code				
11	2	OTHER	900099	975,517.			975,51
	a b	OTHER		,-			1
	ч С	All other revenue					
	d	Total. Add lines 11a-11d		975,517.			
	е	Total revenue. See instructions.		105,230,875.	101,457,242.		1,944,020

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## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,364,651.	6,364,651.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	_			
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	1 200 222	150 060	1 141 064	
	trustees, and key employees	1,320,333.	179,069.	1,141,264.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0. 57,498,451.	F2 000 202	4 270 661	310,407.
	Other salaries and wages	57,498,451.	52,909,383.	4,278,661.	310,407.
8	Pension plan accruals and contributions (include	3,387,941.	3,080,053.	289,809.	18,079.
	section 401(k) and 403(b) employer contributions)	8,091,844.	7,340,073.	708,664.	43,107.
9	. ,	4,492,763.	4,060,992.	408,025.	23,746.
10	Payroll taxes	4,492,703.	4,000,992.	400,023.	23,740.
	Fees for services (non-employees):	0.			
	Management	598,877.	327,753.	271,124.	
	Legal	324,673.	3277733.	324,673.	
	Accounting	0.		321,0731	
	Lobbying Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	89,674.		89,674.	
		•		•	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,326,484.	3,623,335.	698,278.	4,871.
12	Advertising and promotion	0.			
13		4,070,411.	3,345,919.	679,788.	44,704.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	7,425,434.	6,499,756.	910,417.	15,261.
	Travel	1,542,593.	1,430,376.	107,871.	4,346.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	1,152,907.	986,126.	164,894.	1,887.
20	Interest	290,544.		290,544.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	3,855,776.	3,129,025.	726,751.	
23	Insurance	1,183,828.	944,745.	238,012.	1,071.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	400 600	62.000	225 012	10 416
а	MISCELLANEOUS	409,609.	63,280.	335,913.	10,416.
b					
C					
d					
	All other expenses	106,426,793.	94,284,536.	11,664,362.	477,895.
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	100,420,793.	74,204,330.	11,004,302.	±//,095.
_0	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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# Part X Balance Sheet

	ונא	21 1 1 2 1 1 1 2					
		Check if Schedule O contains a response o	r note to	any line in this P	art X		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,597,467.	1	5,346,059.
	2	Savings and temporary cash investments			126,858.	2	2,958,377.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			12,902,089.	4	14,473,911.
	5	Loans and other receivables from current and t	former of	ficers, directors,			
		trustees, key employees, and highest co	ompensat	ed employees.			
		On any late Park II of Only a late I			0.	5	0.
	6	Complete Part II of Schedule L  Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	, and conti intary emp	lovees' beneficiary			
(O		organizations (see instructions). Complete Part II of Sche	edule L		0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
Ass	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges			1,396,859.	9	982,155.
	10 a	Land, buildings, and equipment: cost or					
			10a	73,682,255.			
	b	Less: accumulated depreciation		45,623,712.	30,308,433.		28,058,543.
	11				8,317,969.	11	7,270,019.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			2,577,523. 58,227,198.	15	1,546,772.
	16	Total assets. Add lines 1 through 15 (must equal			18,787,934.	16	60,635,836.
	17	Accounts payable and accrued expenses			10,707,934.	17	0.
	18	Grants payable			0.	18 19	332,520.
	19	Deferred revenue			18,056,051.	20	16,442,309.
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Pa	art IV of So	chodulo D	0.	21	0.
G	22	Loans and other payables to current and for			<u> </u>	21	0.
Liabilities		trustees, key employees, highest compens					
ig		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			4,517,190.	23	6,026,430.
	24	Unsecured notes and loans payable to unrelated to			2,652,664.	24	1,026,164.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			5,964.	25	6,321,446.
	26	Total liabilities. Add lines 17 through 25			44,019,803.	26	50,649,057.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check he 34.	re ▶ X and			
Juc	27	Unrestricted net assets			11,593,941.	27	7,049,951.
3ali	28	Temporarily restricted net assets			252,358.	28	575,732.
Þ	29	Permanently restricted net assets			2,361,096.	29	2,361,096.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
Ą	32	Retained earnings, endowment, accumulated inco				32	
Net	33				14,207,395.	33	9,986,779.
_	34	Total liabilities and net assets/fund balances	<u> </u>	<u></u>	58,227,198.	34	60,635,836.
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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		05,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		06,4		
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,2		
5	Net unrealized gains (losses) on investments	5		-1	11,7	703.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		-2,3		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5	96,1	.01.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		9,9	86,7	779.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed 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 audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X 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 or	versi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		3,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

### **SCHEDULE A** (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

13-1860451

RIS	SINC	GROUND,	, INC.					13-18604	51
Pa	rt I	Reason	for Public Cha	rity Status (All c	organizations must o	complete	e this pa	art.) See instructions	
The	orga	anization is r	not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, c	onvention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school de	escribed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital of	or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical r	esearch organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's n	ame, city, and st	tate:					
5		•	•		a college or universit	ty owner	d or ope	erated by a governme	ental unit described in
				Complete Part II.)					
6	Щ		_	_	rnmental unit describe		-		
7		_		-	•	ipport fro	om a go	vernmental unit or fro	om the general public
_				(1)(A)(vi). (Compl	•				
8	Щ		-	-	o)(1)(A)(vi). (Complete	-			
9		_		=			-	d in conjunction with a	-
			y or a non-land-	grant college of ag	griculture (see instruct	ilons). Ei	nter the i	name, city, and state o	r the college or
10	Х	university:	ation that narma	lly received: (1) m	ore then 224/20/ of ite	aupport	from oo	ntributions momborsh	oin food, and aroog
10		receipts fro	m activities rela m gross investm	ted to its exempt f nent income and u	unctions - subject to	certain e able incc	xception me (les	entributions, membersh as, and (2) no more tha as section 511 tax) from a Part III.)	n 331/3 %of its
11		J	•	•	usively to test for publ	•		` ' ' '	
12		•	Ū	•	•			ne functions of, or to o	
								section 509(a)(2). S	. , , ,
		Check the b	oox in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а				•		-		orted organization(s),	
			=				ajority of	f the directors or truste	es of the
		¬ ··	• •	-	e Part IV, Sections A				
b				•				supported organization	
			_		=	the sam	e persor	ns that control or man	age the supported
		_			, Sections A and C.				
С								n with, and functional	lly integrated with,
			_		ns). You must comple				tod organization(a)
d			-			-		ection with its suppor oution requirement and	
			-	-	omplete Part IV, Sect	-		•	an allentiveness
е		<b>-</b>	•	•	•			hat it is a Type I, Type I	I Type III
C			•		ionally integrated sup			7	i, type iii
f	Ent			l organizations		porting	organizat		
g				_	orted organization(s).				
		ame of support		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					above (see instructions))	Yes	No	instructions)	man delions)
(A)									
(^) ——									
(B)									
(C)									
(D)									
(E)									
Tota	al								

Page 2 Schedule A (Form 990 or 990-EZ) 2018

	, , , , , , , , , , , , , , , , , , , ,						- 3 -
Par							
	(Complete only if you checked Part III. If the organization fails						alify under
S00	tion A. Public Support	is to quality u	idei tile tests	iisted below, p	nease comple	te Fait III.)	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
Cale	indar year (or riscar year beginning in)	(a) 2014	(b) 2013	(6) 2010	(u) 2017	(e) 2010	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	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)  Public support. Subtract line 5 from line 4						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2011	(3) 2010	(6) 2010	(a) 2017	(0) 2010	(i) rotar
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	,				12	
13	<b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li						%
15	Public support percentage from 2017						%
16a	331/3% support test - 2018. If the or	-					
	box and <b>stop here.</b> The organization q			_			
b	331/3% support test - 2017. If the organization	•					
172	this box and <b>stop here</b> . The organizati <b>10%-facts-and-circumstances test</b> - 2	•		_			
ı / a	10% or more, and if the organization						
	Part VI how the organization meets					-	•
	organization			_	•		
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the organization		-				
	Explain in Part VI how the organizati						
	supported organization						▶ □
18	Private foundation. If the organization	did not check	a box on line 13	s, 16a, 16b, 17a	, or 17b, check	this box and see	e

Schedule A (Form 990 or 990-EZ) 2018 Page **3** 

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,507,195.	6,273,762.	2,084,493.	1,932,227.	2,490,543.	14,288,220.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	80,231,935.	86,154,271.	88,465,696.	96,438,633.	101,457,242.	452,747,777.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	81,739,130.	92,428,033.	90,550,189.	98,370,860.	103,947,785.	467,035,997.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
	line 6.)						467,035,997.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	81,739,130.	92,428,033.	90,550,189.	98,370,860.	103,947,785.	467,035,997.
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	279,322.	297,155.	253,703.	276,453.	330,037.	1,436,670.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	279,322.	297,155.	253,703.	276,453.	330,037.	1,436,670.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly	436,872.	129,418.	261,955.	290,010.	132,939.	1,251,194.
12	Other income. Do not include gain or			-			·
12	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	436,872.	129,418.	261,955.	290,010.	975,517.	2,093,772.
13	Total support. (Add lines 9, 10c, 11,			,,,,,,	,		
. •	and 12.)	82,892,196.	92,984,024.	91,327,802.	99,227,333.	105,386,278.	471,817,633.
14	First five years. If the Form 990 is f					-	
	organization, check this box and <b>stop here</b> .	-					•
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8.			nn (f))		15	98.99%
16	Public support percentage from 2017 Sche		•	.,,		16	99.40%
	tion D. Computation of Investmen						70
17	Investment income percentage for 2018 (lin			3 column (f))		17	.30%
18	Investment income percentage for 2017 (in	,	•			18	.30%
	331/3% support tests - 2018. If the org						
134	17 is not more than 331/3%, check th						
<b>L</b>		-	-	•			
b	331/3% support tests - 2017. If the orgal line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		-				. —

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### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79. 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.**
- 10 a 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 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
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	1		
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er	3a		
nd ne	- Gu		
	3b		
3)	3c		
If	4a		
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Part	Supporting Organizations (continued)		<b>V</b>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations		V	NIa
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A. Adjusted Not Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	4.		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

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

				AT	FACHMENT 1	
SCHEDULE A, PART II	I - OTHER INCOM	Ε				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER	436,872.	129,418.	261,955.	290,010.	975,517.	2,093,772.
TOTALS	436,872.	129,418.	261,955.	290,010.	975,517.	2,093,772.

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** 

RISING GROUND, INC. 13-1860451 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\lfloor exttt{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	BOOTH FERRIS FOUNDATION  60 WALL STREET, FL. 46  NEW YORK, NY 10005	\$145,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEIL A. CLARK  74 MILDRED PARKWAY  NEW ROCHELLE, NY 10804	\$145,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	STELLA AND CHARLES GUTTMAN FOUNDATION, I  122 EAST 42ND STREET, SUITE 2010  NEW YORK, NY 10162	\$100,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · ·		
No.	Name, address, and ZIP + 4  THE PINKERTON FOUNDATION  630 FIFTH AVENUE, SUITE 1755	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4  THE PINKERTON FOUNDATION  630 FIFTH AVENUE, SUITE 1755  NEW YORK, NY 10111  (b)	\$54,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4  THE PINKERTON FOUNDATION  630 FIFTH AVENUE, SUITE 1755  NEW YORK, NY 10111  (b)  Name, address, and ZIP + 4  SEACHANGE CAPITAL PARTNERS  1385 BROADWAY FL 23	\$ 54,150.	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	THE EDITH GLICK SHOOLMAN CHILDREN'S FOUN  PO BOX 20763  NEW YORK, NY 10021	\$55,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BNY MELLON  240 GREENWICH STREET, 19TH FLOOR  NEW YORK, NY 10286	\$50,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DEUTSCHE BANK  5022 GATE PKWY, STE. 400  JACKSONVILLE, FL 32256	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  THE PARENT-CHILD HOME PROGRAM, INC.  163B MINEOLA BLVD	Total contributions	Person X Payroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4  THE PARENT-CHILD HOME PROGRAM, INC.  163B MINEOLA BLVD  MINEOLA, NY 11501  (b)	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
10 (a) No.	Name, address, and ZIP + 4  THE PARENT-CHILD HOME PROGRAM, INC.  163B MINEOLA BLVD  MINEOLA, NY 11501  (b)  Name, address, and ZIP + 4  ANITA-AGNES O. HASSELL  173 COMMODORE DRIVE	\$ 50,000.  (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization RISING GROUND, INC.

Employer identification number 13-1860451

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	USI INSURANCE SERVICES  333 WESTCHESTER AVENUE, SUITE E102  WEST HARRISON, NY 10604	\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BOYS PREPATORY CHARTER SCHOOL OF NEW YOR  1695 SEWARD AVENUE, ROOM 219  BRONX, NY 10473	\$30,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	GIRLS PREP CHARTER SCHOOL OF THE BRONX 681 KELLY STREET BRONX, NY 10455	\$30,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  EMMET, MARVIN, AND MARTIN, LLP  120 BROADWAY, FL 32	Total contributions	Person X Payroll Noncash (Complete Part II for
No.  16  (a)	Name, address, and ZIP + 4  EMMET, MARVIN, AND MARTIN, LLP  120 BROADWAY, FL 32  NEW YORK, NY 10271  (b)	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.  16  (a) No.	Name, address, and ZIP + 4  EMMET, MARVIN, AND MARTIN, LLP  120 BROADWAY, FL 32  NEW YORK, NY 10271  (b)  Name, address, and ZIP + 4  JLT SPECIALTY USA  22 CENTURY HILL DRIVE, SUITE 102	\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	FRANK V. SICA  3 WESTWAY	\$	Person  Payroll  Noncash  (Complete Part II for
	BRONXVILLE, NY 10708		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	NICK PREDDICE  49 BRUNDIGE DRIVE	\$15,000.	Person X Payroll Noncash
	GOLDENS BRIDGE, NY 10526		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	CIT  11 WEST 42ND STREET, 12TH FLOOR  NEW YORK, NY 10036	\$15,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	SANSOM FOUNDATION, INC.  322 CENTRAL PARK WEST, APT. 10A  NEW YORK, NY 10025	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	SUSAN S. BENEDICT  1165 5TH AVENUE  NEW YORK, NY 10029	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	THE THOMAS AND AGNES CARVEL FOUNDATION  35 E GRASSY SPRAIN RD  YONKERS, NY 10710	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MATTHEW DEL PERCIO  132 KIMBERLY PLACE  NEW CANAAN, CT 06840	\$12,500.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	EXCELORATE FOUNDATION  2377 GOLD MEADOW WAY  GOLD RIVER, CA 95670	\$10,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	JACK ALEMANY  43 AXTELL DRIVE  SCARSDALE, NY 10583	\$10,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  PETER DAVIS  215 WEST 98TH STREET, APT. 3F	Total contributions	Person X Payroll Noncash (Complete Part II for
No	PETER DAVIS  215 WEST 98TH STREET, APT. 3F  NEW YORK, NY 10025  (b)	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.  28  (a) No.	Name, address, and ZIP + 4  PETER DAVIS  215 WEST 98TH STREET, APT. 3F  NEW YORK, NY 10025  (b)  Name, address, and ZIP + 4  PHILIP MILSTEIN  2 KENSINGTON ROAD	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Part I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	al space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JOSEPH PALUMBO  33 BAXTER LN  WEST ORANGE, NJ 07052	\$8,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	G. CROSSAN AND MARGARET SEYBOLT  31 MOUNTAIN BLVD BLDG F  WARREN, NJ 07059	\$8,074.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	AETNA HEALTH PLANS  101 PARK AVE, FLOOR 15  NEW YORK, NY 10178	\$7,500.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total collilibutions	Type of Contribution
34	ARNOLD AND PORTER  601 MASSACHUSETTS AVENUE, NW  WASHINGTON, DC 20001	\$ 7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	ARNOLD AND PORTER  601 MASSACHUSETTS AVENUE, NW		Person X Payroll Noncash (Complete Part II for
34	ARNOLD AND PORTER  601 MASSACHUSETTS AVENUE, NW  WASHINGTON, DC 20001  (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
34	ARNOLD AND PORTER  601 MASSACHUSETTS AVENUE, NW  WASHINGTON, DC 20001  (b)  Name, address, and ZIP + 4  JOSEPH C. HOOPES  19 WEST 44TH STREET, SUITE 812	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	TD CHARITABLE FOUNDATION  1 PORTLAND SQ  PORTLAND, ME 04101	\$7,500.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
38	THOMAS MELLINA  91 WESTMINSTER RD  CHATHAM, NJ 07928	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
39	THENDARA FOUNDATION  425 WALNUT STREET, SUITE 1800  CINCINNATI, OH 45202	\$7,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40	KEITH KEARNEY  45 CONTENTMENT ISLAND RD  DARIEN, CT 06820	\$6,181.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
41_	MEMBERS HANDICAPPED CHILDRENS FUND, INC.  11 WALL STREET TRADING FLOOR BOOTH AA 15  NEW YORK, NY 10005	\$6,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
42	ALLEN WAXMAN 500 WEST 56TH STREET, APT. 1802	<b>\$</b> 7,500.	Person X Payroll Noncash

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
43	ANTHONY CATERINO  341 BETHWYCK COURT  MATTHEWS, NC 28105	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44	ANTHONY CIRINCIONE  7 NORTH MAIN STREET  OLD SAYBROOK, CT 06475	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
45	BOBBY HOTALING  THE HOTALING GROUP 125 PARK AVENUE, SUIT  NEW YORK, NY 10017	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
	<i>,</i> ,,			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
No.	Name, address, and ZIP + 4  CAROL CHEN  1 HANSON PLACE, APT. 14D	Total contributions	Person X Payroll Noncash (Complete Part II for	
46 (a)	Name, address, and ZIP + 4  CAROL CHEN  1 HANSON PLACE, APT. 14D  BROOKLYN, NY 11243  (b)	\$6,589.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
46 (a) No.	Name, address, and ZIP + 4  CAROL CHEN  1 HANSON PLACE, APT. 14D  BROOKLYN, NY 11243  (b)  Name, address, and ZIP + 4  CHARTER OAK INSURANCE AND FINANCIAL SERV  2321 WHITNEY AVENUE, SUITE 401	\$6,589.	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
49	KIM WALKER  27 CITY PLACE  WHITE PLAINS, NY 10601	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
50	MARK BROUDE  200 EAST 90TH STREET, APT. 10H  NEW YORK, NY 10128	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
51	MUTUAL OF AMERICA  320 PARK AVENUE, FL. 5  NEW YORK, NY 10022	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
No.	Name, address, and ZIP + 4  RICHARD R. JONES  1 CHURCH TAVERN ROAD	Total contributions	Person X Payroll Noncash (Complete Part II for	
No. 52 (a)	Name, address, and ZIP + 4  RICHARD R. JONES  1 CHURCH TAVERN ROAD  SOUTH SALEM, NY 10590  (b)	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
No. 52 (a) No.	Name, address, and ZIP + 4  RICHARD R. JONES  1 CHURCH TAVERN ROAD  SOUTH SALEM, NY 10590  (b) Name, address, and ZIP + 4  SARAH I SCHIEFFELIN RESIDUARY TRUST  200 PARK AVE FL 54	\$ 5,000.  (c) Total contributions	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for	

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	THE EMERGENCY SHELTER  463 HAWTHORNE AVENUE  YONKERS, NY 10705	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	NYS OFFICE OF CHILDREN & FAMILY SERVICES  80 MAIDEN LN FL 24  NEW YORK, NY 10038	\$278,241.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization RISING GROUND, INC.

Employer identification number 13-1860451

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
32	PUBLICLY TRADED SECURITIES		
		\$8,074.	12/27/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
40	PUBLICLY TRADED SECURITIES		
		\$6,181.	03/20/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization RISING GROUND, INC. **Employer identification number** 13-1860451 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

## **SCHEDULE D** (Form 990)

# 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization RISING GROUND, INC.

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor	or advisors in writing that the assets held	d in donor advised			
	funds are the organization's property, subject to the					
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant	funds can be used			
	only for charitable purposes and not for the ben	efit of the donor or donor advisor, or for	any other purpose			
	conferring impermissible private benefit?		Yes No			
Pa	rt    Conservation Easements.					
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the	ne organization (check all that apply).				
	Preservation of land for public use (e.g., re	creation or education) Preservation	n of a historically important land area			
	Protection of natural habitat	Preservation	n of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	in the form of a conservation			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemer	ıts	2b			
С	Number of conservation easements on a certified	d historic structure included in (a)	2c			
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not on a				
	historic structure listed in the National Register.		2d			
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or term	inated by the organization during the			
	tax year >					
4	Number of states where property subject to cons	ervation easement is located ▶				
5	Does the organization have a written policy re-		-			
	violations, and enforcement of the conservation e					
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcing co	onservation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line	• •				
	and section 170(h)(4)(B)(ii)?		L Yes L No			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and					
	balance sheet, and include, if applicable, the text	<u> </u>	cial statements that describes the			
Do	organization's accounting for conservation easem		an Circilan Assats			
Pa	organizations Maintaining Collection Complete if the organization answere		er Similar Assets.			
1a	If the organization elected, as permitted under sworks of art historical treasures or other sim	SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet			
	If the organization elected, as permitted under sworks of art, historical treasures, or other sim public service, provide, in Part XIII, the text of the	footnote to its financial statements that de	escribes these items.			
b	If the organization elected, as permitted under					
	works of art, historical treasures, or other sim		ucation, or research in furtherance of			
	public service, provide the following amounts rela		<b>.</b> .			
	(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		<u> </u>			
	following amounts required to be reported under					
a	Revenue included on Form 990, Part VIII, line 1.					
<u>b</u>	Assets included in Form 990, Part X		▶ \$			

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or	Other Similar	Assets (contin		age <b>=</b>	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its								
	collection items (check all that appl	y):							
а	Public exhibition		<b>d</b> Loan	or exchange	programs				
b	Scholarly research								
С	Preservation for future gener	ations							
4	Provide a description of the organ	ization's collections	and explain how	they further	the organization	n's exempt pur	ose in	Part	
	XIII.								
5	During the year, did the organizatio							_	
	assets to be sold to raise funds rath		ained as part of the	organization	's collection?	Y	es	No	
Pa	rt IV Escrow and Custodial A						_		
	Complete if the organiza	tion answered "Ye	s" on Form 990, I	Part IV, line	9, or reported	an amount on	Form		
	990, Part X, line 21.								
1a	Is the organization an agent, truste							٦	
	included on Form 990, Part X?					Y	es	No	
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following ta	ble:					
						Amount			
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance			<u>1f</u>	-11	:-L:12: 0 X		<b></b>	
	Did the organization include an ame						es _	No	
	If "Yes," explain the arrangement in	Part XIII. Check ne	ere it the explanation	nas been pr	ovided on Part X	<u> </u>			
Pa	rt V Endowment Funds. Complete if the organiza	tion answored "Vo	os" on Form 000	Part IV/ line	10				
	Complete ii the organiza			(c) Two year		voore book (a) E	our vooro	hook	
		(a) Current year 2,361,096.	(b) Prior year 2,361,096.	2,361	` '		our years 2,361		
1a	Beginning of year balance	2,301,090.	2,301,090.	2,301	,090. 2,30	51,090.	2,301	,090.	
b	Contributions								
С	Net investment earnings, gains,	25,821.	35,958.	20	,103.	52,566.	20	,808.	
	and losses	23,021.	33,930.	20	,103.	32,300.		, 000.	
	Grants or scholarships								
е	Other expenditures for facilities	25,821.	35,958.	20	,103.	52,566.	20	,808.	
	and programs	25,021.	33,730.	20	,103.	72,300.		, 000.	
f	Administrative expenses	2,361,096.	2,361,096.	2,361	096 2 36	51,096. 2	2,361	096	
g	End of year balance				l	71,000.	1,301	, 000.	
2	Provide the estimated percentage Board designated or quasi-endowm		end balance (line 1g %	, column (a))	held as:				
a	Permanent endowment > 100.0		_ ^0						
C	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, a		00%						
32	Are there endowment funds not in t	· · · · · · · · · · · · · · · · · · ·		are held and	d administered fo	or the			
Ju	organization by:	ne possession or tr	ic organization that	are neid and	a administered re	1 110	Yes	No	
	(i) unrelated organizations					3a(		X	
	(ii) related organizations							X	
h	If "Yes" on line 3a(ii), are the relate						_		
4	Describe in Part XIII the intended u	J	•						
	rt VI Land, Buildings, and Equ	ipment.							
	Complete if the organiza	ition answered "Ye						)	
	Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (d) Book value depreciation								
1a	Land			38,787.	·		38,	787.	
b	Buildings		56,	486,642.	33,512,212	. 22	974,4	430.	
С	Leasehold improvements		6,	915,026.	4,081,956	. 2	833,0	070.	
d	Equipment		9,	173,085.	7,176,238	. 1	996,8	847.	
е	Other		1,	068,715.	853,306		215,	409.	
	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10	c.) •	28,	058,5	543.	

Schedule D (Form 990) 2018

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Complete if the organization answer	ed "Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.  Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.  Complete if the organization answer	ed "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
(a) I	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
_(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B	) line 15.)	▶
Part X Other Liabilities. Complete if the organization answere line 25.	ed "Yes" on Form 990	), Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	ie
(1) Federal income taxes		
(2) DUE TO GOVERNMENT AGENCIES	5,691,3	301.
(3) ACCRUED INTEREST PAYABLE	34,	044.
(4) INTEREST IN NET ASSESTS OF EDWIN	GO 596,	101.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25	5.) <b>▶</b> 6,321,4	446.
2. Liability for uncertain tax positions. In Part XIII, provide the	e text of the footnote to the	e organization's financial statements that reports the

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

Schedule D (Form 990) 2018 Page 4

Part >	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	. aga 1
1	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	1	
	Recoveries of prior year grants	1	
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part 2		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	Supplemental Information.	( \ / - P	and Dead V. Par
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	art V, II nation.	ne 4; Part X, line
SCHEI	DULE D, PART V, LINE 4		
THE C	DBJECTIVE OF RISING GROUND'S ENDOWMENT IS TO GENERATE REVENUES TO		
SUPPO	ORT PROGRAMS WHILE MAINTAINING THE PRINCIPAL ENDOWMENT FUNDS AT THE		
ORIGI	NAL AMOUNT DESIGNATED BY THE DONOR. THE INVESTMENT POLICY TO ACHIEVE		
THIS	OBJECTIVE IS TO INVEST IN LOW-RISK SECURITIES.		

13-1860451 RISING GROUND, INC.

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

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#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification	on number
RISING GROUND, INC.					13-1860451	
Form 990-EZ filers are not				"Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization ra	ised funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	е	Solid	citation of i	non-government g	grants	
<b>b</b> Internet and email solicitations	f	Solid	citation of	government grant	S	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations						
<ul> <li>Did the organization have a written or key employees listed in Form 990</li> <li>b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the</li> </ul>	0, Part VII) or entity lividuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		561. (I)	
1		100	110			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total  3 List all states in which the organizate registration or licensing.	ation is registered (	or licensed	▶ d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2018

Page 2

Pa	rt I	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contribut			
		<u> </u>	(a) Event #1 GALA	(b) Event #2 SPRING	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	516,882.	59,328.	38,827.	615,037
22	2	Less: Contributions Gross income (line 1 minus	308,182.	50,133.	1,327.	359,642
	_	line 2)	208,700.	9,195.	37,500.	255,395
	4	Cash prizes				
m	5	Noncash prizes				
ense	6	Rent/facility costs	52,675.	6,071.	21,950.	80,696
<b>Direct Expenses</b>	7	Food and beverages				
Dire	8	Entertainment	27,040.		3,250.	30,290
	9	Other direct expenses	8,457.	2,410.	603.	11,470
	10 11	Direct expense summary. Add lin Net income summary. Subtract lin	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) umn (d)		122,456 132,939
Pa	rt l		anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	
9 8	l	Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state		Yes No
10a		Were any of the organization's gaminous of the organization o				Yes No

Sched	Tule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	
С	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:
·	in res, enter hame and address of the tillid party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year  \$ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2018

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047
2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization Employer identification number RISING GROUND, INC. 13-1860451 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PAYMENTS TO FOSTER PARENTS	238.	2,287,135.			
<b>2</b> FOOD	1,518.		1,251,042.	воок	FOOD FOR FAMILIES
3 CHILDREN'S ALLOWANCES AND ACTIVITIES	1,518.	2,596,448.			
4 CONSUMER INCIDENTALS	1,518.	37,453.			
5 CLOTHING	1,518.		192,573.	BOOK	CLOTHING FOR FAMILIE
6					
7					

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

PART I, LINE 2

THE USE OF FUNDS IS MONITORED VIA MONTHLY HOME VISITS BY THE ASSIGNED

SOCIAL WORKERS.

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RISING GROUND, INC.

Employer identification number 13-1860451

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax 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			
b	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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X   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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
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:			Х
а	The organization?	6a		X
b	Any related organization?	6b		Λ
-				
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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JACQUELINE CALLEJAS	(i)	171,070.	0.	1,032.	1,481.	11,402.	184,985.	
1 <sup>PSYCHIATRIST</sup>	(ii)	0.	0.	0.	0.	0.	0.	
YEZID ACOSTA	(i)	163,615.	0.	240.	1,438.	20,447.	185,740.	
2CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
ANNISHA CREARY	(i)	159,979.	0.	0.	1,380.	0.	161,359.	
NURSE PRACTITIONER	(ii)	0.	0.	0.	0.	0.	0.	
DENISE WALSH	(i)	145,198.	0.	504.	1,192.	31,014.	177,908.	
4SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	
MARYA BAKER	(i)	145,247.	0.	483.	2,538.	28,764.	177,032.	
5 <sup>VICE</sup> PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	
ALAN MUCATEL	(i)	388,086.	0.	1,032.	4,514.	14,418.	408,050.	
6 <sup>CHIEF</sup> EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
ELISE ZEALAND	(i)	194,547.	0.	360.	2,290.	12,212.	209,409.	
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	
UDAY RAY	(i)	214,388.	0.	3,048.	7,815.	20,073.	245,324.	
8 <sup>CFO (THROUGH 1/2019)</sup>	(ii)	0.	0.	0.	0.	0.	0.	
BELINDA CONWAY	(i)	179,904.	0.	1,696.	3,435.	14,404.	199,439.	
9EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	
ANGELA RUTH WHITE	(i)	174,072.	0.	1,032.	1,481.	357.	176,942.	
10 EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

#### Part | Supplemental Information

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

3,778,577.

2013

20,301,900

2014

#### **SCHEDULE K** (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

13-1860451

Name of the organization RISING GROUND, INC.

Part I **Bond Issues** (i) Pooled (h) On (c) CUSIP # (d) Date issued (g) Defeased (a) Issuer name (b) Issuer EIN (e) Issue price (f) Description of purpose behalf of financing issuer Yes No Yes No Yes No A SERIES 2013 B1 & B2 DASNY BONDS 05/09/2013 4,035,000 REFINANCING CONSTRUCTION COST Х Х B SERIES 2014 SPECIAL OBLIGATION REVENUE BONDS 06/27/2014 21,173,000 REFINANCING CONSTRUCTION COSTS Х Х С D **Proceeds** С Α В D 6,683,000 1,440,000. 21,173,000 4,035,000. 5 Capitalized interest from proceeds...... 6 Proceeds in refunding escrows.................. 256,423. 871,100 

	Todi of odbotantial completion in a series				-				
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?		X		X				
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?		Х		Х				
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?		X		X				

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

Schedule K (Form 990) 2018

Year of substantial completion

Page 2 Schedule K (Form 990) 2018

Par	Private Business Use GE	ROUP 1							
·			Α		В		C	ŗ	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		Х				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X				
d	If "Yes" to line $3c$ , does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		9
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		9
6	Total of lines 4 and 5		%		%		%		9
	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	)	X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		9
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		Х		X				
Par	t IV Arbitrage		_						
			A		В		C		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
	If "No" to line 1, did the following apply?								
	Rebate not due yet?		X		X				
	Exception to rebate?		X		X				
	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the hand issue a variable rate issue?		X		X		1		

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018

Part IV Arbitrage (Continued)								
		Α	E	3	(	2	[	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		Х		X				
e Was the hedge terminated?		Х		X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider		•				<b>'</b>		
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X		X				
Part V Procedures To Undertake Corrective Action								
		A	Е	3		3	D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		X		X				
Part VI Supplemental Information. Provide additional information for responses to	guestion	ns on Sche	dule K. Se	e instruct	tions			

Schedule K (Form 990) 2018 Page 4

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

JSA 8E1511 1.000 Schedule K (Form 990) 2018

#### **SCHEDULE L**

#### Transactions With Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Internal Revenue Service Employer identification number Name of the organization RISING GROUND, INC. 13-1860451 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (f) Balance due (g) In default? (h) Approved (i) Written (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No No (1) (2) (3)(4) (5)(6)(7) (8)(9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5) (6) (7) (8)

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

Schedule L (Form 990 or 990-EZ) 2018

(9)(10)

Schedule L (Form 990 or 990-EZ) 2018

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1) THOMAS GALLAGHER	DIRECTOR	75,186.	INVESTMENT AND BANKING FEES		Х
_(2)					
_(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

### Part V Supplemental Information

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

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 13-1860451

RISING GROUND, INC.

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

FIRST A COMPLETED 990 FORM IS REVIEWED BY THE MEMBERS OF THE AUDIT &

OVERSIGHT BOARD COMMITTEE. IT IS THEN SENT TO ALL OTHER BOARD MEMBERS FOR

THEIR APPROVAL BEFORE THE 990 FORM IS SUBMITTED TO THE IRS AND NYS. ANY

ISSUES ARE DISCUSSED WITH THE CFO AND THEN BROUGHT TO THE CPA FIRM WHO

PREPARED THE RETURN IF THE ISSUES REMAINED UNRESOVED.

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

THE CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS AND KEY STAFF TO

COMPLETE AN ANNUAL DISCLOSURE AGREEMENT. THE RELATED INDIVIDUAL IS

EXCLUDED FROM THE DISCUSSION AND THE VOTING PROCESS.

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

THE COMPENSATION OF THE CEO INCLUDES AN ANNUAL PERFORMANCE REVIEW AND

APPROVAL PROCESS CONDUCTED BY BOARD'S MANAGEMENT COMMITTEE, WHICH REPORTS

TO THE BOARD. THIS WAS LAST DONE IN JANUARY 2019, SUBSEQUENT TO YEAR END

THIS WAS DONE IN JANUARY 2020.

FORM 990, PART VI, SECTION C, LINE 19
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

CONTRIBUTION OF NET ASSETS OF EDWIN GOULD: 660,930

CHANGE IN NET ASSETS OF EDWIN GOULD: -1,257,031

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization Employer identification number RISING GROUND, INC. 13-1860451

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

RISING GROUND IS DEDICATED TO SUPPORTING CHILDREN, ADULTS AND

FAMILIES. WORKING TOGETHER, WE CREATE STRONG FOUNDATIONS FOR SUCCESS.

WE DO THIS BY PROVIDING THE MOST VULNERABLE CHILDREN, ADULTS AND

FAMILIES IN THE GREATER NEW YORK CITY AREA WITH RESOURCES AND SKILLS

NEEDED TO RISE ABOVE ADVERSITY AND POSITIVELY DIRECT THEIR LIVES. OUR

INNOVATIVE AND RESULTS-DRIVEN PROGRAMS SUPPORT INDIVIDUALS IN THE

AREAS OF EDUCATION, FAMILY SUPPORT, FOSTER CARE, SERVICES FOR

INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, AND

JUVENILE JUSTICE.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHILD WELFARE PROGRAMS AND SERVICES INCLUDE RESIDENTIAL TREATMENT
CENTER (RTC), FOSTER BOARDING HOME (FBH), MULTI-DIMENTIONAL
TREATMENTFOSTER CARE (MTFC), MOTHER/INFANT RESIDENCES(M/I),
PREVENTIVE SERVICES PROGRAMS, MEDICAL AND MENTAL HEALTH
SERVICES, AND UNACCAMPANIED MIGRANT CHILDREN (UMC) PROGRAM. THE RTC
PROVIDES 24-HOUR RESIDENTIAL CARE TO YOUTH AGES 12-21. THE FBH
PROGRAM SERVES CHILDREN WHO HAVE EXPERIENCED ABUSE AND NEGLECT.
OUR EVIDENCED-BASED MTFC SERVES TEENS IN FOSTER CARE. THE M/I IN
THE BRONX SERVES TEEN MOTHERS ALONG WITH THEIR YOUNG CHILDREN. THE
PREVENTIVE SERVICES PROGRAMS: STRENGTHEN AND PRESERVE FAMILIES AND
KEEP CHILDREN SAFE BY PREVENTING CHILD ABUSE AND NEGLECT. HEALTH

ATTACHMENT 2 (CONT'D)

SERVICES PROVIDES PRIMARY MEDICAL CARE FOR CHILDREN AND YOUTH ON OUR CAMPUS. THE PREVENTIVE SERVICES PROGRAMS: STRENGTHEN AND PRESERVE FAMILIES AND OUR CAMPUS. OUR UNACCOMPANIED MIGRANT CHILDREN (UMC) PROGRAM PROVIDES SHORT-TERM RESIDENTIAL CARE AND ASSISTANCE TO UNACCOMPANIED MIGRANT CHILDREN WHO HAVE COME INTO THEUNITED STATES FROM OTHER COUNTRIES WITHOUT AN ADULT GUARDIAN. OUR PARENT CHILD HOME IS AN EVIDENCED-INFORMED, EARLY CHILDHOOD HOME-VISITING PROGRAM WHICH FOCUSES ON DEVELOPING PRE-LITERACY SKILLS TO PROMOTE SCHOOL READINESS AND PROMOTING POSITIVE PARENTINGSKILLS THROUGH TWICE WEEKLY HOME VISITS.

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

OUR BIONDI SCHOOL IS A NON-PUBLIC SCHOOL PROVIDING 12- MONTH

SPECIALIZED EDUCATIONAL SERVICES TO STUDENTS GRADES K TO 12 WITH

LEARNING DISABILITIES AND SPECIAL NEEDS.OUR EARLY CHILDHOOD

CENTERSPROVIDE SERVICES TO CHILDREN AGES 18 MONTHS TO 5 YEARS.

LOCATED IN THE BRONX, OUR FEDERALLY-FUNDED HEAD START PROGRAM

SERVES CHILDREN 3 TO 5 YEARS OF AGE AND SEABURY DAY CARE CENTER

PROVIDES EARLY EDUCATION SERVICES TO LOW-INCOME WORKING FAMILIES.

THE BROWNELL PRESCHOOL AND AMES EARLY CHILDHOOD CENTER SERVE BOTH

TYPICALLY DEVELOPING CHILDREN AND THOSE IN NEED OF PRESCHOOL

SPECIAL EDUCATION SERVICES IN BOTH INTEGRATED AND SEGREGATED

CLASSROOM SETTINGS. THE CHILDREN'S LEARNING CENTER (CLC) PROVIDES

PRESCHOOL SPECIAL EDUCATION SERVICES.

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization	Employer identification number
RISING GROUND, INC.	13-1860451
	ATTACHMENT 4

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

DESCRIPTION		GRANTS	EXPENSES	REVENUE
JUVENILE JUSTICE		620,208.	13,620,989.	14,033,594.
EARLY CHILDHOOD CENTERS		171,198.	10,308,741.	10,475,062.
	TOTALS =	791,406.	23,929,730.	24,508,656.

ATTACHMENT 5

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION			
CAPH CONTRACTING 3460 CANNON PLACE BROOKLYN, NY 10463	MAINTENANCE/RENOVATI	300,811.			
CITY SOUNDS SPEECH THERAPY SERVICES 134 WEST 26TH STREET, SUITE 60 NEW YORK, NY 10001	THERAPY	187,926.			
INTERFYSIO, LLC 1345 6TH AVENUE, 11TH FLOOR NEW YORK, NY 10105	THERAPY	169,163.			
MISSOURI YOUTH SERVICES INSTITUTE 1906 HAYSELTON DRIVE JEFFERSON CITY, MO 65109	THERAPY	441,600.			
SPEAK OUT NEW YORK 100 READE STREET NEW YORK, NY 10013	THERAPY	193,330.			

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

RISING GROUND, INC.

Employer identification number 13-1860451

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income or foreign country) entity (1) (2) (3) (4) (5) (6)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) THE EMERGENCY SHELTER, INC. 13-5562213							
463 HAWTHORNE AVENUE YONKERS, NY 10705	SHELTERING	NY	501(C)(3)	7	RISING GROUN	X	
(2) EDWIN GOULD SERVICES FOR CHILDREN AND FA 13-5675643							
151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201	SPECIAL NEEDS	NY	501(C)(3)	10	RISING GROUN	X	
(3) KINGSLAND SERVICES FUND, INC. 51-0139267							
151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201	OWN PROPERTY	NY	501(C)(3)	10	EDWIN GOULD	Х	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (j) (d) (e) Predominant (g) (h) (k) Share of end-of-Code V - UBI Name, address, and EIN of Lègal Direct controlling Share of total Percentage General or Disproportionate income (related, domicile related organization amount in box 20 entity income year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4)

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

<u> </u>			<u> </u>					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(b contr enti	tion (13) (13) rolled
							Yes	
(1)	_							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

(5)

(6)

(7)

Schedule R (Form 990) 2018

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

ı aı	Transaction of gameation of complete if the organization and voice	,	1117, 11110 0 1, 000, 01 00.				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e	Х	
·	Education for four guarantees by related organization(s)						
£	Dividends from related erganization(s)				1f		Х
' 	Dividends from related organization(s)						Х
9	Sale of assets to related organization(s)				1g 1h		X
h	Purchase of assets from related organization(s)				-		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10	X	
	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
n	Reimbursement paid to related organization(s) for expenses				1р		Χ
4	Reimbursement paid by related organization(s) for expenses				1g		Х
ч	Treilinbursement paid by related organization(s) for expenses 1111111111111111111111111111111111						
_	Other transfer of each or preparty to related experiention(a)				1r	x	
r	Other transfer of cash or property to related organization(s)				1s		Х
<u> </u>	Other transfer of cash or property from related organization(s)	his line including cov	ared relationships and transc	action thro			21
	(a)	(b)	(c)	action tine	(d)	S.	
	Name of related organization	Transaction	Amount involved	Method		erminir	ng
		type (a-s)			ınt inv		•
	THE TWENCHIST CHECKEN		<b>FF</b> 000	G 3 G 1 7			
(1)	THE EMERGENCY SHELTER	C	75,000.	CASH			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE EMERGENCY SHELTER	С	75,000.	CASH
(2) THE EMERGENCY SHELTER	R	20,009.	LOAN INTEREST
(3) EDWIN GOULD SERVICES FOR CHILDREN AND FAMILI	0	-359,092.	SALARIES/BENEFI
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		section total income 501(c)(3) organizations?		section total income 501(c)(3) organizations?		section total income 501(c)(3) organizations?		section total income 501(c)(3)		Dispro	(h) portionate cations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	(j) eral or aging iner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No							
(1)																			
(2)																			
(3)																			
(4)																			
(5)																			
(6)																			
(7)																			
(8)																			
(9)																			
(10)																			
(11)																			
(12)																			
(13)																			
(14)																			
(15)																			
(16)																			

Schedule R (Form 990) 2018 Page 5

### Part VII Supplemental Information

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

Form **990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

(		
For calendar year 2018 or other tax year beginning _	$07/01$ , 2018, and ending $\_$	<u>06/30</u> , <b>20</b> <u>19</u> .

2	(I)	18	В

Name of conguents   Name of conguentation   Described by the made public by our organization is a Servey.   Described by the made public by our organization is a Servey.   Described by the made public by our organization is a Servey.   Described by the made public by our organization is a Servey.   Described by the made public by our organization is a Servey.   Described by the made public by our organization is a Servey.   Described by the made public by our organization is a Servey.   Described by the made public by our organization is a Servey.   Described by the made public by our organization is a Servey.   Described by the made public by our organization is a Servey.   Described by the servey of the made of the organization when the made of the organization is a Servey.   Described by the servey of the servey	Depar	tment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.							4	
B Exempt under existing B Exempt under existing B Exempt under existing B Exempt under existing A 501 (C. X.) 2 3 406 (e) 2000 (e) 408 (e) 2000 (e) 20			<b>▶</b> Do	· · ·					01(c)(3).		Open to Publi 501(c)(3) Org	ic Inspection for anizations Only
Variable	Α			Name of organization ( Check bo	x if nar	ne changed and see i	instructions	s.)			er identificat	tion number
Variable	B Exe	empt under section		RISING GROUND, INC.								
All Part		, .	Print		f a P.O	box, see instructions			13-	-18	60451	
Solid   Soli						•			E Ur	nrelat	ted business	activity code
Cisp or town, state or province, country, and ZIP or foreign posted code			туре	463 HAWTHORNE AVENUE	C				(Se	ee inst	tructions.)	-
C Book wather of all asserts and of views are and of views and vi				City or town, state or province, country	, and Z	IP or foreign postal co	ode					
E Group exemption number (See instructions.)   F Group exemption number (See instructions.)   The content of the organization type   X   Soft(c) croporation   Soft(c) trust   401(a) trust   Other trust	C Boo			YONKERS, NY 10705								
60,635,836. □ Check organization type ▶ X 501(c) corporation	at e	end of year	<b>F</b> Gro		ons.)	<b>&gt;</b>						
HE Enter the number of the organization's unrelated trade or businesses. ►	(	60,635,836.		· · · · · · · · · · · · · · · · · · ·			501(c)	trust	401	(a) tr	rust	Other trust
trade or business, here ≥ If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III.V.  1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	H E	nter the number of	•				1001(0)			` '		_
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III ≥ Very III purits the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶							nly one,			• `	` ,	
Trade or business, then complete Parts III-V.				end of the previous sentence, cor	nplete		•	•			· ·	
If "Yes," enter the name and identifying number of the parent corporation. ▶  J The books are in care of ▶ELLLOT HAGLER, CPA, CPO Telephone number ▶ 914-375-8717  Part II Unrelated Trade or Business Income  a Gross receipts or sales b Less returns and attowardes c Salance b Less returns and attowardes c Cost of goods soid (Schedule A, line 7), 2 3 Gross profits. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D), 4b Net gain (loss) (Form 4797, Part II, line 17) (lanch-Form 4797), 4b c Capital loss deduction for trusts 1 Income (Sost of the part of		•		•	•	•	•					
The books are in care of   ►ELLIOT SIAGLER, CPA, CPO   Telephone number   ▶ 91.4-375-8717	I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-su	bsidiary c	ontrolled grou	ıp?			Yes X No
Cost	lf	"Yes," enter the na	ame and	identifying number of the parent cor	poration	on. ▶		-				
1 a Gross receipts or sales b Less returns and altowances c C apot goods sold (Schedule A, line 7). 2 C Sost of goods sold (Schedule A, line 7). 3 Gross profit. Subtract line 2 from line 1c. 4 a Capital gain net income (attach Schedule D). 4 a Capital gain net income (attach Schedule D). 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 4 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 5 Income (loss) (Form 4797, Part II, line 17) (attach Form 4797). 5 Income (loss) (Form 4797, Part II, line 17) (attach Form 4797). 5 Income (loss) (Form 4797, Part II, line 17) (attach Form 4797). 6 Rent income (Schedule C). 7 Unrelated debt-financed income (Schedule E). 7 Income (loss) (Form 4797). 8 Interest, annulies, repistes, and retis from a controlled organization (Schedule P). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (See instructions; attach schedule). 13 Total. Combine lines 3 through 12. 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 15 Salaries and wages 15 Salaries and maintenance. 16 Repairs and maintenance. 17 Bad debts. 18 Interest (attach schedule) (see instructions). 19 Taxes and licenses 19 Depreciation (attach Form 4562). 20 Less depreciation (attach Form 4562). 21 Less depreciation (attach Form 4562). 22 Less depreciation (attach Form 4562). 23 Depletton. 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I). 27 Total deductions, (attach schedule). 28 Total deductions (attach schedule). 29 Other deductions (attach schedule). 30 Ded	J Th	ne books are in care	e of ▶EI	LIOT HAGLER, CPA, CFC	)	7	Telephon	e number ►	914-37	75-8	8717	
b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7). 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit. Subtract line 2 from line 1c	Par	t I Unrelated	Trade o	or Business Income		(A) Income	е	(B) Ex	penses		(C	) Net
2 Cost of goods sold (Schedule A, line 7) . 2	1 a	Gross receipts or s	sales									
3 Gross profit. Subtract line 2 from line 1c	b	Less returns and allowa	inces	<b>c</b> Balance ▶	1c							
4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  flictome (loss) from a parimership or an Scorporation (attach statement)  flictome (loss) from a parimership or an Scorporation (attach statement)  flictome (loss) from a parimership or an Scorporation (attach statement)  flictome (Schedule C)  flictome (Schedule C)  flictome (Schedule C)  flictome (Schedule D)  flictome (Schedule S)  flictome (Schedule J)  flictome (Sched	2	Cost of goods sol	d (Sched	ule A, line 7)	2							
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797), c Capital loss deduction for trusts 5   Income (Ioschedule C)   5   Rent income (Schedule C)   6   7   Unrelated debt-financed income (Schedule E)   7   8   Interest, annuities, royalties, and rents from a controlled organization (Schedule F)   8   9   Investment income of a section \$01(ci)(7), (9), or (17) organization (Schedule F)   9   10   Exploited exempt activity income (Schedule I)   10   11   Advertising income (Schedule J)   11   12   Other income (See instructions; attach schedule)   12   13   Total, Combine lines 3 through 12   13   0    Part II   Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14   Compensation of officers, directors, and trustees (Schedule K)   14   15   Salaries and wages   15   16   Repairs and maintenance   16   17   Bad debts   17   18   Interest (attach schedule) (see instructions)   18   19   Taxes and licenses   19   20   Charitable contributions (See instructions for limitation rules)   20   21   Depreciation (attach Form 4562)   22   22   Less depreciation claimed on Schedule A and elsewhere on return   22   22   22   Less depreciation claimed on Schedule A and elsewhere on return   22   22   22   Less depreciation claimed on Schedule A and elsewhere on return   23   24   Contributions to deferred compensation plans   24   25   Employee benefit programs   25   26   Excess exempt expenses (Schedule I)   27   28   Other deductions, Add lines 14 through 28   29   29   Total deductions, Add lines 14 through 28   29   20   Unrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13   31   Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   31	3	Gross profit. Sub	tract line	2 from line 1c	3							
c Capital loss deduction for trusts  5 Income (loss) from a partnership or an Scoporation (attach statement), 5   5   6   6    Rent income (Schedule C)	4a	Capital gain net in	ncome (a	ittach Schedule D)	4a							
5 Income (loss) from a partnership or an S corporation (attach statement). 5 6 6 Rent income (Schedule C) 7 7	b				4b							
6 Rent income (Schedule C)	С	Capital loss dedu	ction for t	rusts	4c							
To Unrelated debt-financed income (Schedule E)  Interest, annuities, royalties, and rents from a controlled organization (Schedule F)  Interest, annuities, royalties, and rents from a controlled organization (Schedule F)  Investment income of a section 501(e(7), (9), or (17) organization (Schedule G)  Exploited exempt activity income (Schedule I)  Advertising income (Schedule J)  Other income (See instructions; attach schedule)  Total. Combine lines 3 through 12  Total. Combine lines 3 through 12  Compensation of officers, directors, and trustees (Schedule K)  Salaries and wages  Compensation of officers, directors, and trustees (Schedule K)  Salaries and maintenance  Taxes and maintenance  Taxes and incenses  Charitable contributions (See instructions)  Percent (Statach schedule) (See instructions)  Percent (Statach schedule) (See instructions)  Depletion  Contributions to deferred compensation plans  Contributions to deferred compensation plans  Excess exempt expenses (Schedule J)  Charitable contributions (Schedule J)  Charitable contributions (Schedule J)  Contributions to deferred compensation plans  Contributions to deferred compensation plans  Contributions to deferred compensation plans  Contributions (Schedule J)  Contributions (Sche	5	Income (loss) from a p	artnership o	r an S corporation (attach statement)	5							
Interest, annuities, royalties, and rents from a controlled organization (Schedule F)   9   Investment income of a section 501(off), (9), or (17) organization (Schedule G)   9	6	Rent income (Sch	edule C)		6							
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule C) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compine lines 3 through 12 15 Exploited exempt activity income (Schedule I) 16	7	Unrelated debt-fir	nanced in	come (Schedule E)	7							
Exploited exempt activity income (Schedule I)	8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8							
11	9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9							
12 Other income (See instructions; attach schedule)	10	Exploited exempt	activity in	ncome (Schedule I)	10							
Total. Combine lines 3 through 12.  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  44 Compensation of officers, directors, and trustees (Schedule K).  5 Salaries and wages  6 Repairs and maintenance  7 Bad debts  17 If  8 Interest (attach schedule) (see instructions).  7 Taxes and licenses  7 Depreciation (attach Form 4562).  2 Less depreciation claimed on Schedule A and elsewhere on return  2 Depletion  2 Depletion  2 Contributions to deferred compensation plans  2 Excess exempt expenses (Schedule I).  2 Excess readership costs (Schedule J).  3 Other deductions. Add lines 14 through 28.  4 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	11	Advertising incom	ne (Sched	dule J)	11							
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K). 14	12	Other income (Se	ee instruc	ctions; attach schedule)	12							
deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)												
14 Compensation of officers, directors, and trustees (Schedule K).  15 Salaries and wages  16 Repairs and maintenance  16 Bad debts  17 Interest (attach schedule) (see instructions).  18 Interest (attach schedule) (see instructions).  19 Taxes and licenses  19 Charitable contributions (See instructions for limitation rules).  20 Charitable contributions (See instructions for limitation rules).  21 Depreciation (attach Form 4562).  22 Less depreciation claimed on Schedule A and elsewhere on return.  22 Depletion.  23 Depletion.  24 Contributions to deferred compensation plans.  24 Employee benefit programs  25 Excess exempt expenses (Schedule I).  26 Excess readership costs (Schedule J).  27 Other deductions (attach schedule).  28 Total deductions. Add lines 14 through 28.  29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 and subtract line 29 from line 14 and subtract line 29 from line 14 an	Par			•					) (Exce	ot fo	or contribu	ıtions,
15 Salaries and wages				•								
16 Repairs and maintenance 16   17 Bad debts 17   18 Interest (attach schedule) (see instructions) 18   19 Taxes and licenses 19   20 Charitable contributions (See instructions for limitation rules) 20   21 Depreciation (attach Form 4562) 21   22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b   23 Depletion 23   24 Contributions to deferred compensation plans 24   25 Employee benefit programs 25   26 Excess exempt expenses (Schedule I) 26   27 Excess readership costs (Schedule J) 27   28 Other deductions (attach schedule) 28   29 Other deductions. Add lines 14 through 28 29   30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30   31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31	14									14		
17 Bad debts	15									15		
Interest (attach schedule) (see instructions).  18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I). 27 Excess readership costs (Schedule J). 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28. 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31												
Taxes and licenses												
Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on return  Depletion.  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  20  21  22b  22b  22b  22c  22b  22c  22c												
Depreciation (attach Form 4562). 21 22b 22b 22b 22b 22b 22b 22b 22b 22b												
Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  22b  22b  22c  22b  22c  22b  22c  22c  22d  22d										20		
Depletion												
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  24  25  26  27  28  29  30  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30  31												
Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  25  26  27  28  29  30  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30  31												
26 Excess exempt expenses (Schedule I). 26  27 Excess readership costs (Schedule J). 27  28 Other deductions (attach schedule). 28  29 Total deductions. Add lines 14 through 28. 29  30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31												
27 Excess readership costs (Schedule J)												
Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31												
Total deductions. Add lines 14 through 28.  29  30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  31												
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31												
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31									_			
				•								
	32				-							

Form 990-T (2018) Page **2** 

. 51111	330 T (20	,								uge =
Pa	rt III	Total Unrelated Business Taxable	e Income							
33	Total c	f unrelated business taxable income con	nputed from all unrelated	trade	es or businesses	see			<del></del>	
	instructi	ons)					33	ı		
34	Amount	s paid for disallowed fringes					34			
35		on for net operating loss arising in t								
		ons)								
36		f unrelated business taxable income befor								
		33 and 34					36			
37	Specific	deduction (Generally \$1,000, but see line 37	instructions for exceptions)				37			
38		ed business taxable income. Subtract line								
		e smaller of zero or line 36								0.
Pai		Tax Computation					100			
39		ations Taxable as Corporations. Multiply line 3	38 by 21% (0.21)				39			
40			structions for tax compl							
		ount on line 38 from: Tax rate schedule of					40			
44		ax. See instructions		,						
41		ive minimum tax (trusts only)								
42 43		Noncompliant Facility Income. See instructions								
44		dd lines 41, 42, and 43 to line 39 or 40, which								
		Tax and Payments	ever applies i i i i i i i i i				- 44			
		-	-tttb	15.						
		tax credit (corporations attach Form 1118; trus					+			
		redits (see instructions)					+			
		business credit. Attach Form 3800 (see instruc					-			
		or prior year minimum tax (attach Form 8801 or					450			
		edits. Add lines 45a through 45d								
46		t line 45e from line 44		_						
47		ses. Check if from: Form 4255 Form 8611								0.
48		x. Add lines 46 and 47 (see instructions)								
49		et 965 tax liability paid from Form 965-A or For		- 1	1		49			
		ts: A 2017 overpayment credited to 2018					-			
		timated tax payments		l _	10 5	. 2.4	-			
		osited with Form 8868				34	_			
		organizations: Tax paid or withheld at source (s					-			
е	Backup	withholding (see instructions)		500	9		_			
f	Credit for	or small employer health insurance premiums (a	attach Form 8941)	501	f		4			
g	Other cr	edits, adjustments, and payments: Form 24	439							
	F	orm 4136 Other _	Total ▶	509	g					
51	Total pa	syments. Add lines 50a through 50g					51		10,	534.
52	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached				52			
53	Tax due	. If line 51 is less than the total of lines 48, 49	, and 52, enter amount owed .			. >	<b>53</b>			
54	Overpa	yment. If line 51 is larger than the total of lines	s 48, 49, and 52, enter amount	overp	aid	. >	<b>54</b>			534.
55		amount of line 54 you want: Credited to 2019 esti			Refunde	_			10,	534.
Pa	rt VI	Statements Regarding Certain A	ctivities and Other Inf	form	<b>nation</b> (see instru	ctio	ns)			
56	At any	time during the 2018 calendar year, did	the organization have an	intere	st in or a signatu	e o	r other	authority	y Yes	No
	over a	financial account (bank, securities, or oth	er) in a foreign country?	If "Ye	es," the organization	n n	nay hav	ve to file	e	
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Ye	s," e	nter the name of	the	foreigr	n country	у	
	here 🕨								_	Х
57	During t	he tax year, did the organization receive a dist	ribution from, or was it the gra	antor	of, or transferor to, a	fore	eign trus	:t?		Х
	If "Yes,"	see instructions for other forms the organization	n may have to file.							
58	Enter th	e amount of tax-exempt interest received or ac	crued during the tax year > \$							
		nder penalties of perjury, I declare that I have examined				the	best of n	ny knowledo	ge and be	lief, it is
Sig	n 📗 "	e, correct, and complete. Declaration of preparer (other than to	axpayer) is based on all information of w	men pr	eparer nas any knowledge.	N	lav the	IRS discu	ice thic	return
Her			<b>P</b>					preparer		
		gnature of officer	Date Title				see instruct		Yes	No
_	-	Print/Type preparer's name	Preparer's signature		Date	Che	ck i	f PTIN		
Paid		AARON SHAPIRO					-employed	D01	133381	_6
	oarer	Firm's name ▶ BKD, LLP	-					44-01		
Use	Only	Firm's address ▶ 1155 AVENUE OF THE	AMERICAS #1200, NEW	YOR	K, NY 10036			12.867		

13-1860451

RISING GROUND, INC.

Form 990-T (2018)									Page 3	
Schedule A	- Cost of Go	ods Sold. E	nter method	d of invent	ory valuation	<b>&gt;</b>				
	at beginning of ye						ar	6		
2 Purchases 2				7 Cost of goods sold. Subtract line						
3 Cost of lab	or						nter here and in			
4a Additional	section 263A cos	sts			Part I, lin	e 2		7		
(attach sch	nedule)	4a					section 263A (w	ith respect to	Yes No	
	s (attach schedule						or acquired for	•		
	lines 1 through 4	′ -					<u></u>		X	
			Property a	nd Perso	nal Property	/ Leased V	Vith Real Proper	rty)		
(see instructi		•					•	• ·		
1. Description of	property									
(1)										
(2)										
(3)										
(4)										
		2. Rent rece	eived or accrue	ed						
(a) From person	nal property (if the p	ercentage of rent	(b) F	rom real and	personal propert	/ (if the	3(a) Deductions di	rectly connected with	the income	
	property is more tha		percenta	age of rent fo	or personal proper	ty exceeds	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
more than 50%) 50%				% or if the rent is based on profit or income)						
(1)										
(2)										
(3)										
(4)										
Total			Total							
(c) Total income.	Add totals of col	lumns 2(a) and					(b) Total deductio			
here and on page		` '	` '				Enter here and on Part I, line 6, colur			
Schedule E -				e instructi	ons)		, , , , , , , , , , , , , , , , , , , ,	( ) •		
			(**		,	3. [	Deductions directly cor		ole to	
			1	Gross income from or ocable to debt-financed		debt-financ				
			property			ht line depreciation ach schedule)	(b) Other deductions (attach schedule)			
(1)						,	,	· · · · · · · · · · · · · · · · · · ·		
(2)										
(3)										
(4)										
4. Amount	of average	5. Average ad	usted basis	_	0.1					
acquisition debt on or allocable to debt-financed debt-financed debt-financed						7. Gross income reportable				
property (atta		(attach sc		1	column 5	(colum	come reportable 2 x column 6)  8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)			·		%	)				
(2)					%	+				
(3)					%	+				
(4)					%	+				
· /				ı		+	re and on page 1,	Enter here and o	n page 1.	
							ne 7, column (A).	Part I, line 7, col		
Totals										
Totals Total dividends-	received deduction	ns included in	column 2				<b>•</b>			

Page 4

Schedule F-Interest, Annu	uities, Royaities			ntrolled Or			ons (see	nstructio	ns)	
Name of controlled organization	2. Employer identification number		3. Net unrelated incom- (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organia	zations									
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10		
(1)										
(2)										
(3)									<u> </u>	
(4)									<u> </u>	
Totals	ncome of a Sec	tion 501(	c)(7),	(9), or (17		Enter I Part I	columns 5 a nere and on , line 8, colu	page 1, mn (A).	En	.dd columns 6 and 11. ster here and on page 1, art I, line 8, column (B).
1. Description of income	2. Amount of income		3. Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)										
(2)										
(3)										
Enter here and on page Part I, line 9, column (A									Enter here and on page 1 Part I, line 9, column (B).	
Schedule I-Exploited Exe	empt Activity Inc	come, Oth	er Th	an Adverti	ising In	come (s	ee instru	ctions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connected production unrelated business in	ses / with n of ed	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Part I, page 1, Par		I,			1			Enter here and on page 1, Part II, line 26.
Schedule J- Advertising Ir	ncome (see instru	uctions)								
Part I Income From Per			onsol	idated Bas	sis					
1. Name of periodical	2. Gross advertising income	<b>3.</b> Dired advertising	ot	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5)) ▶										

Form **990-T** (2018)

Form 990-T (2018) RISING GROUND, INC. 13-1860451 Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

z unough / on a	mic by mic back	0.)				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio		Directors, and Tr	ustees (see insti	uctions)	•	
1. Name	2.	Title	3. Percent of time devoted to business	Compensation attributable to unrelated business		
(1)				%		
(2)				%		

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(3)

(4)

Total. Enter here and on page 1, Part II, line 14

%

%