

Tel: 212-885-8000 Fax: 212-697-1299 www.bdo.com 100 Park Avenue New York City, NY 10017

MARCH 15, 2022

RISING GROUND, INC. 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201

DEAR ELLIOT HAGLER.

ENCLOSED ARE THE FOLLOWING INCOME TAX RETURNS PREPARED ON BEHALF OF RISING GROUND, INC. FOR THE YEAR ENDED JUNE 30, 2021.

2020 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

2020 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION FORM

2020 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT

2020 SCHEDULE B - SCHEDULE OF CONTRIBUTORS

2020 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS

2020 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING

2020 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S.

2020 SCHEDULE J - COMPENSATION INFORMATION

2020 SCHEDULE K - SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS

2020 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ

2020 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS

THE ORIGINAL OF EACH OF THE ABOVE MENTIONED RETURNS SHOULD BE DATED AND SIGNED IN ACCORDANCE WITH THE FOLLOWING INSTRUCTIONS INCLUDED WITH THE COPY OF THE RETURN. THIS COPY IS FOR YOUR USE AND SHOULD BE RETAINED FOR YOUR FILES.

THESE RETURN(S) WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURN(S) BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURN(S), PLEASE CONTACT US BEFORE FILING THEM.

2020 NYS ANNUAL FILING FOR CHARITABLE ORGANIZATIONS (FORM CHAR500) WILL BE COMPLETED VIA NYS CHARITIES BUREAU WEBSITE. THE SIGNATORIES WILL BE NOTIFIED VIA EMAIL TO SUBMIT THEIR SIGNATURES. THE ANNUAL FEE WILL BE SUBMITTED VIA ACH DEBIT AND WILL BE DEDUCTED FROM THE ORGANIZATIONS BANK ACCOUNT.

WE APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE MAY BE OF FURTHER ASSISTANCE.

SINCERELY.

TOXTOMINA PAUL HAMMERSCHMIDT

ENCLOSURES



Tel: 212-885-8000 Fax: 212-697-1299 www.bdo.com 100 Park Avenue New York City, NY 10017

RISING GROUND, INC. INSTRUCTIONS FOR FILING FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED JUNE 30, 2021

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

ASHLEY XU AXU@BDO.COM

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE MAY 16, 2022. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization For calendar year 2020, or fiscal year beginning 07/01 , 2020, and ending 06/30

OMB	Nο	1545-0047
	INO.	1040-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.										
Name of exempt organization	Taxpayer identific	cation number								
RISING GROUNI	RISING GROUND, INC. 13-1860451									
Name and title of officer or person subject to tax										
ELLIOT HAGLER	R, CFO									
Part I Type of R	eturn and Return Information (Whole Dollars Only)									
Check the box for the r	eturn for which you are using this Form 8879-EO and enter the applicable amo	ount if any from	the return If you							
blank, then leave line	1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the retual 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter and the applicable line below. Do not complete more than one line in Part I.	irn heing filed w	ith this form was							
1a Form 990 check h	ere ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b	120594119.							
2a Form 990-EZ chec	k here ▶ b Total revenue , if any (Form 990-EZ, line 9)									
3a Form 1120-POL ch	neck here b Total tax (Form 1120-POL, line 22)		The state of the s							
4a Form 990-PF chec	k here ▶ b Tax based on investment income (Form 990-PF, Part VI, li	ne 5) 4b								
5a Form 8868 check	here ▶ b Balance due (Form 8868, line 3c)	5b								
6a Form 990-T check	here ▶ b Total tax (Form 990-T, Part III, line 4)									
7a Form 4720 check		7b								
Part II Declaration	on and Signature Authorization of Officer or Person Subject to Tax x ury, I declare that x I am an officer of the above organization or x I am a per									
I consent to allow my in to receive from the IRS processing the return o Agent to initiate an election of the IRS processing the return of Agent to initiate an election of the IRS processing the return of Agent to initiate an election of the IRS processing the	O USA, LLP to enter my PIN 2	the copy of the e to send the return b) the reason for ury and its design dicated in the talentry to this access days prior to the payment of taxes a selected a perselectronic funds to the control of t	lectronic return. I to the IRS and I any delay in I ated Financial I ax preparation Ount. To revoke the payment I to receive							
	do no	ot enter all zeros								
state agency(le PIN on the retu	2020 electronically filed return. If I have indicated within this return that a copy s) regulating charities as part of the IRS Fed/State program, I also authorize the rn's disclosure consent screen. person subject to tax with respect to the organization, I will enter my PIN as med return. If I have indicated within this return that a copy of the return is being	e aforementioned	ERO to enter my							
regulating chari	ties as part of the IRS Fed/State program, I will enter my PIN on the return's dis	sclosure consent	e agency(les) screen.							
Signature of officer or person s	subject to tax ▶ Date ▶									
	on and Authentication									
number (EFIN) followed		3 0 8 9 1 Do not enter all :								
l certify that the above r that I am submitting this IRS <i>e-file</i> Providers for B	numeric entry is my PIN, which is my signature on the 2020 electronically filed return in accordance with the requirements of Pub. 4163 , Modernized e-File residences Returns.	return indicated (MeF) Informatic	above. I confirm on for Authorized							
ERO's signature ▶	Date ▶ 3/2	24/2022								
	ERO Must Retain This Form - See Instructions									
	Do Not Submit This Form to the IRS Unless Requested To Do S	3o								

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AF	or the	2020 calendar year, or tax year beginning $07/01$, 2020, and end	aing		06/3	0, 20 21			
Вс	eck if app	C Name of organization		D Employer ide	ntificatio	on number			
_	Address	RISING GROUND, INC.		12 1060	<i>1</i> E 1				
_	change	Doing Business As		13-1860					
-	Name o	151 TREDENCE CERTER SELVET COR	E Telephone number (914) 375-8717						
-	Initial r	City or town about as a specimen account, and 710 or foreign postel and		(914) 373	0-8/1	. /			
-	Termina			•	•	102 200	0.00		
-	return	BROOKHIN, NI 11201		G Gross receipt		123,389,	-		
L_	Applica pending	THIN TOOTTIE		H(a) Is this a grou subordinates?	•	H	X No		
		151 LAWRENCE STREET, 5TH FLOOR, BROOKLYN, NY 1120		H(b) Are all subordi			No		
			527			e instructions)			
		e: ▶ WWW.RISINGGROUND.ORG		H(c) Group exemp			7177		
MERCHAN	0.000.000.000.000		ar of formati	on: 1831 M	State of le	egal domicile:	NY		
	art I	Summary	ND TO 1	DEDICAMED	mo c	TID DODUTA	ATC		
۵.	1 E	Briefly describe the organization's mission or most significant activities: RISING GROUP	ND TO	CEDICATED	10 5	OPPORT I			
Governance	_	CHILDREN, ADULTS, AND FAMILIES. WORKING TOGETHER, WE C. FOUNDATIONS FOR SUCCESS.	REATE	STRONG					
Гa	-								
o.		Check this box if the organization discontinued its operations or disposed of more			1		10		
O W	3 1	Number of voting members of the governing body (Part VI, line 1a)			3		$\frac{18.}{18.}$		
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			4	1	619.		
Ϋ́		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	<u> </u>	75.		
ć	6	Total number of volunteers (estimate if necessary)			6		73.		
_		Total unrelated business revenue from Part VIII, column (C), line 12			7a				
	ום	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	7b	Current Ye			
		2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		1,708,86	<u>_</u>	3,389			
ne		Contributions and grants (Part VIII, line 1h)	\neg	15,591,45		116,443	<u> </u>		
Revenue		Program service revenue (Part VIII, line 2g)	oN	424,26			3,703		
R		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	┙ ├──	1,323,84			7,559		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	19,048,41		120,594			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,718,14		7,785			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,710,14	0.	7,700	0		
		Benefits paid to or for members (Part IX, column (A), line 4)		84,237,62		82,385			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		01,237,02	0.		0		
ben	IDA I	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 780, 365.	· -		`				
ᄍ	17	otal fundraising expenses (Part IX, column (D), line 25)	-	29,722,73	2	31,289	256		
	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · 	22,678,49		121,459			
	l	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-3,630,08			5,861		
Z S	ו פו	Revenue less expenses. Subtract line to from line 12	• • • • • • •	ning of Current Y		End of Yea			
Net Assets or Fund Balances	20 -	Total assets (Part X, line 16)	L	66,524,10		71,517			
SSE	21 -	। otal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	• •	58,173,93		73,462			
und/	22	Net assets or fund balances. Subtract line 21 from line 20.	• •	8,350,17		-1,945			
	ri II	Signature Block	<u> </u>						
A200 (2000)	THE REAL PROPERTY.		atements, a	ind to the best of	my knov	wledge and be	elief, it is		
true	e, correc	alties of perjury. I declare that I have examined this return, including accompanying schedules and st st, and complete. Declaration of preparer (wither than officer) is pased on all information of which prepare	er has any kr	nowledge.	10-	<i>A</i> -			
	1	del hunter		3	129/	22			
Sig	n	Signature of officer		Date	<u></u>				
He	re	Alan Nuratel. (EO							
	1	Type or print name and title							
		Print/Type preparer's name Parer's signature Date		Check	if PTIN	1			
Paid	- 1	PAUL HAMMERSCHMIDT 10 3/24	4/2022	self-employe	ed PC	1384178			
	parer	Firm's name ▶ BDO USA, LLP		Firm's EIN	13-53	81590	meetings as a second		
Use	Only	Firm's address > 100 PARK AVENUE NEW YORK, NY 10017-5001			212-8	85-8000			
May	the IR	S discuss this return with the preparer shown above? (see instructions)			1	X Yes	No		
For	Paper	work Reduction Act Notice, see the separate instructions.				Form 990			

For	m 990 (2020) Page 2
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 ,	Briefly describe the organization's mission: ATTACHMENT 1
	ATTACHTENT
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 51,536,771. including grants of \$ 6,688,179.) (Revenue \$ 56,379,194.) ATTACHMENT 2
	ATTACHEDIVE 2
	(Code:) (Expenses \$18,259,920. including grants of \$330,802.) (Revenue \$21,117,081)
	DEVELOPMENTAL DISABILITIES - OUR INTELLECTUAL/DEVELOPMENTAL
	DISABILITIES SERVICES INCLUDE COMMUNITY BASED PROGRAMS SUCH AS
	GROUP RESIDENCES AND SUPPORTED APARTMENTS IN THE COMMUNITY,
	RESPITE/RECREATION SERVICES, SUPPORTIVE EMPLOYMENT, DAY HABILITATION SERVICES, AND MEDICAID SERVICE COORDINATION FOR BOTH
	CHILDREN AND ADULTS. OUR SUPPORTIVE CLINICAL PRACTICES ADDRESS THE
	ASSOCIATED EMOTIONAL, BEHAVIORAL AND PSYCHOLOGICAL
	ISSUES/DISORDERS IN ORDER TO ASSIST OUR CONSUMERS TO LIVE MORE
	FULFILLING LIVES.
4c	(Code:) (Expenses \$ 13,357,247. including grants of \$ 424,927.) (Revenue \$ 13,732,261.)
	ATTACHMENT 3
	ATTACHIBNI 5
	£ 5
	· · · · · ·
	and the second s
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 23,681,244. including grants of \$ 341,644.) (Revenue \$ 25,214,949.)

Form **990** (2020)

Form 990 (2020)

Part	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or 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	T		
•	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,			
•	- · · · · · · · · · · · · · · · · · · ·	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			Х
•	complete Schedule D, Part III	8		_^
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			٠,,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1.0	11.	
	VII, VIII, IX, or X as applicable.	1 1/2	1.4.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	··-		<u> </u>
. •	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?	"		
	If "Yes," complete Schedule G, Part III	19		Х
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 -	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	 	ļ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		- me 1	L	

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		X
	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
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	202		
·	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			ليا
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		J.	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form	990 (2020)		F	Page 5						
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		145							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,619			ĺ						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
D	If "Yes," enter the name of the foreign country	44.5								
5.2	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	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 solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	5,535	1							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	j 9.		l						
	and services provided to the payor?	7a	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		X						
	d If "Yes," indicate the number of Forms 8282 filed during the year									
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	, , , , , , , , , , , , , , , , , , , ,									
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.									
8										
9	sponsoring organization have excess business holdings at any time during the year?	8								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:	Ļ	3 - 1 - 1							
	Initiation fees and capital contributions included on Part VIII, line 12		u Karaji y							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:		1.	-						
а	Gross income from members or shareholders	e 550	100	4.1						
b	Gross income from other sources (Do not net amounts due or paid to other sources	1.1								
	against amounts due or received from them.)		roes f							
	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 [12b]		1							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		 						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		├						
ı.	Note: See the instructions for additional information the organization must report on Schedule O.									
D	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		4 1	200						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	4 1 1	Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · ·	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		Х						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.		<u> </u>	7,27						

13-1860451 Form 990 (2020) RISING GROUND, INC. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 Enter the number of voting members included on line 1a, above, who are independent.... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х Χ 8b **b** Each committee with authority to act on behalf of the governing body?............ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c Χ 13 13 Χ 14 Did the organization have a written document retention and destruction policy?............ 14 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 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?................ 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \triangleright $\frac{NY}{}$ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request ____ Other (explain on Schedule O) Own website Another's website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

State the name, address, and telephone number of the person who possesses the organization's books and records
ELLIOT HAGLER, CPA, CPO, 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201 914-375-8717

Form **990** (2020)

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and financial statements available to the public during the tax year.

Form 990 (2020) RISING GROUND, INC. 13-1860451 Page 7

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

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

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

Check this box if neither the	arganization nor	any ralated arganization	componented any current o	fficer director or tructor
	oluanization noi	anvielateu oruanization	compensated any current of	micer director of trustee.

(A) Name and title	hours box, unless person is be officer and a director/tr	Position (do not check more than one box, unless person is both an officer and a director/trustee)			an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ALAN E. MUCATEL	32.00									
CHIEF EXECUTIVE OFFICER	3.00			х				359,225.	0.	22,762.
(2) ELLIOT HAGLER	32.00							·		
CHIEF FINANCIAL OFFICER	3.00	1		Х				263,902.	0.	12,448.
(3) MARSHA AUSTIN	35.00									
PSYCHIATRIST	0.	1				Х		248,150.	0.	21,882.
(4) ELISE S. ZEALAND	33.00									
GENERAL COUNSEL	2.00				Х			238,109.	0.	22,165.
(5) BELINDA M. CONWAY	35.00									
EXECUTIVE VICE PRESIDENT	0.				Х			205,262.	0.	20,594.
(6) HERMAN DALY	35.00									
EXECUTIVE VICE PRESIDENT	0.				Х			200,169.	0.	8,308.
(7) SUSAN SAMPOGNA	35.00									
EXECUTIVE VICE PRESIDENT	0.				Х			188,447.	0.	18,402.
(8) ANGELA RUTH WHITE	35.00									
EXECUTIVE VICE PRESIDENT	0.				Х			198,496.	0.	7,696.
(9) JACQUELINE CALLEJAS	35.00									
PSYCHIATRIST	0.					Х		178,739.	0.	13,890.
(10) YEZID G. ACOSTA	35.00									
CHIEF INFORMATION OFFICER	0.					Х		176,354.	0.	14,838.
(11) CARLTON MITCHELL	35.00									
SENIOR PROGRAM VP	0.					Х		171,353.	0.	13,697.
(12) SHARRON MADDEN	33.00									
EXE. VICE PRES. THRU 6/22/20	2.00				Х			174,127.	0.	9,651.
(13) RYAN GAROFALO	35.00									
SENIOR PROGRAM VP	0.		<u> </u>			Х		171,583.	0.	6,854.
(14) MATT DEL PERCIO	1.00									
PRESIDENT	2.00	X		Х				0.	0.	0.

Form 990 (2020)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from	(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		from the organization and related organizations
15) MARGERY E. AMES	1.00										
VICE PRESIDENT 16) CAROL CHEN	3.00 1.00	X	-	X	-	ļ	_	0.		0.	
TREASURER	2.00	x		Х				0.		0.	
17) G. CROSSAN SEYBOLT, JR.	1.00										
SECRETARY	3.00	Х		Х				0.		0.	
18) SUSAN S. BENEDICT	1.00										
DIRECTOR	2.00	X	_					0.		0.	
19) JUDITH BENITEZ DIRECTOR	$\frac{1.00}{2.00}$	X						0.		0.	
20) TONY CIRINCIONE	1.00	_^	-		-			0.		0.	
DIRECTOR	2.00	х						0.		0.	
21) JOYCE R. COPPIN-MONDESIRE	1.00						-				
DIRECTOR	2.00	Х						0.		0.	
22) THOMAS GALLAGHER	1.00										
DIRECTOR	2.00	Х						0.		0.	
23) JOSE M. JARA	1.00	.,						0.		_	
DIRECTOR 24) BRIGETTE MCLEOD-WILLIAMS	2.00	Х						<u> </u>		0.	
DIRECTOR	2.00	х						0.		0.	
25) KAREN MYRIE, M.D.	1.00										
DIRECTOR	2.00	Х						0.		0.	
1b Sub-total								2,773,916.		0.	193,187
c Total from continuation sheets to Part VII, S	ection A							0.		0.	0
d Total (add lines 1b and 1c)							<u> </u>	2,773,916.		0.	193,187
Total number of individuals (including but not reportable compensation from the organization)		nose 57		d ai		e) wno	- ге	ceived more than	\$100,000 f		Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	l f	"Yes	s," (complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											
Section B. Independent Contractors 1 Complete this table for your five highest com	nensated in	ndene	nde	nt o	cont	tracto	re t	hat received more	than \$100	000 0	f
compensation from the organization. Report c											
(A) (B) (C) Name and business address Description of services Compensation											
ATTACHMENT 4											
							-				and the second s
							-				
2 Total number of independent contractors (in				nite			ie li	sted above) who	received		
more than \$100,000 in compensation from the	e organizat	ion 🕨	-		1	1					

Form 990 (2020)

Pa	ge 8

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo			and I	lig	1	ed Employ	ees (d	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	Position check more than one ess person is both an one and a director/trustee) employee employee		an ee)	from relate		on from d tions	(F) Estimated amount of other compensation from the organization and related organizations	
		tee	ustee			ensated					
26) ELLEN POLANSKY	1.00							_	***************************************	_	
DIRECTOR 27) BOB SCHANZ	2.00	X						0.		0.	C
27) BOB SCHANZ DIRECTOR	2.00	X						0.		0.	
28) DAVID THEOBALD	1.00	A					-	· ·		· ·	
DIRECTOR	2.00	X						0.		0.	
29) DUNCAN JAMES TURNBULL	1.00	<u> </u>				<u> </u>	<u> </u>				
DIRECTOR	2.00	X						0.		0.	(
30) KIM WALKER	1.00										
DIRECTOR	2.00	Х						0.		0.	(
31) ALLEN WAXMAN	1.00										
DIRECTOR	2.00	X					<u> </u>	0.		0.	
		ļ	-								
		-									
***		<u> </u>	<u> </u>			ļ					
			-		-		-				
		İ									
		<u> </u>	-		├	 	-				
	 										
1b Sub-total	ection A .						A A A	0.		0.	0
Total number of individuals (including but not reportable compensation from the organization)		hose 5		d al	bov	e) who	o re	eceived more than	\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	P If	"Yes	s, "	complete Schedu	sation from le J for	the such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mper te Scl	sati hedu	on 1 Ile J	fron <i>I for</i>	n any such	un per	related organizations on	on or indiv	dual • • •	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	(A) (B) (C) Name and business address Description of services Compensation										
							-				
2 Total number of independent contractors (in	ncludina bi	ut no	t lim	nite	d to	thos	se I	isted above) who	received		
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 ▶											

P	art V	m	Statement of Revenue
a m	CIR WAY	1118	Statement of Revenue

RISING GROUND, INC.

	N. A. L. A. L.	Check if Schedule O contains a respor	se or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		T _k e p			
ءَ ج	c	Fundraising events 1c	594,379.				
ifts ar A	d	Related organizations 1d	75,000.	**			
Ω̈́Ë	e	Government grants (contributions) 1e	1,643,997.				
Sir	f	All other contributions, gifts, grants,					
e ti		and similar amounts not included above . 1f	1,075,996.				
등	g	Noncash contributions included in		:			
a at		lines 1a-1f 1g	5				
0 E	h	Total. Add lines 1a-1f	▶	3,389,372.	· · · · · · · · · · · · · · · · · · ·		
			Business Code				
<u>:</u>	2a	CHILD WELFARE	624110	56,379,194.	56,379,194.		
e ⊆	b	DEVELOPMENTAL DISABILITIES	624110	21,117,081.	21,117,081.		
n S	С	JUVENILE JUSTICE	624110	13,732,261.	13,732,261.		
Program Service Revenue	d	SPECIAL EDUCATION	624110	12,858,327.	12,858,327.		
og T	e	EARLY CHILDHOOD	624110	10,079,109.	10,079,109.		
₫	f	All other program service revenue		2,277,513.	2,277,513.		
	g	Total. Add lines 2a-2f		116,443,485.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	218,009.			218,009.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d -d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a 3,274,202.					
41		outer than inventory ru			Company of the Company		
er Revenue	b	Less: cost or other basis and sales expenses					a li migray ta meli
Ş	_	and sailed expenses /b		y a company and			
8	c d	Gain or (loss)		525,694.			525,694.
her		· ` '	••••				
ŏ	ва	Gross income from fundraising					e de la compansión
		events (not including \$594,379. of contributions reported on line		1,50			
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	46,441.		ing and the second		l section
	c	Net income or (loss) from fundraising events.		-46,441.		<u></u>	-46,441.
	9a	Gross income from gaming		and the second	No to late	4 mg () () () () () () () () () (ence has built
	-	activities. See Part IV, line 19 9a	0.			arija i jagara j	
	b	Less: direct expenses 9b	0.		4	des insert tests bes	a said di artiko
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less			King and the control of the		NETSTALL FOR
		returns and allowances 10a	0.				satisfy:
	b	Less: cost of goods sold 10b	0.		1,55.1		
	С	Net income or (loss) from sales of inventory	▶	0.			
ST			Business Code				
Miscellaneous Revenue	11a	OTHER INCOME	900099	64,000.			64,000.
lan	b						
e Se o	С						
Mis	d	All other revenue					
	e	Total. Add lines 11a-11d		64,000.	general and with the second	ushati angkibun 19	h, varien servê
	12	Total revenue. See instructions	<u></u>	120,594,119.	116,443,485.		761,262.

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).

8 Pension plan accruals and contributions (include section 401 (k) and 403(h) employer contributions) 9 Chter employee benefits 11 Fees for services (nonemployees): 12 Advantagement 13 Legal 14 Legal 15 Legal 16 Legal 17 Chessional fundraising services. See Part M, line 17. 17 Investment management fees 18 Chessional fundraising services. See Part M, line 17. 18 Investment management fees 19 Chter. (if line 11g empenses on Schedule O). 19 Chessional fundraising services. See Part M, line 17. 19 Chessional fundraising services. See Part M, line 17. 19 Chessional fundraising services. See Part M, line 17. 19 Chessional fundraising services. See Part M, line 17. 19 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 19 Chessional fundraising services. See Part M, line 17. 19 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 10 Chessional fundraising services. See Part M, line 17. 16 Chessional fundraising services. See Part M, lin	Check if Schedule O contains a response or note to any line in this Part IX							
and domestic poverments. See Part N. line 21		•	(A) Total expenses	Program service				
Individuals. Sae Part N. line 22	1	-	0.					
organizations, foreign governments, and foreign individuals. See Part N, lines 15 and 16 4 Benefits paid to or for members. 5 Compensation of current officers, trustees, and key employees. 6 Compensation not included above to disqualified persons discelented in section 4988(p)(s) and persons described in section 4988(p)(s) (iii) and persons described in section 4988(p)(s)(iii) and persons described in large section 4988(p)(s) and persons described in large	2		7,785,552.	7,785,552.				
## Benefits paid to or for members	3	organizations, foreign governments, and	0					
5 Compensation of current officers, directors, trustees, and key employees trustees the section 4956(n)(1)) and persons decimed in section 4956(n)(3)(8). 7 Other salaries and wages 8 Pension plan accruats and contributions (include section 401(k)) and 403(b) employer contributions (include section 401(k)) and 403(b)	4	- · · · · · · · · · · · · · · · · · · ·						
### Compression not included above to disqualified persons (as defined under section 4958(c)(1)) and persons described in section 4958(c)(1)(1) 1) and persons described in section 4958(c)(1)(1)(1) and 403(c) employer contributions (include section 491(c)) and 403(c) employer contributions (include section 4958(c)(1)(d) (include 1) and 503(c) (include section 4958(c)(1)(d) (include s								
persons described in section 4958/(n)) and persons described in section 4958/(n) and persons descr	5		1,718,576.	622,299.	1,096,277.			
7 Other salaries and wages	6	persons (as defined under section 4958(f)(1)) and	0.					
8 Pension plan accruals and contributions (include section 401 (k) and 403 (b) employer contributions) 9 Other employee benefits	7		62,890,450.	57,991,559.	4,473,680.	425,211.		
9 Other employee benefits		Pension plan accruals and contributions (include	1,695,703.	1,560,568.	123,967.	11,168.		
10 Payroll taxes	9	· · · · · · · · · · · · · · · · · · ·	8,392,579.	7,659,084.	679,394.	54,101.		
11 Fees for services (nonemployees): a Management b Legal					663,267.	49,191.		
b Legal	11	Fees for services (nonemployees):	0					
C Accounting d Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25. column (A) amount, listine 11g expenses on Schedule O). 12 Advertising and promotion 3 Office expenses 4, 400, 169. 3, 284, 217. 971, 184. 144, 76 16 Occupancy 10, 258, 049. 8, 696, 842. 1, 538, 341. 22, 86 17 Travel 1 Information technology. 10, 258, 049. 8, 696, 842. 1, 538, 341. 22, 86 17 Travel 1 Interest 1 1, 248, 273. 1, 168, 100. 80, 173. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 10 Interest 1 198, 114. 1 198, 114. 1 198, 114. 1 198, 114. 21 Payments to affiliates. 20 Interest 21 Insurance 22 Depreciation, depletion, and amortization (A) amount, list line 24e expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O) aEQUIPMENT REPAIRS/MAINT. BAD DEBT EXPENSES cDUES, LICENSES, PERMITS dMISCELLANEOUS EXPENSES 415, 111. 227, 421. 187, 690. 2121, 459, 980. 106, 835, 182. 113, 844, 433. 780, 36 26 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs				141.470.	92.594.			
A Lobbying 0.								
e Professional fundraising services. See Part IV, line 17, f Investment management fees 0. 9 Other. (If line 11g amount exceeds 10% of line 25. column (A) amount. list line 11g eepenses on Schedule O). 4,798,010. 3,631,635. 1,114,922. 51,45 12 Advertising and promotion 0. 3 Office expenses 4,400,169. 3,284,217. 971,184. 144,76 11of Travel 1. 10,258,049. 8,696,842. 1,538,341. 22,86 17 Travel 1. 1,248,273. 1,168,100. 80,173. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 830,002. 560,363. 267,971. 1,66 20 Interest 9. 21 Payments to affiliates 0. 22 Depreciation, depletion, and amortization 4,339,387. 3,640,462. 695,802. 3,12 23 Insurance 1. 2,167,355. 1,599,182. 564,446. 3,72 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a CUIEMENT REPAIRS/MAINT. BAD DEBT EXPENSES 415,111. 227,421. 187,690. CDUES, LICENSES, PERMITS 278,663. 95,429. 180,984. 2,25 and other expenses Counced and Counce of All other expenses Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 16 Joint costs. Complete this line only if the organization reported in column (B) pint costs					,			
F Investment management fees O Count O Count O O O O O O O O O			0.					
## Other (If line 11g amount exceeds 10% of line 25. column (A) amount, list line 11g expenses on Schedule Q)			0.					
Advertising and promotion								
13 Office expenses			4,798,010.	3,631,635.	1,114,922.	51,453.		
14 Information technology. 0. 15 Royalties. 0. 16 Occupancy 10,258,049. 8,696,842. 1,538,341. 22,866 17 Travel. 1,248,273. 1,168,100. 80,173. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 830,002. 560,363. 267,971. 1,666 20 Interest 198,114. 199,114. 21 Payments to affiliates 0. 22 Depreciation, depletion, and amortization 4,339,387. 3,640,462. 695,802. 3,126 23 Insurance 2,167,355. 1,599,182. 564,446. 3,726 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on Schedule O.) a EQUIPMENT REPAIRS/MAINT. 1,479,390. 1,118,197. 357,354. 3,836 bBAD DEBT EXPENSES 415,111. 227,421. 187,690. cDUES, LICENSES, PERMITS 278,663. 95,429. 180,984. 2,256 dMISCELLANEOUS EXPENSES 445,881. 77,396. 361,485. 7,007 e All other expenses 25 Total functional expenses. Add lines 1 through 24e organization reported in column (8) joint costs	12	Advertising and promotion						
15 Royalties 0 10,258,049 8,696,842 1,538,341 22,866 17 Travel	13	Office expenses		3,284,217.	971,184.	144,768.		
10,258,049. 8,696,842. 1,538,341. 22,861 17 Travel .	14	f						
17 Travel	15			0 606 040	1 520 241	22.066		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings						22,866.		
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 830,002. 560,363. 267,971. 1,66 20 Interest 198,114. 1998,114. 21 Payments to affiliates 0. 2 22 Depreciation, depletion, and amortization 4,339,387. 3,640,462. 695,802. 3,12 23 Insurance 2,167,355. 1,599,182. 564,446. 3,72 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT REPAIRS/MAINT. bBAD DEBT EXPENSES 415,111. 227,421. 187,690. cDUES, LICENSES, PERMITS 278,663. 95,429. 180,984. 2,25 dMTSCELLANEOUS EXPENSES 445,881. 77,396. 361,485. 7,000 e All other expenses 4dd lines 1 through 24e 121,459,980. 106,835,182. 13,844,433. 780,360 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs			1,240,273.	1,100,100.	00,173.			
19 Conferences, conventions, and meetings 198,114	18		0.					
198,114.	10			560,363.	267,971.	1,668.		
Payments to affiliates								
22 Depreciation, depletion, and amortization 4,339,387. 3,640,462. 695,802. 3,12 23 Insurance 2,167,355. 1,599,182. 564,446. 3,72 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,479,390. 1,118,197. 357,354. 3,83 BAD DEBT EXPENSES 415,111. 227,421. 187,690. 278,663. 95,429. 180,984. 2,25 dMISCELLANEOUS EXPENSES 445,881. 77,396. 361,485. 7,00 e All other expenses 121,459,980. 106,835,182. 13,844,433. 780,36 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs 121,459,980. 106,835,182. 13,844,433. 780,36				:	,			
2, 167, 355. 1, 599, 182. 564, 446. 3, 72 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT REPAIRS/MAINT. 1, 479, 390. 1, 118, 197. 357, 354. 3, 83 bBAD DEBT EXPENSES 415, 111. 227, 421. 187, 690. cDUES, LICENSES, PERMITS 278, 663. 95, 429. 180, 984. 2, 25 dMISCELLANEOUS EXPENSES 445, 881. 77, 396. 361, 485. 7, 00 e All other expenses 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs		i	4,339,387.	3,640,462.	695,802.	3,123.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) 1,479,390. 1,118,197. 357,354. 3,83 aEQUIPMENT REPAIRS/MAINT. 1,479,390. 1,118,197. 357,354. 3,83 bBAD DEBT EXPENSES 415,111. 227,421. 187,690. cDUES, LICENSES, PERMITS 278,663. 95,429. 180,984. 2,25 dMISCELLANEOUS EXPENSES 445,881. 77,396. 361,485. 7,00 e All other expenses 121,459,980. 106,835,182. 13,844,433. 780,36 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs 121,459,980. 106,835,182. 13,844,433. 780,36	23		2,167,355.	1,599,182.	564,446.	3,727.		
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT REPAIRS/MAINT. b BAD DEBT EXPENSES c DUES, LICENSES, PERMITS dMISCELLANEOUS EXPENSES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs	24	Other expenses. Itemize expenses not covered						
aEQUIPMENT REPAIRS/MAINT. bBAD DEBT EXPENSES cDUES, LICENSES, PERMITS dMISCELLANEOUS EXPENSES 415,111. 227,421. 187,690. cMISCELLANEOUS EXPENSES 445,881. 77,396. 361,485. 7,00 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 121,459,980. 106,835,182. 13,844,433. 780,360 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs					en grande de la companya de la comp			
bBAD DEBT EXPENSES 415,111. 227,421. 187,690. cDUES, LICENSES, PERMITS 278,663. 95,429. 180,984. 2,25 dMISCELLANEOUS EXPENSES 445,881. 77,396. 361,485. 7,00 e All other expenses 25 121,459,980. 106,835,182. 13,844,433. 780,36 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs 121,459,980. 106,835,182. 13,844,433. 780,36		(A) amount, list line 24e expenses on Schedule O.)	6.75 PM	·				
cDUES, LICENSES, PERMITS 278,663. 95,429. 180,984. 2,25 dMISCELLANEOUS EXPENSES 445,881. 77,396. 361,485. 7,00 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 121,459,980. 106,835,182. 13,844,433. 780,36 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs 106,835,182. 13,844,433. 780,36	-	**************************************				3,839.		
dMISCELLANEOUS EXPENSES 445,881. 77,396. 361,485. 7,000 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 121,459,980. 106,835,182. 13,844,433. 780,360 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	-	·						
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 121,459,980. 106,835,182. 13,844,433. 780,36 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	•		· · · · · · · · · · · · · · · · · · ·	·		2,250.		
25 Total functional expenses. Add lines 1 through 24e 121,459,980. 106,835,182. 13,844,433. 780,362 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	-		445,881.	//,396.	361,485.	7,000.		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs			121 459 980	106 835 182	13 844 433	780 365		
fundraising solicitation. Check here 🕨 🔲 if		Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	121, 100, 900.	100,000,102.	10,011,100.	700,303.		
following SOP 98-2 (ASC 958-720)		following SOP 98-2 (ASC 958-720)	0.			Form 990 (2020)		

Page **11**

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,616,781.	1	3,120,191.
	2	Savings and temporary cash investments	2,106,323.	2	1,895,676.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	17,411,034.	4	20,170,010.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
s	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	2,475,203.	9	3,176,530.
	1	Land, buildings, and equipment: cost or other			
	""	basis. Complete Part VI of Schedule D 10a 36,396,026.			
	b	Less: accumulated depreciation	25,931,523.	10c	9,505,982.
	11	Investments - publicly traded securities	12,481,434.	11	15,157,766.
	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	2,501,810.	15	18,490,994.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	66,524,108.	16	71,517,149.
	17	Accounts payable and accrued expenses	21,302,550.	17	26,491,458.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	14,827,492.	20	13,142,676.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	11,297,247.	23	20,526,386.
	24	Unsecured notes and loans payable to unrelated third parties	958,976.	24	4,643,617.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	9,787,670.	25	8,658,761.
	26	Total liabilities. Add lines 17 through 25	58,173,935.	26	73,462,898.
	†	Organizations that follow FASB ASC 958, check here ▶ X			5.4.4
Š		and complete lines 27, 28, 32, and 33.			1000
<u>a</u>	27	Net assets without donor restrictions	5,511,007.	27	-4,569,234.
ä	28	Net assets with donor restrictions	2,839,166.	28	2,623,485.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
is A	32	Total net assets or fund balances	8,350,173.	32	-1,945,749.
ž	33	Total liabilities and net assets/fund balances	66,524,108.	33	71,517,149.
_	<u> </u>				Form 990 (2020)

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	1	.20,5	94,1	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2]	21,4	59,9	80.
3	Revenue less expenses. Subtract line 2 from line 1	3	-865,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,350,173		
5	Net unrealized gains (losses) on investments	5		2,7	18,4	106.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			(627.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-12,1	49,0	94.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
-	32, column (B))	10		-1,9	45,7	49.
Part	, ,					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plai	n in	kg/10 11	ATT THE MEN	
	Schedule O.			1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	d or	lane in		
	reviewed on a separate basis, consolidated basis, or both:			7.3))
	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	ed c	n a	Miles e		1 80 Z 1 3 1
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
If the organization changed either its oversight process or selection process during the tax year, ex		plair	on			
	Schedule O.			1 - 54		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th 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	-			Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits	<u> </u>	3b	000	<u></u>

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.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization 13-1860451 RISING GROUND, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5	Ш	An organization operated to		a college or universit	y owner	or ope	erated by a governme	ental unit described in
c		section 170(b)(1)(A)(iv). (C A federal, state, or local go		ramantal unit dagariba	d in saat	ion 170/	/h\/4\//\\/\\/\\	
6 7	\vdash	An organization that norma						om the general nublic
′	Ш		-		pport	nn a go	verninental unit of in	on the general public
		described in section 170(b)		· ·	David II V			
8	\vdash	A community trust describe	•	,, ,, ,, ,	,		1 1	land mant callege
9	Ш	An agricultural research org	•				•	•
		or university or a non-land-	grant college of a	griculture (see instruct	ions). Er	nter the	name, city, and state o	rtne college or
		university:						
0	X	An organization that norma receipts from activities rela	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross
		support from gross investm	ient income and u	nrelated business tax	able inco	me (les	s section 511 tax) from	businesses
		acquired by the organizatio	n after June 30, 1	975. See section 509 ((a)(2). (C	omplete	Part III.)	
1		An organization organized a	· · · · · · ·	-	-			
2		An organization organized	•	•	-			
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).							
		Check the box in lines 12a t	hrough 12d that d	escribes the type of su	upporting	ı organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	n(s) the power to	regularly appoint or e	ect a ma	ajority of	f the directors or truste	es of the
		supporting organization.	ou must complet	te Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervis	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management o	f the supporting o	organization vested in	the same	e persor	ns that control or man	age the supported
		_ organization(s). You must						
С		Type III functionally integ			ted in co	nnectio	n with, and functional	ly integrated with,
		its supported organization						
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally inte						
		requirement (see instruct	•	• ,	•		•	
е		Check this box if the orga	,	•		•		I. Type III
_	-	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	, ,,
f	Ent	ter the number of supported						
g		ovide the following information	-					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you		support (see instructions)	other support (see instructions)
				above (see instructions))	docur Yes	No	matructions	instructions)
Δ)								

(A) (B) (C) (D) (E) Total

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under								
	Part III. If the organization fai	is to qualify u	nder the tests	listed below, p	olease comple	te Part III.)		
	tion A. Public Support	4.30040	1 411047	1 () 2010	T (1) 2010	1 ()0000 1		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	Hermonia de la composición del composición de la composición del composición de la c						
	shown on line 11, column (f)	* · · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t here	11 S. J. 18 M. 1 19 M.		
6	Public support. Subtract line 5 from line 4					t in a subject		
	tion B. Total Support		·r			,		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	***************************************	ļ					
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		1					
12	Gross receipts from related activities, etc. (see instructions)				12		
13	First 5 years. If the Form 990 is for							
Sac	organization, check this box and stop here tion C. Computation of Public Sup			· · · · · · · · · · · · · · · · · · ·		 		
14	Public support percentage for 2020 (li			a 11 column (f)	·	14	%	
15	Public support percentage for 2020 (iii							
	331/3% support test - 2020. If the or							
	box and stop here. The organization q	-						
b	33 1/3 % support test - 2019. If the org	-		-				
	this box and stop here. The organizati	on qualifies as	a publicly suppo	rted organizatio	on		▶ □	
17a	10%-facts-and-circumstances test - 2							
	10% or more, and if the organization	n meets the fa	cts-and-circums	stances test, ch	eck this box a	nd stop here. E	xplain in	
	Part VI how the organization meets			_	•			
	organization							
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organi	zation meets th	ne facts-and-circ	cumstances test	t, check this bo	x and stop here	. Explain	
	in Part VI how the organization meet							
18	organization	n did not che	ck a box on lin	e 13, 16a, 16b	o, 17a, or 17b,	check this box	and see	
***************************************	instructions					Schedule A (Form 9		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	2,084,493.	1,932,227.	1,829,613.	1,708,860.	3,389,372.	10,944,565.
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	88,465,696.	96,438,633.	101,457,242.	115,591,452.	116,443,485.	518,396,508.
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	90,550,189.	98,370,860.	103,286,855.	117,300,312.	119,832,857.	529,341,073.
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.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
	line 6.)	,					529,341,073.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	90,550,189.	98,370,860.	103,286,855.	117,300,312.	119,832,857.	529,341,073.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources	253,703.	276,453.	330,037.	272,933.	218,009.	1,351,135.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	253,703.	276,453.	330,037.	272,933.	218,009.	1,351,135.
11	Net income from unrelated business						
	activities not included in line 10b, whether	,					
	or not the business is regularly carried on.	115,055.	149,143.	132,939.	114,064.		511,201.
12	Other income. Do not include gain or						
	loss from the sale of capital assets	,					
	(Explain in Part VI.) ATCH 1	146,900.	167,795.	975,517.	1,209,778.	64,000.	2,563,990.
13	Total support. (Add lines 9, 10c, 11,	,					
	and 12.)	91,065,847.	98,964,251.	104,725,348.	118,897,087.	120,114,866.	533,767,399.
14	First 5 years. If the Form 990 is for	the organization	on's first, second	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop here	<u>.</u>					▶
Sec	tion C. Computation of Public Sup	port Percentaç	ge				
15	Public support percentage for 2020 (line 8	, column (f), divide	ed by line 13, colur	nn (f))		15	99.17%
16	Public support percentage from 2019 Sche	dule A, Part III, lin	e 15			16	99.10%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2020 (lin	ne 10c, column (f), divided by line 1	3, column (f))		17	.25%
18	Investment income percentage from 2019	Schedule A, Part I	III, line 17			18	.28%
19 a	331/3% support tests - 2020. If the or	ganization did n	ot check the box	k on line 14, ar	nd line 15 is mo	re than 331/3 %	
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualific	es as a publicly	supported organi	zation 🕨 📘
20	Private foundation. If the organization of	did not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	tions 🕨

Schedule A (Form 990 or 990-EZ) 2020

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Part IV **Supporting Organizations**

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

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ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	5 - A	;
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).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	× /	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	85	
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		1
С	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.	4c		34 (34.54)
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	şir.	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in Part VI</i> .	6		50 10 10 10 10 10 10 10 10 10 10 10 10 10
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).	7		d.
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	281.77	
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.	9b	5,31	-
С	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.	9c		
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 line 10b below.	10a		

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10b

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

60C40770383345000000000000000000000000000000000	ule A (Form 990 or 990-EZ) 2020		l	Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>		 	
	detail in Part VI.	11c	İ	
Secti	ion B. Type I Supporting Organizations		L	<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	. "		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		l	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		-	
04:	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		Vaa	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	163	NO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	Hars [®]	
Section	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 in	structio	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s)
2	Activities Test Appropriate 20 and 26 below		Yes	No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	# .	80. 1948 1748	y 4.
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	."	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of							
gross income or for management, conservation, or maintenance of property							
held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see		i taka ti ta					
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e						
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 0.035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount		ing the second s	Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	e – et i justi saj <mark>uste diserbit</mark> ade					
2 Enter 0.85 of line 1.	2	s in the contract of					
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	e e e e e e e e e e e e e e e e e e e					
4 Enter greater of line 2 or line 3.	4	Lawy et letter					
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	organization				
(see instructions).							

25/25/25/25/25/25				_	
	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	tion D - Distributions				Current Year
1				1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				The second second second
	(reasonable cause required - explain in Part VI). See				
	instructions.				the second of
3	Excess distributions carryover, if any, to 2020	\$1. pr			
a	From 2015		i va a		
b	From 2016				
c	From 2017				
d	From 2018				The second state of the second
e	From 2019		y .		
f_	Total of lines 3a through 3e				2017年,1918年2月1日 A
g	Applied to underdistributions of prior years				magnitude (1994) in the
<u>h</u>	Applied to 2020 distributable amount				
<u>_</u>	Carryover from 2015 not applied (see instructions)				n with participal Williams
<u>_j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				The service of the se
4	Distributions for 2020 from				
***************************************	Section D, line 7: \$		×4		
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if			l	
	any. Subtract lines 3g and 4a from line 2. For result			١	
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h	1 1 × 1			
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.		ey .		
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2016			\perp	
b	Excess from 2017			\perp	
<u>c</u>	Excess from 2018			\perp	
d	Excess from 2019			\perp	
Δ.	Eyeass from 2020	ı !		- 1	

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

				AT	rachment 1		
SCHEDULE A, PART III - OTHER INCOME							
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL	
OTHER INCOME	146,900.	167,795.	975,517.	1,209,778.	64,000.	2,563,990.	
TOTALS	146,900.	167,795.	975,517.	1,209,778.	64,000.	2,563,990.	

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization Employer identification number RISING GROUND, INC. 13-1860451 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** 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) (2020)

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		
1_	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	N/A	\$122,138.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ \$ 87,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$\$	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	N/A	\$\$63,234.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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	N/A	\$50,100.	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	N/A	\$\$	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	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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		
19	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	N/A	\$ 31,194.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	N/A	\$21,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	N/A	\$\$	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	N/A	\$\$	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	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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		
25	N/A	\$\$	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	N/A	\$\$.	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	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copie	23 of Fart III additional Space is no	seaca.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$\\$	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	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$\$	
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 34 (a)	Name, address, and ZIP + 4 N/A (b)	### Total contributions ### 10,500. (c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 N/A (b) Name, address, and ZIP + 4	\$ 10,500. (c) Total contributions	Person X 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 needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
37	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39	N/A	- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
40	N/A	- \$ 9,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
41	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42	N/A	- \$ 7,810. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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	
43	N/A	- \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44	N/A	- - \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
45_	N/A	- - \$\$6,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
46	N/A	\$\$6,324.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
47	N/A	- - \$6,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
48_	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$ 5,950.	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	N/A	\$ 5,154.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$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
52	N/A	\$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
53	N/A	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$5,000.	Person X 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.)
(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

(.D)
(d) Date received

Name of organization RISING GROUND, INC.

Employer identification number 13-1860451

the f		ions completing Par e year. (Enter this ir	t III, enter the t Iformation onc	otal of <i>exclusively</i> religious, charitable, etc ee. See instructions.) ▶\$		
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
	Transferee's name, address, al	(e) Transi	_	elationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift (c) Use of		of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee		
i) No. From Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee		

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

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.

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number RISING GROUND, INC. 13-1860451 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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) Aggregate value of grants from (during year) . . Aggregate value at end of year....... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register............... 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2020

following amounts required to be reported under FASB ASC 958 relating to these items:

	RTS	ING GROUND, IN	C.			13-186	50451	
Sche	dule D (Form 990) 2020	ine encomb, in	~ .			15 10	,,,,,	Page 2
00 K 65 M 65	rt III Organizations Maintaini	na Collections of A	Art. Historical Tre	asures, o	r Other Simi	ar Assets (ontinued)	
3	Using the organization's acquisitio							
	collection items (check all that appl			•	_	_		
а	Public exhibition	•	d Loan	or exchange	program			
b	Scholarly research		e Other					
С	Preservation for future gener	ations	L					
4	Provide a description of the organ	ization's collections	and explain how t	hey further	the organiza	ition's exemp	t purpose i	in Part
	XIII.							
5	During the year, did the organizatio	n solicit or receive do	onations of art, histo	orical treas	ures, or other :	similar _		
	assets to be sold to raise funds rath	er than to be mainta	ned as part of the	organization	n's collection?		Yes	No
Pa	rt IV Escrow and Custodial Ar Complete if the organiza 990, Part X, line 21.		5" on Form 990, F	art IV, line	9, or reporte	ed an amour	nt on Form	1
1 a	Is the organization an agent, trust	ee, custodian or oth	ner intermediary fo	r contribut	ions or other	assets not _		
	included on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the following tak	ole:				
						Amount		·
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f	Ending balance				1,	1 F 1 T 0	IV I	I NI -
	Did the organization include an amo						Yes	→ No
reaction or reco	If "Yes," explain the arrangement in the transfer of the trans	Part XIII. Check ne	re if the explanation	nas been p	rovided on Par	τχιι		
ĒΕ	it V Endowment Funds. Complete if the organizar	tion answered "Ves	" on Form 990 F	art IV line	10			
	Tompiete ii tile organiza	(a) Current year	(b) Prior year	(c) Two yea		ree years back	(e) Four yea	rs back
4 -	Parimir a standard balance	2,361,096.	2,361,096.	2,361		361,096.		1,096.
	Beginning of year balance				,			
	Contributions							
C	Net investment earnings, gains, and losses	18,456.	47,000.	25	,821.	35,958.	20	0,103.
ч	Grants or scholarships							
	Other expenditures for facilities							
•	and programs	18,456.	47,000.	25	,821.	35,958.	20	0,103.
f	Administrative expenses							
g	End of year balance	2,361,096.	2,361,096.	2,361	,096. 2,	361,096.	2,361	1,096.
2 a	Provide the estimated percentage of Board designated or quasi-endown	ent ▶	nd balance (line 1g, %	column (a))	held as:			
	Permanent endowment ▶ 100.0	<u>000</u> %						
С		%						
	The percentages on lines 2a, 2b, a	•			A software to the to the con-	1.6 41		
за	Are there endowment funds not in t	ne possession of the	organization that	are neid an	a administered	a for the	Yes	s No
	organization by:						3a(i)	X
	(i) Unrelated organizations(ii) Related organizations						3a(ii)	$\frac{1}{x}$
h	If "Yes" on line 3a(ii), are the relate						3b	+
4	Describe in Part XIII the intended us							
10x332789	# VI Land, Buildings, and Equ	ipment.						
	Complete if the organiza	tion answered "Ye	<u>s" on Form 990, F</u>					0.
	Description of property	(a) Cost or o	ther basis (b) Cost onent) (of	or other basis ther)	(c) Accumulate depreciation	ed (d) Book value	
1 a	Land	· · · · · · · · · · · · · · · · · · ·						
b	Buildings		17,3	40,470.	10,551,0		6,789,	,402.
С	Leasehold improvements			68,006.	5,960,4		2,107,	
d	Equipment,		10,8	34,034.	10,231,8	53.	602,	,181.

153,516.

146,713.

9,505,982. Schedule D (Form 990) 2020

6,803.

d Equipment.....

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020			Page 3
Part VII Investments - Other Securities.		0.5 (1)(1) 441 0 5 000	D - 13/ 15 - 40
Complete if the organization answered	"Yes" on Form 99	. ,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(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.)		Militario de la Principa del Principa de la Principa del Principa de la Principa del Principa del Principa de la Principa del Pri	
Part VIII Investments - Program Related.	•		
Complete if the organization answered	l "Yes" on Form 99	00, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on:
, , ,	, ,	Cost or end-of-year marke	t value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		- Security and a second second second	garaya Kashan ay Isa Nga ^A ara a sa
Part IX Other Assets.	L		
Complete if the organization answered	d "Yes" on Form 99	0. Part IV. line 11d. See Form 990,	Part X, line 15.
	scription		(b) Book value
(1) FUNDS FROM PAYCHECK PROTECTION			
(2) PROGRAM LOAN			10,000,000
(3) OPERATING LEASE RIGHT			4,113,004
(4) INVESTMENT IN EQUITY INVESTEE			2,266,082
(5) EMPLOYEE BENEFITS PROGRAM			
(6) REVOCABLE TRUST			1,192,000
(7) ASSETS HELD FOR SALE			744,667
(8) SECURITY DEPOSITS			175,241
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		18,490,994
Part X Other Liabilities.			
Complete if the organization answered line 25.	d "Yes" on Form 99	90, Part IV, line 11e or 11f. See Form	n 990, Part X,
1. (a) Descrip	otion of liability		(b) Book value
(1) Federal income taxes	-		
(2) DUE TO GOVERNMENT AGENCIES			3,859,269
(2) DIE MO EMDIOVEE DENEETHS MOIISM			2 400 000

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO GOVERNMENT AGENCIES	3,859,269.
(3)	DUE TO EMPLOYEE BENEFITS TRUST	2,400,000.
(4)	DUE TO EDWIN GOULD (A RELATED	
(5)	501(C)(3) ORG.)	2,371,499.
(6)	ACCRUED INTEREST PAYABLE	27,993.
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,658,761.

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

Part	XI Reconciliation of Revenue per Audited Financial Statements Wit Complete if the organization answered "Yes" on Form 990, Part IV,	h Revenue per Retur line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	2a	
a	The tall and the tall and the tall and the tall and the tall and t	2b	4
b	Bernated convices and doe of identifices 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	2c	
C	recoveries of prior year grants		-
d	Other (Describe in Part XIII.)		1 20
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)		40
С 5	Add lines 4a and 4b		
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements Wit		
IRCIIC	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	again a sa ann an againm an ann an
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:	1	
а		2a	
b	1 1101 year adjustments	2b	
С		2c	
d	Other (Describe in Part XIII.)	2d	
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
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	-t 1\	Daniel V. Daniel
2: Part	s the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	iπ iv, lines ib and ∠b; P de anv additional inform	rart V, line 4; Part X, line
	· · · · · ·	ao any additional inform	iation.
SEE	PAGE 5		

Page 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE OBJECTIVE OF RISING GROUND'S ENDOWMENT IS TO GENERATE REVENUES TO SUPPORT PROGRAMS WHILE MAINTAINING THE PRINCIPAL ENDOWMENT FUNDS AT THE ORIGINAL AMOUNT DESIGNATED BY THE DONOR. THE INVESTMENT POLICY TO ACHIEVE THIS OBJECTIVE IS TO INVEST IN LOW-RISK SECURITIES.

PART X, LINE 2:

RISING GROUND, INC. HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER U.S. GAAP. UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX LIABILITIES ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR RECOGNIZED TAX BENEFITS AS OF JUNE 30, 2021. THE ORGANIZATION HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2021, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES. AS OF JUNE 30, 2021, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number RISING GROUND, INC. 13-1860451 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а е Internet and email solicitations Solicitation of government grants b f С Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 2 5 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

Ра	rt I	Fundraising Events. Completed more than \$15,000 of fundrated events with gross receipts greaters.	aising event contribut			
-		<u> </u>	(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
d)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	594,379.			594,379
ď	2	Less: Contributions Gross income (line 1 minus				594,379
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment	21,250.			21,250
	9	Other direct expenses	25,191.			25,191
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		46,441
Pa	na l	Net income summary. Subtract li Gaming. Complete if the org	ne to from line 3, cold	Yes" on Form 990	 Part IV_line 19_o	
		\$15,000 on Form 990-EZ, lin	ie 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses		l ly		
	6	Volunteer labor	Yes % No	Yes% No	Yes9	6
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a	ì	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ganduct gaming activities	in each of these stat	es?	Yes No
10 a		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		uring the tax year?	Yes No

Sched	lule G (Form 990 or 990-EZ) 2020 Page 3
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	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name N
	Name ►
	Address •
	Address ►
16	Gaming manager information:
	Name >
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	F
	Director/officer Employee Independent contractor
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	
	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) 2020

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047

(rorm 990)	Governments, and Individuals in the United States	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
Department of the Treasury	► Attach to Form 990.	Open to Public
Internal Revenue Service	▶ Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
RISING GROUND, INC.	INC.	13-1860451
Part I General Ir	Part I General Information on Grants and Assistance	
1 Does the organiz	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection crite	the selection criteria used to award the grants or assistance?	No X Yes
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants an	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	tion answered "Yes" on Form 990,
Part IV lin	Part IV line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	seded

1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
טו פטאפווווופווונ		(iii appilicable)	100	סמטון מספופונים וס	other)		
(5)		-					
	r						
(2)							
(3)							
(4)							
	Γ						
(5)							
	1						
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
	government c	organizations lis	sted in the line 1 tab	:		:	
S Enter total number of ourier organizations instead in the line is able .		I table					17
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 9	90.				Sci	Schedule I (Form 990) 2020

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Schedule I (Form 990) (2020) 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.

o call be admissed in admission of the	00 10 1100000				
(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	453.	4,962,549.			
2 FOOD	2,102.		912,932.	Воок	FOOD FOR PERSONS
3 CHILDREN'S ALLOWANCES AND ACTIVITIES	3,333.	1,692,830.			
4 CONSUMER INCIDENTALS	2,102.		33,249.	ВООК	INCIDENTALS
5 CLOTHING	2,102.		183,992.	ВООК	CLOTHING FOR PERSONS
9					
7					

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

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		740 - 4	
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		4	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	. 4,477.4	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract		100	
	Independent compensation consultant Compensation survey or study X 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:	4a	х	
a b	Receive a severance payment or change-of-control payment?	4a 4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		1	
	The to the unit of mice at a, not the persons and provide the applicable afficially for incoming the mice.			
	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		Х
b	Any related organization?	5b	<u> </u>	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:			
а	The organization?	6a	L	Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.	100		
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			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
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) 2020

13-1860451

Page 2

Schedule J (Form 990) 2020

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. Part ||

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

		(B) Breakdown of W-2	of W-2 and/or 1099-MIS	and/or 1099-MISC compensation				
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	other deferred	(u) Nontaxable benefits	(E) lotal of columns (B)(i)-(D)	(F) Compensation in column (B) reported
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
ALAN E. MUCATEL	(E)	359,225.	0	0	10,219.	12,543.	381,987.	0.
CHIEF EXECUTIVE OFFICER	Ξ	0	.0	0	0	0.	0	0
ELLIOT HAGLER	ε	263,902.	.0	0	0	12,448.	276,350.	0.
2CHIEF FINANCIAL OFFICER	Ξ	0.	.0	0	0	0	0	0
ELISE S. ZEALAND	ε	238,109.	.0	0	9,622.	12,543.	260,274.	0
3GENERAL COUNSEL	Ξ	0.	.0	0	0	0.	.0	0.
BELINDA M. CONWAY	Ξ	205,262.	.0	0	8,051.	12,543.	225,856.	0
4EXECUTIVE VICE PRESIDENT	Ξ	0.	0	• 0	0	0	.0	0.
HERMAN DALY	Ξ	200,169.	.0	0	8,308.	.0	208,477.	
SECUTIVE VICE PRESIDENT	Ξ	0	.0	0	0	.0	.0	0.
SUSAN SAMPOGNA	Ξ	188,447.	.0	• 0	5,919.	12,483.	206,849.	0
6EXECUTIVE VICE PRESIDENT	Ξ	0	.0	0	0	0	0	0.
ANGELA RUTH WHITE	Ξ	198,496.	.0	0	7,600.	.96	206,192.	0
7EXECUTIVE VICE PRESIDENT	Ξ	0.	.0	0	0	.0	0.	0.
MARSHA AUSTIN	Ξ	248,150.	.0	• 0	9,434.	12,448.	270,032.	0.
8 PSYCHIATRIST	Ξ	0	• 0	• 0	0	.0	0	0.
JACQUELINE CALLEJAS	Ξ	178,739.	.0	.0	4,509.	9,381.	192,629.	0.
9 PSYCHIATRIST	(ii)	0.	.0	0.	.0	.0	0	0.
YEZID G. ACOSTA	Ξ	176,354.	.0	0	3,269.	11,569.	191,192.	0
10 CHIEF INFORMATION OFFICER	(ii)	0.	.0	0.	.0	.0	0.	0.
CARLTON MITCHELL	Ξ	171,35	.0	0	4,316.	9,381.	185,050.	0
11 SENIOR PROGRAM VP	€		.0	0.	.0	.0	0	.0
RYAN GAROFALO	Ξ	171,583.	.0	0	6,854.	.0	178,437.	.0
12 SENIOR PROGRAM VP	(ii)	0.	.0	0	.0	.0	0	0
SHARRON MADDEN	Ξ	112,589.	.0	61,538.	4,000.	5,651.	183,778.	.0
13 ^{EXE.} VICE PRES. THRU 6/22/20	Ξ	0.	. 0.	0.	.0	.0	0	0
	Ξ							
14	▣							
	Ξ							
15	Ξ							
	Ξ							
16	Ξ							
								1000

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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 4A:

SHARRON MADDEN, EXECUTIVE VICE PRESIDENT THRU 6/22/2020, RECIEVED A

SEVERANCE PAYMENT OF \$61,538 AS REPORTED ON PART II, COLUMN BIII.

Schedule J (Form 990) 2020

SCHEDULE K (Form 990)

RISING GROUND, INC.

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

2020 Open to Public Inspection

Employer identification number 13-1860451

EIN (c) CUSIP # (d) Date issued (e) Issue price	(b) Issuer EIN (c) CLISIP # (d) Date Issued (e) Issue price (f) Description of purpose	(g) Defeased behalf of financing			7-1-1-1-1-1		
Proceeds Proceeds	14-6000293) Description of purpose		(d) Date issued	(b) Issuer EIN (c) CUSIP #	(a) Issuer name
Proceeds 14-6000233 05/09/2013 4,035,000.	14-6000293 14-	Yes No Yes No Yes No					
Proceeds Proceeds	A	×	ING CONSTRUCTION COST		05/09/2013	14-6000293	CORMITORY AUTHORITY OF THE STATE OF NEW YORK
Proceeds Proceeds	A						
Proceeds Amount of bonds retired Amount of bonds retired Amount of bonds retired Amount of bonds legally defeased 1,440,000 6,683,000 Interpretation of the control of the serve funds 21,173,000 Interpretation of the control of the contro	A B C	X	ING CONSTRUCTION COST			42-1730564	YONKERS ECONOMIC DEVELOPMENT CORPORATION
Proceeds Amount of bonds retired Amount of bonds retired Amount of bonds legally defeased Amount of amount	A B C						
Proceeds A	A B C C C C C C C C C C						
Proceeds Amount of bonds retired Amount of bonds retired Amount of bonds retired Amount of bonds retired Amount of bonds legally defeased Amount of bonds legally Amount of bonds legally Amount of legal	A B C						
Amount of bonds retired Amount of bonds retired B Amount of bonds legally defeased 1,440,000 6,683,000 Amount of bonds legally defeased 4,035,000 21,173,000 Gross proceeds in reserve funds 256,423 871,100 Capitalized interest from proceeds 256,423 871,100 Proceeds in refunding excrows. 256,423 871,100 Sistuance costs from proceeds 3,778,577 20,301,900 Cledit enhancement from proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if X X Ales the final allocation of proceeds been made? X X	A B C						
Amount of bonds retired 1,440,000 6,683,000 Amount of bonds legally defeased 21,173,000 21,173,000 Total proceeds of issue 22,000 21,173,000 Gross proceeds in reserve funds 256,423 871,100 Proceeds in returning escrows 256,423 871,100 Proceeds in returning escrows 256,423 871,100 Sistance costs from proceeds 256,423 871,100 Capital enhancement from proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Other spent proceeds 3,778,577 20,301,900 Weer the bonds issued as part of a refunding issue of taxable bonds (or, if X X It issued prior to 2018, an advance	ds			<			
Amount of bonds legally defeased. 4,035,000 21,173,000 Gross proceeds of issue. 256,423 871,100 Capitalized interest from proceeds. 256,423 871,100 Proceeds in refunding escrows. 871,100 871,100 Credit enhancement from proceeds. 256,423 871,100 Working capital expenditures from proceeds. 3,778,577 20,301,900 Other spent proceeds. 3,778,577 20,301,900 Other spent proceeds. 3,778,577 20,301,900 Other unspent proceeds. 3,778,577 20,301,900 Were the bonds issued as part of a refunding issue of taxexempt bonds (or, if issued prior to 2018, an advance refunding issue of taxexempt bonds (or, if issued prior to 2018, an advance refunding issue)? X X	d		. 683,000	440,000.			
Total proceeds of issue 1,035,000 21,173,000	ds:		. 1				
Gross proceeds in reserve funds	ds		,173,000	000.	4	.	
Capitalized interest from proceeds	ds						Gross proceeds in reserve funds
Proceeds in refunding escrows	Section Sect						Capitalized interest from proceeds
Issuance costs from proceeds	Second Second						
Credit enhancement from proceeds	3,778,577. 20,301,900.		71,	56,42			
Working capital expenditures from proceeds	3,778,577. 20,301,900. 2013 2014 Yes No Yes No Yes of tax-exempt bonds (or, if X X X X X X X X X X X X X X X X X X						
Capital expenditures from proceeds. 3,778,577. 20,301,900 Other spent proceeds. Other unspent proceeds. 2013 2014 Year of substantial completion. Yes No Yes No Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? X X Has the final allocation of proceeds been made? X X X Does the organization maintain adequate books and records to support the X X	3,778,577. 20,301,900.						
Other spent proceeds	1		,301,900	8,577.	3,		
Other unspent proceeds	2013 2014 Yes No Yes No Yes of tax-exempt bonds (or, if axable bonds (or, if a				•		Other spent proceeds.
Year of substantial completion	2013 2014 Yes No Yes No Yes of tax-exempt bonds (or, if axable bonds (or, if records to support the accords to support					:	Other unspent proceeds
Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	of tax-exempt bonds (or, of taxable bonds (or, if records to support the cords to support t		014				
Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	of tax-exempt bonds (or,		No		Yes		
if issued prior to 2018, a current refunding issue)?	of taxable bonds (or, if				bonds (or,	issue	
Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	of taxable bonds (or, if		×	×			if issued prior to 2018, a current refunding issue)
issued prior to 2018, an advance refunding issue)?	Funding issue)?				inds (or, if	l	
Has the final allocation of proceeds been made?	adequate books and records to support the		×	×	· · · · · · · · · · · · · · · · · · ·		issued prior to 2018, an advance refunding issue)
Does the organization maintain adequate books and records to	adequate books and records to support the		×	×			Has the final allocation of proceeds been made?
مرود داره والإطالية والإطالية المسالية المراجعة والمراجعة *				upport the	records to		
final allocation of proceeds?	•			×	×		final allocation of proceeds?

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Schedule K (Form 990) 2020

Page 2

Part III Private Business Use								
	1	A	-	В	S			
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	S ×	Yes	S ×	Yes	No	Yes	No
2 Are there any lease arrangements that may result in private business use of		: :		;				
bond-financed property?		×		×				***************************************
3a Are there any management or service contracts that may result in private business use of bond-financed property?		×		×				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
Ψı								
c Are there any research agreements that may result in private business use of bond-financed property?		×		×				
ation routinely								
4 Enter the percentage of financed property used in a private business use by entities		à		à		٠		7
other than a section 501(c)(3) organization or a state or local government •		8		%		8		%
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 ordanization.								
r section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
		Х		×				
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?		×		×				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or		70		70		%		%
		8		8		9		8
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?			-					Annual Property of the Party of
9 Has the organization established written procedures to ensure that all				10 10 10 10 10 10 10 10 10 10 10 10 10 1				
nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	×		×					
Part IV Arbitrage								
		A		8	S			
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	N ×	Yes	۶ ×	Yes	No	Yes	No
a Rebate not due vet?.		×		×				
Exception to rebate?		×		×				
c No rebate due?		×		×				
Part VI the								
able rate issue?		×		×				
1						ŭ	Schedule K (Form 990) 2020	гт 990) 2020

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RISING GROUND, INC.

13-1860451

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Yes Yes ٤ ŝ ပ ပ Yes Yes Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. ŝ ę × × × m Ω Yes Yes × × õ 2 × \bowtie × ⋖ Yes Yes × × d Was the hedge superintegrated?...... e Was the hedge terminated?......... Were any gross proceeds invested beyond an available temporary period? d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? qualified c Term of hedge..... Has the organization established written procedures to ensure that violations identified and corrected through the voluntary closing agreement program if self-remediation isn't available under monitor hedge with respect to the bond issue?.......... α 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 4a Has the organization or the governmental issuer entered into 2 organization established written procedures of federal tax requirements are timely applicable regulations? Arbitrage (continued) **b** Name of provider c Term of GIC.... Schedule K (Form 990) 2020 Has Part VI Part IV Part V ဖ

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Schedule K (Form 990) 2020

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

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 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

RISING GROUND, INC.

13-1860451

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

1) 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 FAMILY RESOURCE CENTER PROVIDES CRITICAL PARENTING EDUCATION AND SUPPORT FOR LOW-INCOME FAMILIES IN ONE CENTRAL COMMUNITY-BASED LOCATION.

EXPENSES: \$11,809,667. GRANTS: \$211,573. REVENUE: \$12,858,327.

2) OUR EARLY CHILDHOOD CENTERS PROVIDE 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. 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.

EXPENSES: \$9,697,470. GRANTS: \$67,862. REVENUE: \$10,079,109.

3) OUR ANTI-INTIMATE PARTNERS SERVICES PROGRAM IS A HOLISTIC PROGRAM OF

Employer identification number

13-1860451

SERVICES FOR VICTIMS OF GENDER-BASED VIOLENCE WITH A FOCUS ON PREVENTION, INTERVENTION, AND POLICY ADVOCACY.

EXPENSES: \$2,174,107. GRANTS: \$62,209. REVENUE: \$2,277,513.

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

A COMPLETED FORM 990 IS REVIEWED BY THE MEMBERS OF THE AUDIT AND OVERSIGHT BOARD COMMITTEE. IT IS THEN SENT TO ALL OTHER BOARD MEMBERS FOR THEIR APPROVAL. BEFORE FORM 990 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 UNRESOLVED.

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. IF ANY CONFLICTS ARE FOUND, 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 2020.

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

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990'S ARE AVAILABLE ON ITS WEBSITE AND UPON REQUEST. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

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

13-1860451

FORM 990, PART VIII, LINE 11A AND PART X, LINE 27:

ON JUNE 23, 2020 RISING GROUND ESTABLISHED AN EMPLOYEE BENEFITS PROGRAM REVOCABLE TRUST TO PAY THE COSTS OF TWO WELFARE BENEFITS PLANS. AS A GRANTOR TRUST, OTHER INCOME OF \$64,000 IS INCLUDED ON THE ACCOMPANYING FORM 990. IN ADDITION, NET ASSETS AT JUNE 30, 2021 INCLUDES \$1,192,000 ON THE ACCOMPANYING FORM 990.

FORM 990, PART XI, LINE 9:

CONTRIBUTION OF NET ASSETS FROM EDWIN GOULD

SERVICES FOR CHILDREN AND FAMILIES, INC.

(A RELATED 501(C)(3) ORGANIZATION).....\$1,029,463.

IMPAIRMENT OF FIXED ASSETS.....(\$13,178,557)

TOTAL

(\$12,149,094)

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.

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

ATTACHMENT 2

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

CHILD WELFARE - CHILD WELFARE PROGRAMS AND SERVICES INCLUDE RESIDENTIAL TREATMENT CENTER (RTC), FOSTER BOARDING HOME (FBH), MULTI-DIMENSIONAL TREATMENT FOSTER CARE (MTFC), MOTHER/INFANT RESIDENCES (M/I), PREVENTIVE SERVICES PROGRAMS, MEDICAL AND MENTAL HEALTH SERVICES, AND UNACCOMPANIED MIGRANT CHILDREN (UMC) PROGRAM. THE RTC PROGRAM 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 PROGRAM 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 SERVICES PROVIDES PRIMARY MEDICAL CARE FOR CHILDREN AND YOUTH ON OUR CAMPUS. OUR UNACCOMPANIED MIGRANT CHILDREN (UMC) PROGRAM PROVIDES SHORT-TERM RESIDENTIAL CARE AND ASSISTANCE TO UNACCOMPANIED MIGRANT CHILDREN WHO HAVE COME INTO THE UNITED 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 PARENTING SKILLS THROUGH TWICE WEEKLY HOME VISITS. OUR CARE COORDINATION PROGRAM ENABLES RISING GROUND TO SERVE AS A DOWNSTREAM CARE MANAGEMENT AGENCY (CMA) PROVIDING COMPREHENSIVE CARE MANAGEMENT SERVICES TO CHILDREN AND ADULTS WHO MEET NECESSARY CRITERIA.

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

ATTACHMENT 3

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

JUVENILE JUSTICE - OUR JUVENILE JUSTICE SERVICES INCLUDE BOTH SECURE AND NON-SECURE PLACEMENT PROGRAMS FOR COURT-INVOLVED YOUTH, BOTH OF WHICH ARE BASED ON THE BELIEF THAT YOUNG PEOPLE WITH HISTORIES OF DELINQUENCY NEED SUPPORT, EDUCATION AND OTHER TOOLS TO RETURN SAFELY AND SUCCESSFULLY TO THEIR COMMUNITIES AND BREAK THE CYCLE OF DELINQUENCY. OUR LIMITED SECURE PLACEMENT (LSP) IS ALSO PART OF THE RESIDENTIAL CARE CONTINUUM FOR ADJUDICATED JUVENILE DELINQUENTS IN NEW YORK CITY. MOST YOUTH SERVED WILL RANGE FROM 14 TO 18 YEARS OF AGE BUT, ON OCCASION, AN OLDER OR YOUNGER YOUTH MIGHT BE SERVED. WE ENSURE THAT YOUTH ARE ABLE TO DEVELOP THEIR ACADEMIC, PRE-VOCATIONAL AND COMMUNICATIONS SKILLS THROUGH ASPECTS OF THE PROGRAM AND WORK WITH FAMILY MEMBERS TO MAINTAIN AND STRENGTHEN THE YOUTH'S CONNECTION TO HIS OR HER FAMILY AND COMMUNITY. OUR NON-SECURE PLACEMENT PROGRAM IS A RESIDENTIAL PROGRAM SERVING ADJUDICATED YOUTH AGES 12 TO 15. OUR PROGRAM IS COMMUNITY-ORIENTED AND FAMILY-FOCUSED, USING THE NATIONALLY RECOGNIZED MISSOURI MODEL, A TREATMENT METHOD THAT INVOLVES GROUPING YOUTH INTO SMALL COHORTS OF 10-12 WITH WHOM THEY LIVE, ATTEND SCHOOL, PARTICIPATE IN RECREATIONAL ACTIVITIES AND RECEIVE COUNSELING. THE FAMILY RESPITE PROGRAM SERVES YOUTH AGES 7 TO 17 WHO ARE AT RISK OF CONTACT WITH THE JUVENILE JUSTICE SYSTEM BY PROVIDING RESPITE AND THERAPEUTIC SERVICES FOR UP TO 21 DAYS. THE PROGRAM STAFF ALSO REFERS FAMILIES TO APPROPRIATE COMMUNITY BASED SERVICES FOR SUSTAINED ASSISTANCE. THE JUVENILE JUSTICE INITIATIVE AND AFTERCARE PROGRAM EXPANDS OUR IMPLEMENTATION OF THE

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

ATTACHMENT 3 (CONT'D)

FUNCTIONAL FAMILY THERAPY EVIDENCED-BASED MODEL IN THE JUVENILE JUSTICE FIELD.

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MISSOURI YOUTH SERVICES INSTITUTE 1906 HAYSELTON DRIVE JEFFERSON CITY, MO 65109	THERAPY	295,044.
CAPH CONTRACTING 3460 CANNON PLACE BROOKLYN, NY 10463	MAINTENANCE/RENOV.	229,115.
BKD, LLP 655 THIRD AVENUE, SUITE 1200 NEW YORK, NY 10017	ACCOUNTING	223,652.
BDO USA, LLP P.O. BOX 642743 PITTSBURGH, PA 15264	ACCOUNTING	156,205.
STERILEMED 77 TARRYTOWN ROAD, SUITE 1-SE WHITE PLAINS, NY 10607	CLEANING SERVICES	155,269.

SCHEDULE R (Form 990)

RISING GROUND, INC.

Part

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public 2020

OMB No. 1545-0047

Employer identification number Inspection

13-1860451

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

(a) Name, address, and EIN (if applicable) of disregarded entity	Δ.	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
15		i i		6		
DAWNENCE SINEEL, SIN FLOOR BROOKLIN, NI	THE STATE OF THE S	EMPLOYEE BENS N	NK	9,912,000.	6,599,286.	RISING GRND
(2)						
(3)						
(4)						
(5)						
(9)						
Part II one or more related tax-exempt organizations. Complete i	ions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ring the tax year.	anization answe	red "Yes" on Fo	orm 990, Part IV,	line 34, because	it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g) Section 512(b)(13)
		or foreign country)		(if section 501(c)(3))	entity	controlled entity?
שונה באנטרטבאכא, פווהישבה באני						Yes No
13-5562213 SOR BROOKLVN. NY 11201	, i	,	() () () () () () () () () ()	(
EDMIN GOULD SVCS FOR CHILDREN & FAMILIES 12 EGTEG12	SHELTEKING	X N	201(C)(3)	_	RISING GRND	×
OOR BROOKLYN, NY 11201	SPECIAL NEEDS	NY	501(C)(3)	10	RISING GRND	×
(3) KINGSLAND SERVICES FUND INC 51-0139267 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201	OWN PROPERTY	ĀN	501 (C) (3)	12B	GUITH COLLE	>
(4)						4
(5)						
(9)						
(7)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R	Schedule R (Form 990) 2020

Page 2

Schedule R (Form 990) 2020

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

Nar	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			, (common		,			Yes No		Yes	No	
(1)										****		
(2)												
(3)												
(4)							-					
(2)									•		***************************************	
(9)							-					
(7)											***************************************	
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.	ed Organizations	: Taxable	as a Corporation anizations treate	ile as a Corporation or Trust. Complete if the organization ans danizations treated as a corporation or trust during the tax year	ete if the organ r trust during th	ization answere	sə Д., þе	' on Form 990,	Part	_^	
						;	•					

				,	1			
(a) Name. address. and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(n) Percentage	Section
		(state or foreign country)	entity	(C cop, S cop, or trust)		end-of-year assets ownership 512(b)(13) controlled entity?	ownership	ontrolled controlled entity?
								Yes No
(1)								-
(2)								
	•							
(3)								
(4)								
(5)								
(9)								***************************************
(1)								
						Schedule R (Form 990) 2020	۶ (Form 99	0) 2020

JSA

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13-1860451

Schedule R (Form 990) 2020

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	" on Form 990, Part IV, line	34, 35b, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	ا م ا
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations listed in Pa	rts II-IV?			1.
a Receipt of (I) interest, (II) annuities, (III) royalties, or (Iv) rent from a controlled entity				×	ای
b Gift, grant, or capital contribution to related organization(s)				×	~
c Gift grant or capital contribution from related organization(s).			10	×	
Loans or loan quarantees to or for related organization(s)			10	×	1~
			-	×	
E LOGIES OF IDALE GLACES DY FEIGLED OF DATIFICATION (S)			:		1
f Dividends from related organization(s)			=	×	~1
g Sale of assets to related organization(s)			1g	×	~
			무	×	l~
i Exchange of assets with related organization(s).			=	×	۱~
j Lease of facilities, equipment, or other assets to related organization(s)				×	1~1
k Lease of facilities, equipment, or other assets from related organization(s)			<u>*</u>	_	1
l Performance of services or membership or fundraising solicitations for related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s),			1m	X	\ ~
			-	×	۱~
				×	ı
			<u>:</u> :		ı
p Reimbursement paid to related organization(s) for expenses				×	~
				×	~ I
r Other transfer of cash or property to related organization(s)				×	٧l
s Other transfer of cash or property from related organization(s)			1s	×	~1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	is line, including covered relat	tionships and transa	ction threshole	ds.	1
(a) Name of related organization	(b) Transaction Ar	(c) Amount involved	(d) Method of determining	terminina	
			amount involved	volved	
(1) THE EMERGENCY SHELTER, INC.	υ	75,000.	COST		1 1
(2)					1
(3)					1
(4)					1
(5)					1
(9)					
A C.		Sch	Schedule R (Form 990) 2020	1 990) 202	18

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

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.

Name, address, and EIN of entity (a)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Predominant Are all partners income (related, section unrelated, excluded 601(c)(3) from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	or Percentage g ownership
(1)			sections 512 - 514)	Yes No			Yes	No	Yes	No
(2)										
(3)										
(4)										
(5)										
137										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)				****						
								Sci	nedule R (F	Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020

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Part VII Supplemental Information

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

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)

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.

OMB No. 1545-0047
<u>തെ</u>
2020
Open to Public
Inspection

<u>A</u>	For th	ne 2020 calendar year, or tax year beginning $07/01$, 2020, and ϵ	ending		06	5/30, 20 21
_		C Name of organization		D Employer ide	ntifica	ition number
В	Check if a	applicable: RISING GROUND, INC.		13-1860	045	1
Γ	Addr			İ		
T	_	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone nui	mber	
F	Initia	al return 151 LAWRENCE STREET, 5TH FLOOR		(914) 37	5 – 8	717
F	Final	City or town, state or province country and ZIP or foreign postal code				
 	Ame	Inflated BROOKT, YN NY 11201		G Gross receipts	: \$	123,389,068.
<u> </u>		F Name and address of principal officer: ATAN MICATET.		H(a) Is this a grou		
ــــ	pend	151 LAWRENCE STREET, 5TH FLOOR, BROOKLYN, NY 11	201	subordinates H(b) Are all subord		
ī	Tax-e	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	-1 ` ′		list. See instructions
<u>:</u>		site: ► WWW.RISINGGROUND.ORG	1321	-		
ĸ			Voor of forms	H(c) Group exemption: 1831 M s		
16525	art I		Teal Of TOTTIA	LIGH. TOST W	State	or legal domicile.
	1		OUIND TO	DEDICAMED	m O	CIIDDODETNC
4		Briefly describe the organization's mission or most significant activities: RISING GR CHILDREN, ADULTS, AND FAMILIES. WORKING TOGETHER, WE			10	SOFFORTING
ŭ		FOUNDATIONS FOR SUCCESS.	CREATE	STRONG		
rna						
Activities & Governance	2	Check this box I if the organization discontinued its operations or disposed of m			1 1	
O S	3	Number of voting members of the governing body (Part VI, line 1a)			3	18.
es	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	18.
Z.	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	1,619.
cţ	6	Total number of volunteers (estimate if necessary)			6	75.
٩	1 4	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
				Prior Year		Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		1,708,86		3,389,372.
Revenue	9	Program service revenue (Part VIII, line 2g)		L15,591,45	2.	116,443,485.
ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		424,26	0.	743,703.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,323,84	2.	17,559.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	119,048,41	4.	120,594,119.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,718,14	5.	7,785,552.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		84,237,62	0.	82,385,172.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
X	- b	Total fundraising expenses (Part IX, column (D), line 25) > 780, 365.				E MARIA SA
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		29,722,73	2.	31,289,256.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		122,678,49	7.	121,459,980.
	19	Revenue less expenses. Subtract line 18 from line 12		-3,630,08		-865,861.
ts or	3			nning of Current Y		End of Year
ets	20	Total assets (Part X, line 16)		66,524,10	8.	71,517,149.
Asset	21	Total liabilities (Part X. line 26)		58,173,93		73,462,898.
Net /	22	Net assets or fund balances. Subtract line 21 from line 20.		8,350,17		-1,945,749.
19400000000	art II	Signature Block	• • • • • • • • • • • • • • • • • • • •			
200000-00	COLUMN DUCKS	enalties of perjury, I declare that I have examined this return, including accompanying schedules and	d statements a	and to the best of	mv k	mowledge and belief it is
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	oarer has any k	nowledge.	, .	
		AV h ATT		3	3/:	74/22
Sig	gn	Signature of officer		Date	/ =	5 1/ GB
He	re	Alan Muratel, CEO				
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·			
		Print/Type preparer's name Pre-grer's signature Da	te	[Q]	.c T F	PTIN
Pai	d		24/2022	Check self-employe	"	P01384178
Pre	parer	The man the state of the state				
Us	e Only	Firm's name BDO USA, LLP Firm's address >100 PARK AVENUE NEW YORK, NY 10017-5001		Firm's EIN ▶ 1		885-8000
1/10	v tha	IRS discuss this return with the preparer shown above? (see instructions)	····		17_	T
		erwork Reduction Act Notice, see the separate instructions.			• •	. X Yes No
L OI	rape	HOIR NEGUCION ACT MONCE, SEE ME SEPAIAM INSTRUCTIONS.				Form 330 (2020)

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

(Expenses \$ 23,681,244. including grants of \$ 341,644.)(Revenue \$ 25,214,949.)

4e Total program service expenses ▶ 106,835,182.

Part IV Checklist of Required Schedules

		:	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		.,,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	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,	_		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
U	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	_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
4.0	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	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	44.		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 9	90 (2020)		F	age 4			
Part IV Checklist of Required Schedules (continued)							
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J	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		X			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year						
	to defease any tax-exempt bonds?	24c		X			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X			
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?						
	If "Yes," complete Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key						
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee						
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						
	persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		85 va 5				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		1 1				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		Х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		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		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II	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	Х				
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х			
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? Note: All Form 990 filers are required to complete Schedule O.	38	Х				
Part	Part V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V			لسار			
			Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			873			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v				
	reportable gaming (gambling) winnings to prize winners?	1c	X	L			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)	т		
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. 443	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1, 619	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7 4 1	14.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶		pro	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
	gifts were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).		- 1	ij
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	14 . 4	. 95	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	Maria II	St Hal	1325
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			9
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1 14 °	. 411	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1 1		1.
а	Initiation fees and capital contributions included on Part VIII, line 12	3000		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	A - A - A		4, 2
11		4 4		7-1
а	Gross income from members or shareholders		< %)	3.5
b	Gross income from other sources (Do not net amounts due or paid to other sources		8127	
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		11.5	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			3.32
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		10.4	
	the organization is licensed to issue qualified health plans	155 N	in Marian He Marian	10 10 117
С	Enter the amount of reserves on hand	14.34 <u>.</u>	9 35	17.3.4
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15	<u> </u>	X
	If "Yes," see instructions and file Form 4720, Schedule N.	100	1	v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	X
	If "Yes," complete Form 4720, Schedule O.	- 17 4	12.5	10000

Form	990 (2020) RISING GROUND, INC. 13-18	60451		Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bel	w, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	D. See in	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		***************************************	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	L8		7
	If there are material differences in voting rights among members of the governing body, or		100	
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			1
b	Enter the number of voting members included on line 1a, above, who are independent	L8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit	$\overline{}$		1
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	t		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	1	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir	t 🗀		
	one or more members of the governing body?			Х
b				
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,	- 0.3	
	the year by the following:	' 		4.
а		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	t		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	/ 1		A
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.55	or and	7:
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	S.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1.18	
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		. 1 . 10 ⁶	
	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?	1	8.04%	. 5
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NY,	T (0		24()
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-I (Sec	tion 5	U1(c)
	Own website Another's website X Upon request Other (explain on Schedule O)			
10		- 2 1 - 4		- 12 -
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	ot intei	est p	опсу,
20	and financial statements available to the public during the tax year.	rdo 🏲		
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruct HAGLER, CPA, CFO, 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201 914-375-8717	.us 📂		

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) ALAN E. MUCATEL	32.00										
CHIEF EXECUTIVE OFFICER	3.00			Х				359,225.	0.	22,762.	
(2) ELLIOT HAGLER	32.00				Г						
CHIEF FINANCIAL OFFICER	3.00			Х				263,902.	0.	12,448.	
(3) MARSHA AUSTIN	35.00										
PSYCHIATRIST	0.					Х		248,150.	0.	21,882.	
(4) ELISE S. ZEALAND	33.00										
GENERAL COUNSEL	2.00				Х			238,109.	0.	22,165.	
(5) BELINDA M. CONWAY	35.00										
EXECUTIVE VICE PRESIDENT	0.				Х			205,262.	0.	20,594.	
(6) HERMAN DALY	35.00]									
EXECUTIVE VICE PRESIDENT	0.				Х			200,169.	0.	8,308.	
(7) SUSAN SAMPOGNA	35.00										
EXECUTIVE VICE PRESIDENT	0.				Х	l		188,447.	0.	18,402.	
(8) ANGELA RUTH WHITE	35.00										
EXECUTIVE VICE PRESIDENT	0.				X			198,496.	0.	7,696.	
(9) JACQUELINE CALLEJAS	35.00		İ								
PSYCHIATRIST	0.					Х		178,739.	0.	13,890.	
(10) YEZID G. ACOSTA	35.00		l								
CHIEF INFORMATION OFFICER	0.					Х		176,354.	0.	14,838.	
(11) CARLTON MITCHELL	35.00										
SENIOR PROGRAM VP	0.					Х		171,353.	0.	13,697.	
(12) SHARRON MADDEN	33.00										
EXE. VICE PRES. THRU 6/22/20	2.00	<u> </u>		<u> </u>	Х	<u> </u>	<u> </u>	174,127.	0.	9,651.	
(13) RYAN GAROFALO	35.00								_		
SENIOR PROGRAM VP	0.	-		<u> </u>	<u> </u>	X	<u> </u>	171,583.	0.	6,854.	
(14) MATT DEL PERCIO	1.00	4									
PRESIDENT	2.00	X	<u></u>	Х		<u> </u>	<u> </u>	0.	0.	0.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation f 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-MIS	;C)	from the organization and related organizations
15) MARGERY E. AMES	1.00									\top	
VICE PRESIDENT	3.00	Х		Х				0.		0.	
16) CAROL CHEN TREASURER	1.00	X		x				0.		0.	
17) G. CROSSAN SEYBOLT, JR.	1.00	A	-	^			_	0.		 	
SECRETARY	3.00	x		Х				0.		0.	
18) SUSAN S. BENEDICT	1.00			-			<u> </u>				
DIRECTOR	2.00	Х						0.		0.	
19) JUDITH BENITEZ	1.00										
DIRECTOR	2.00	Х			<u> </u>			0.		0.	
20) TONY CIRINCIONE	1.00	١									
DIRECTOR 21) JOYCE R. COPPIN-MONDESIRE	2.00	X	-					0.		0.	Avaira accompression to the contraction of
DIRECTOR	2.00	x						0.		0.	
22) THOMAS GALLAGHER	1.00		\vdash					Ŭ.		-	
DIRECTOR	2.00	Х						0.		0.	
3) JOSE M. JARA	1.00										
DIRECTOR	2.00	Х						0.		0.	
24) BRIGETTE MCLEOD-WILLIAMS	1.00										
DIRECTOR	2.00	X	-					0.		0.	
25) KAREN MYRIE, M.D. DIRECTOR	2.00	Х						0		0.	
1b Sub-total							_	2,773,916.		0.	193,187
c Total from continuation sheets to Part VII,	Section A			• •		 	A	0.		0.	· (
d Total (add lines 1b and 1c)	· ·						>	2,773,916.		0.	193,187
 Total number of individuals (including but no reportable compensation from the organization) Did the organization list any former of employee on line 1a? If "Yes," complete Sche 	ion ▶ ficer, directo	57 or, or	tru	ıste	e, I	cey e	mp	loyee, or highest	compensated	± [Yes No
 4 For any individual listed on line 1a, is the organization and related organizations of individual	sum of rep greater than	ortab \$15	le c 50,00	om 00?	pen <i>If</i> • •	satior <i>"Ye</i> s	n ar ;," (nd other compens complete Schedul	sation from the le <i>J for sucl</i>	∍ h •	4 X
for services rendered to the organization? If											5 X
Section B. Independent Contractors											
 Complete this table for your five highest co compensation from the organization. Report year. 											tax
(A) Name and business a	ddraee							(B) Description of se	rvices	Com	(C) pensation
ATTACHMENT 4							\dagger	Decemperation of the	111000		portodaori
							1				
2 Total number of independent contractors	(including by	ıt not	lim	iter	d to	thos	e li	sted above) who	received		
more than \$100,000 in compensation from					1		- 11		. 500,700		

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Part VII Section A. Officers, Directors, Tro	ustees, Ke	y En	nplo	ye	es,	and I	ligi	hest Compensat	ed Employ	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reporta compensati relate	on from d	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	4	compensation from the organization and related organizations
26) ELLEN POLANSKY	1.00	_1									
DIRECTOR	2.00	X	1	_	_			0.		0.	(
27) BOB SCHANZ DIRECTOR	2.00	X						0.		0.	ı
28) DAVID THEOBALD	1.00		\vdash		\vdash	 					
DIRECTOR	2.00	X		İ				0.		0.	
29) DUNCAN JAMES TURNBULL	1.00										
DIRECTOR	2.00	Х						0.		0.	
30) KIM WALKER	1.00										
DIRECTOR	2.00				<u> </u>		<u> </u>	0.		0.	
31) ALLEN WAXMAN	$\frac{1.00}{2.00}$	4								0	
DIRECTOR	2.00	X	-	-	-	 	-	0.		0.	
	 	1									
		 	-	-	┢		-				
	+	1									
	ļ	4									
		-	⊢	<u> </u>	├-		-				
		1									
1b Sub-total	-						A A A	0.		0.	0
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000	of	
3 Did the organization list any former office	cer, directo	or, o	r tru	uste	e,	key (emp	oloyee, or highes	t compens	sated	Yes No
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	1 \$1:	50,0	00?	? Ii	f "Yes	s, "	complete Schedu	ıle J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	nsati	on	fror	n any	un	related organizati	on or indiv	idual	5 X
Section B. Independent Contractors	, <u></u> ,	50		•			1			· · ·	
Complete this table for your five highest concompensation from the organization. Report year.											
(A) Name and business ad	dress							(B) Description of s	ervices	((C) Compensation
							\perp				
2 Total number of independent contractors (i	ncluding b	ut no	t lin	nite	d to	o tho:	se I	listed above) who	received		
more than \$100,000 in compensation from the								•			

Ра	rt VI				esno	nse or note to an	/ line in this Part \	/III		rage c
-					0000		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns			1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues			1b					
A,G	C	Fundraising events .			1c	594,379.				
当年	d	Related organizations			1d	75,000.				
s, o	e	Government grants (co	ontributi	ons)	1e	1,643,997.				
<u>P</u>	f		-							
buti	l	and similar amounts not i	included	above .	1f	1,075,996.				
ΞĦ	g									:
등		lines 1a-1f								
- 10	h	Total. Add lines 1a-1f	• • • •	• • • • •	• • •		3,389,372.			
d)						Business Code		1		-
Program Service Revenue	2a	CHILD WELFARE				624110	56,379,194.	56,379,194.		
Ser	b	DEVELOPMENTAL DISABI	ILITIES			624110	21,117,081.	21,117,081.		
m %	С	JUVENILE JUSTICE				624110	13,732,261.	13,732,261.		ļ
gra Re	d	SPECIAL EDUCATION				624110	12,858,327.	12,858,327.		
ĕ	e	EARLY CHILDHOOD				624110	10,079,109.	10,079,109.		
о.		All other program servi					2,277,513.	2,277,513.		
	g	Total. Add lines 2a-2f			*		116,443,485.			
	3	Investment income				_ 1				
		other similar amounts)					218,009.			218,009.
	4	Income from investme					0.			
	5	Royalties		(i) Rea			0.		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>	(1) 140	21 	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	C .	Rental income or (loss)	6c							
	d	· [***************************************				0.			
	7a	Gross amount from			ties	(ii) Other				
		sales of assets	_	3 274	202					
4.		other than inventory	/a	3,274	,202.					20 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
Revenue	b	Less: cost or other basis		2,748	508			ali and a second		
Vel		and sales expenses	7b		,694.					
Re	C C	Gain or (loss) [7c				525,694.			525,694.
ıer	d	Net gain or (loss)					323,034.			323,694.
Other	8a			ndraising 594,379.						
		events (not including \$	·					,		
		of contributions rep			0-	0.		·		
		1c). See Part IV, line 18			8a	46,441.				
	b	Less: direct expenses . Net income or (loss) from			8b	'	-46,441.			-46,441.
	C	_		_	vents.		40,441.			40,441.
	9a	Gross income f activities. See Part IV, Ii	rom ine 19	gaming	9a	0.				
	L	•			9b	0.	*			
	b	Less: direct expenses . Net income or (loss) fr					0.			
		• •	_	-	Vicies.			, , , , , , , , , , , , , , , , , , , ,	24.	
	10a	Gross sales of in returns and allowances			10a	0.	l			* :
	h	Less: cost of goods sold			10b	0.	~	1		e e
	b	Net income or (loss) from				L	0.			
S		,			<u> </u>	Business Code				
Miscellaneous Revenue	11a	OTHER INCOME				900099	64,000.			64,000.
ane	b								**************************************	
	c								**************************************	
S &	d	All other revenue								
Σ		Total. Add lines 11a-11				▶	64,000.		ranger judge Se	L. Wett at the first

120,594,119.

116,443,485.

Total revenue. See instructions ▶

761,262.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.		general Agent en de General Agent en de General	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	7,785,552.	7,785,552.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.		eg gine om de eksplore eks Kantag Orden eksploren general Skill Stantag er i Arabada (K.)	
4	Benefits paid to or for members	0.		on and an area of the	haa array ay ay ay a
5	Compensation of current officers, directors, trustees, and key employees	1,718,576.	622,299.	1,096,277.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	62,890,450.	57,991,559.	4,473,680.	425,211.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,695,703.	1,560,568.	123,967.	11,168.
9	Other employee benefits	8,392,579.	7,659,084.	679,394.	54,101.
10	Payroll taxes	7,687,864.	6,975,406.	663,267.	49,191.
11 a	Fees for services (nonemployees): Management	0.			
	Legal	234,064.	141,470.	92,594.	
c	Accounting	196,788.		196,788.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.		i i i	
1	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	4,798,010.	3,631,635.	1,114,922.	51,453.
12	Advertising and promotion	0.			
13	Office expenses	4,400,169.	3,284,217.	971,184.	144,768.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	10,258,049.	8,696,842.	1,538,341.	22,866.
17	Travel	1,248,273.	1,168,100.	80,173.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	830,002.	560,363.	267,971.	1,668.
20	Interest	198,114.		198,114.	
21	Payments to affiliates	0.	0.610.460	605 000	2 102
22	Depreciation, depletion, and amortization	4,339,387.	3,640,462.	695,802.	3,123.
23	Insurance	2,167,355.	1,599,182.	564,446.	3,727.
24	,			પશ્ચિમિક માનું કર્મા છે.	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column	\$ 1. Walk 1			
	(A) amount, list line 24e expenses on Schedule O.)	1,479,390.	1,118,197.	257 254	2 020
_	EQUIPMENT REPAIRS/MAINT.			357,354.	3,839.
-	BAD DEBT EXPENSES DUES, LICENSES, PERMITS	415,111.	227,421. 95,429.	187,690. 180,984.	2,250.
-	MISCELLANEOUS EXPENSES	445,881.	77,396.	361,485.	7,000.
	`	440,001.	11,390.	301,403.	7,000.
	All other expenses Total functional expenses. Add lines 1 through 24e	121,459,980.	106,835,182.	13,844,433.	780,365.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	121/103/3001	100/030/1021	23/011/1331	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	following SOP 98-2 (ASC 958-720)	0.			
**********					Form 990 (2020)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3,120,191. 3,616,781. 1 1,895,676. 2,106,323. 2 Ω Ο. 3 3 17,411,034. 4 20,170,010. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0. 0. 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 0. 0 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B), . 6 0. 0. 7 Assets 0. Ω. 8 3,176,530. 2,475,203. q 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 36,396,026. 25,931,523. 9,505,982. 26,890,044. 12,481,434. 15,157,766. 11 11 0. 0. 12 Investments - other securities. See Part IV, line 11 0. 0. 13 13 0. 0. 14 14 Intangible assets.............. 2,501,810. 18,490,994. 15 71,517,149. 66,524,108. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 21,302,550. 26,491,458. 17 Accounts payable and accrued expenses.......... 17 0. 0. 18 18 0. 0. 19 19 14,827,492. 20 13,142,676. 20 0. 0. Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 0. Ο. controlled entity or family member of any of these persons 22 11,297,247. 20,526,386. 23 23 Secured mortgages and notes payable to unrelated third parties 958,976. 24 4,643,617. Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 9,787,670. 8,658,761. 25 73,462,898. Total liabilities. Add lines 17 through 25....... 58,173,935. 26 Organizations that follow FASB ASC 958, check here ▶ **Fund Balances** and complete lines 27, 28, 32, and 33. 5,511,007. 27 -4,569,234. 27 Net assets without donor restrictions..... 2,839,166. 28 2,623,485. 28 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Net Assets or 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 31 8,350,173. -1,945,749. 32 32 66,524,108. 71,517,149.

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33

Total liabilities and net assets/fund balances..........

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Part	XII Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20,59		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	21,4		
3	Revenue less expenses. Subtract line 2 from line 1	3				861.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,3		
5	Net unrealized gains (losses) on investments	5		2,7	18,4	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				527.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	12,1	49,C	94.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
P-100-100-100-100-100-100-100-100-100-10	32, column (B))	10	<u> </u>	-1,9	45,7	49.
Part	· ·					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			ᆚ
					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	хріаіі	n in		i jeral	ľ
	Schedule O.					х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	рпес	or		90,200	1 140
	reviewed on a separate basis, consolidated basis, or both:			1 - Pa 1 - Sauca	4	
	Separate basis Consolidated basis Both consolidated and separate basis			2b	Х	
b	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	tea c	n a			Å
	Separate basis, consolidated basis, or both. Separate basis					
_	·	استمسا				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			2c	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounts If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	кріан	1 011			1
3-3	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
Ja	Single Audit Act and OMB Circular A-133?		u 16	3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at			3b	Х	
				Form	990	(2020)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

RI	SING	GROUND	, INC.			13-18604	151		
Pa	nt I	Reason	for Public Cha	arity Status. (All	organizations must	comple	te this p	art.) See instruction	IS.
The	organ	nization is i	not a private fou	ındation because i	t is: (For lines 1 throu	gh 12, cł	neck only	one box.)	
1		A church, c	onvention of ch	urches, or associa	ition of churches desc	ribed in s	section 1	170(b)(1)(A)(i).	
2		A school de	escribed in sect i	ion 170(b)(1)(A)(ii)). (Attach Schedule E	(Form 9	90 or 990	D-EZ).)	
3		A hospital o	or a cooperative	hospital service o	organization described	in sectic	n 170(b)(1)(A)(iii).	
4		A medical r	esearch organi	zation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
	h	nospital's n	ame, city, and s	tate:					
5		An organiz	ation operated	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
	s	section 170	O(b)(1)(A)(iv). (G	Complete Part II.)					
6		A federal, s	state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170	(b)(1)(A)(v).	
7		An organiz	ation that norm	ally receives a sul	ostantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
	d	described in	n section 170(b)(1)(A)(vi). (Compl	lete Part II.)				
8		A communi	ty trust describe	ed in section 170(I	b)(1)(A)(vi). (Complete	Part II.)			
9	A	∖n agricultι	ural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college
	0	r universit	y or a non-land-	grant college of a	griculture (see instruct	tions). E	nter the	name, city, and state o	of the college or
		ıniversity:							
10	X A	∖n organiza	ation that norma	lly receives (1) mo	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
	re	eceipts tro support fro	m activities reia m gross investn	ited to its exempt in nent income and u	functions, subject to c nrelated business tax	ertain ex able inco	ceptions me (les	s; and (∠) no more tha s section 511 tax) from	n 331/3 % of its n businesses
					975. See section 509				
11	Ш ^А	An organiza	ation organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12			_		-	-			carry out the purposes
			•	• • •					See section 509(a)(3).
		Check the b	ox in lines 12a t	hrough 12d that d	escribes the type of s	upportin	g organi:	zation and complete Ii	nes 12e, 12f, and 12g.
а	Ш	Type I. A	supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the suppo	rted organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	ees of the
				-	te Part IV, Sections A				
b				•	ed or controlled in co			· · ·	
			_		organization vested in	the sam	e persor	ns that control or mar	nage the supported
		_	` '	-	, Sections A and C.				
С					ng organization opera				lly integrated with,
			=		s). You must comple				
d			_	-	porting organization o	-			-
			•	-	nization generally mus	•		•	d an attentiveness
					omplete Part IV, Sect				
е	لــا		_		a written determinatio			•••	II, Type III
f			iy integrated, or ser of supported		ionally integrated sup	porting c	organizai	ion.	
'n			• •	-	orted organization(s).				• • • • • • • • • • • • • • • • • • • •
			ed organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	ro or ouppoin	od organization	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
					above (see instructions))	Yes	ment?	instructions)	instructions)
						100	110		
(A)									
/D\									
(B) 									
(C)									
(D)									
(E)									
. ,				l l		I	1		1

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

Schedule A (Form 990 or 990-EZ) 2020

Total

Sche	dule A (Form 990 or 990-EZ) 2020						Page 2
Par		anizations De	scribed in Se	ctions 170(b))(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	(Complete only if you checked Part III. If the organization fair	ed the box on	line 5, 7, or 8	of Part I or If the	he organizatio	on failed to qua	lify under
500	Ü	is to quality u	nder the tests	ilsted below, p	please comple	ete Part III.)	
	tion A. Public Support	(a) 2016	(b) 2017	(a) 2018	(4) 2010	(a) 2020	(A Tatal
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4		<u> </u>			Markayets 1 1 10 4	
-	tion B. Total Support		<u> </u>	L	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		<u> </u>		<u> </u>		
12	Gross receipts from related activities, etc. (s						
13	First 5 years. If the Form 990 is for						
Sec	organization, check this box and stop here tion C. Computation of Public Sup	nort Percents		 		• • • • • • • • • •	>
14	Public support percentage for 2020 (li			11 column (f)	\	14	%
15	Public support percentage for 2020 (iii						<u> </u>
	331/3% support test - 2020. If the org						
	box and stop here. The organization q	_					. —
b	331/3% support test - 2019. If the org	-		-			
	this box and stop here . The organization	on qualifies as a	a publicly suppo	rted organizatio	on		▶ 🔙
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization			· ·		•	•
	Part VI how the organization meets						
	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization meet					-	•
	in Part VI how the organization meets organization			-	•		
18	Private foundation. If the organization						
	instructions						
-						Schedule A (Form 9	

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	2,084,493.	1,932,227.	1,829,613.	1,708,860.	3,389,372.	10,944,565.
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	88,465,696.	96,438,633.	101,457,242.	115,591,452.	116,443,485.	518,396,508.
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	90,550,189.	98,370,860.	103,286,855.	117,300,312.	119,832,857.	529,341,073.
	Amounts included on lines 1, 2, and 3	,,			, ,		
<i>i</i> a	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.)						529,341,073.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	90,550,189.	98,370,860.	103,286,855.	117,300,312.	119,832,857.	529,341,073.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	253,703.	276,453.	330,037.	272,933.	218,009.	1,351,135.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	253,703.	276,453.	330,037.	272,933.	218,009.	1,351,135.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.	115,055.	149,143.	132,939.	114,064.		511,201.
12	Other income. Do not include gain or loss from the sale of capital assets	146,000	167, 705	075 517	1 200 770	64,000	2 562 000
40	(Explain in Part VI.) ATCH 1	146,900.	167,795.	975,517.	1,209,778.	64,000.	2,563,990.
13	Total support. (Add lines 9, 10c, 11,	01 005 043	00 064 251	104,725,348.	118,897,087.	120,114,866.	533,767,399.
	and 12.) [First 5 years. If the Form 990 is for	91,065,847.	98,964,251.				
14	organization, check this box and stop here						
500	tion C. Computation of Public Sup			· · · · · · · · ·			
<u>360</u> 15	Public support percentage for 2020 (line 8			on (f))		15	99.17%
16	Public support percentage from 2019 Sche					16	99.10%
	tion D. Computation of Investmen			· · · · · · · · · · · · · · · · · · ·		10	
	Investment income percentage for 2020 (li			3 column (f))		17	.25%
17 10	Investment income percentage for 2020 (iii					18	.28%
18	33 1/3 % support tests - 2020. If the or						
туа							
ı.	17 is not more than 331/3%, check this						
D	331/3% support tests - 2019. If the org line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of						_

Schedule A (Form 990 or 990-EZ) 2020

Part IV **Supporting Organizations**

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

S

ecti	on A. All Supporting Organizations		·	,
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		5
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).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		ŝ
С	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.	4c	11, 1 11, 1 11, 1 11, 1 11, 1	* 1 *
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	1111	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	-
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 .	6		
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).	7		i t
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
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 line 10h helpw	10a		-

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

	lle A (Form 990 or 990-EZ) 2020			Page 5
Part	Supporting Organizations (continued)		,	,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b	-	
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide			<u> </u>
	detail in Part VI.	11c		,
Secti	on B. Type I Supporting Organizations	h	<u></u>	<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	e Tarak		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed) 2 	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
·	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	useli o	÷ . • ½
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	2	÷
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	internet	and the second	è
Caati.		3		
	on E. Type III Functionally Integrated Supporting Organizations		1	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insee	uucu	oris).	
b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).
			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			af
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ns	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.			
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction 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):			aleste de la companya de la companya de la companya de la companya de la companya de la companya de la companya
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		1
	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
-	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	o antiquesion in the	
2	Enter 0.85 of line 1.	2	THE WAY OF MALE TO TRIBE	1.
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	enegaletening bilander	
4		4	ana wakana ya espeta	
5	Income tax imposed in prior year	5	ar araw? alin este iliaa	
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ly integ	rated Type III supporting o	organization

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6	e vive	No. of the second		
2	Underdistributions, if any, for years prior to 2020	4.3 - 4.3			
	(reasonable cause required - explain in Part VI). See				
	instructions.				1 - Maria Right Review
3	Excess distributions carryover, if any, to 2020				Payra who a
а	From 2015				el des dig descir s
b	From 2016				
С	From 2017				. a. salamiaki s
d	From 2018	And the property of the gr	war bulleting		The Truth Brands 7 - 3
е	From 2019				natural august 1
f	Total of lines 3a through 3e			1	
g	Applied to underdistributions of prior years				in was a safety ang a
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				and the same properties of
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		e de la companya del companya de la companya del companya de la co		Harishe yan 1881 🧍
4	Distributions for 2020 from			1.37	
	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount	1 10 1		1 11	
_с	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h	Maria de La Caractería de Cara		* -	
	and 4b from line 1. For result greater than zero, explain in	unitan ya			
	Part VI. See instructions.	3 1			
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
<u>d</u>	Excess from 2019		***************************************		*
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Page 8

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

				ATT	PACHMENT 1	
SCHEDULE A, PART II	I - OTHER INCOME					
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	146,900.	167,795.	975,517.	1,209,778.	64,000.	2,563,990.
TOTALS	146,900.	167,795.	975,517.	1,209,778.	64,000.	2,563,990.

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

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization		Employer identification number
RISING GROUND, INC.		13-1860451
Organization type (check on	ə):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privat	te foundation
	501(c)(3) taxable private foundation	
, ,	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rul	le and a Special Rule. See
X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See i contributions.	
Special Rules		
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Find that received from any one contributor, during the year, total control of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ	form 990 or 990-EZ), Part II, line stributions of the greater of (1)
contributor, during literary, or educatio	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990- the year, total contributions of more than \$1,000 exclusively for reli- onal purposes, or for the prevention of cruelty to children or animals o instead of the contributor name and address), II, and III.	igious, charitable, scientific,
contributor, during contributions totale during the year for General Rule appli	the described in section 501(c)(7), (8), or (10) filing Form 990 or 990-the year, contributions exclusively for religious, charitable, etc., pured more than \$1,000. If this box is checked, enter here the total con an exclusively religious, charitable, etc., purpose. Don't complete are to this organization because it received nonexclusively religious, comore during the year	poses, but no such ntributions that were received ny of the parts unless the charitable, etc., contributions
990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn' ist answer "No" on Part IV, line 2, of its Form 990; or check the boo to certify that it doesn't meet the filing requirements of Schedule B (F	x on line H of its Form 990-EZ or on its

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) (2020)

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH AND HUMAN SERV 200 INDEPENDENCE AVE., SW WASHINGTON, DC 20201	\$1,521,859.	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	THE PINKERTON FOUNDATION 610 FIFTH AVENUE, SUITE 316 NEW YORK, NY 10020	\$149,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NYS OFFICE OF CHILDREN & FAMILY SERVICES 52 WASHINGTON STREET RENSSELAER, NY 12144	\$122,138.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BOOTH FERRIS FOUNDATION 60 WALL STREET, 46TH FLOOR NEW YORK, NY 10005-2865	\$105,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE CLARK FAMILY FUND 74 MILDRED PARKWAY NEW ROCHELLE, NY 10804-2207	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	STELLA & CHARLES GUTTMAN FOUNDATION, INC 122 EAST 42ND STREET, SUITE 2010 NEW YORK, NY 10162-2101	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		
7	MUTUAL OF AMERICA		Person X Payroll		
	320 PARK AVENUE, FLOOR 5	\$ \$ 87,750.	Noncash		
	NEW YORK, NY 10022-6839		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	THE EMERGENCY SHELTER		Person X		
	151 LAWRENCE AVENUE, 5TH FLOOR	\$	Payroll Noncash		
	BROOKLYN, NY 11201		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	DAVE THOMAS FOUNDATION FOR ADOPTION		Person X		
	4900 TUTTLE CROSSING BOULEVARD	\$63,234.	Payroll Noncash		
	DUBLIN, OH 43016		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			(d) Type of contribution Person		
No.	Name, address, and ZIP + 4		Type of contribution		
No.	Name, address, and ZIP + 4 NEIL A. CLARK	Total contributions	Type of contribution Person Payroll		
No.	Name, address, and ZIP + 4 NEIL A. CLARK 74 MILDRED PARKWAY	Total contributions	Person X Payroll Noncash (Complete Part II for		
10 (a)	Name, address, and ZIP + 4 NEIL A. CLARK 74 MILDRED PARKWAY NEW ROCHELLE, NY 10804-2207 (b)	\$ 60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
No. 10 (a) No.	Name, address, and ZIP + 4 NEIL A. CLARK 74 MILDRED PARKWAY NEW ROCHELLE, NY 10804-2207 (b) Name, address, and ZIP + 4	\$ 60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution		
No. 10 (a) No.	Name, address, and ZIP + 4 NEIL A. CLARK 74 MILDRED PARKWAY NEW ROCHELLE, NY 10804-2207 (b) Name, address, and ZIP + 4 ROBIN HOOD FOUNDATION	\$ 60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll		
No. 10 (a) No.	Name, address, and ZIP + 4 NEIL A. CLARK 74 MILDRED PARKWAY NEW ROCHELLE, NY 10804-2207 (b) Name, address, and ZIP + 4 ROBIN HOOD FOUNDATION 826 BROADWAY FLOOR 9	\$ 60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution		
(a) No	Name, address, and ZIP + 4 NEIL A. CLARK 74 MILDRED PARKWAY NEW ROCHELLE, NY 10804-2207 (b) Name, address, and ZIP + 4 ROBIN HOOD FOUNDATION 826 BROADWAY FLOOR 9 NEW YORK, NY 10003-4826 (b)	\$ 60,000. (c) Total contributions \$ 57,192.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution) (d)		
(a) No. 11 (a) No.	Name, address, and ZIP + 4 NEIL A. CLARK 74 MILDRED PARKWAY NEW ROCHELLE, NY 10804-2207 (b) Name, address, and ZIP + 4 ROBIN HOOD FOUNDATION 826 BROADWAY FLOOR 9 NEW YORK, NY 10003-4826 (b) Name, address, and ZIP + 4	\$ 60,000. (c) Total contributions \$ 57,192.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)		

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	BNY MELLON 240 GREENWICH STREET, 19TH FLOOR	\$50,100.	Person X Payroll Noncash (Complete Part II for
(a) No.	NEW YORK, NY 10286 (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	ALTMAN FOUNDATION 8 WEST 40TH STREET, FLOOR 19 NEW YORK, NY 10018-4214	\$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
15	ALLIANT INSURANCE SERVICES, INC. 100 GREAT OAKS BOULEVARD, SUITE 124 ALBANY, NY 12203	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	LAMB INSURANCE SERVICES 1385 HWY 35 PMB 170 MIDDLETOWN, NJ 7748	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	BETH M. RENYI 920 5TH AVENUE NEW YORK, NY 10021-4162	\$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
18	PUBLIC PREP NETWORK 192 EAST 151ST STREET, 5TH FLOOR BRONX, NY 10451	\$45,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ANITA-AGNES O. HASSELL 173 COMMODORE DRIVE	\$ 38,679.	Person X Payroll Noncash
	JUPITER, FL 33477-4007		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	GOULD TRUST LEAKE & WATTS CHILD HOME, INC 345 PARK AVENUE	\$\$	Person X Payroll Noncash
	NEW YORK, NY 10154		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	MATTHEW DEL PERCIO 132 KIMBERLY PLACE NEW CANAAN, CT 06840-4513	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	PRUDENTIAL FINANCIAL 751 BROAD STREET, FLOOR 23 NEWARK, NJ 7102	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	USI INSURANCE SERVICES 333 WESTCHESTER AVENUE, SUITE E102 WEST HARRISON, NY 10604-2911	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	SUSAN S. BENEDICT 1165 5TH AVENUE NEW YORK, NY 10029-6931	\$16,900.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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
25	ERNST & YOUNG 5 TIMES SQUARE NEW YORK, NY 10036-6527	\$15,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	THE BAWD FOUNDATION 667 MADISON AVENUE, 5TH FLOOR NEW YORK, NY 10065	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	JOSEPH C. HOOPES 19 WEST 44TH STREET, SUITE 812 NEW YORK, NY 10036-5901	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	THE HYDE AND WATSON FOUNDATION 31 MOUNTAIN BOULEVARD, BLDG F WARREN, NJ 07059-5617	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	THE NEW YORK WOMEN'S FOUNDATION 39 BROADWAY 23RD FLOOR NEW YORK, NY 10006	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

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		
31	ANTHONY CIRINCIONE 80 CENTRAL PARK WEST NEW YORK, NY 10023	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32	SCOTTY ELECTRIC CORP. P.O. BOX 525 YONKERS, NY 10703-0525	\$11,786.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33	DUNCAN TURNBULL 208 UNION STREET BROOKLYN, NY 11231	\$10,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34	MARGERY E. AMES 201 EAST 28TH STREET NEW YORK, NY 10016-8538	\$10,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35	BRIGETTE R. MCLEOD-WILLIAMS 572 WYNNEWOOD ROAD PELHAM, NY 10803-2532	\$10,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36	JOYCE R. COPPIN MONDESIRE	_	Person X Payroll		

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		
37	EMPIRE BLUECROSS BLUESHEILD 9 PINE STREET, 12TH FLOOR	\$10,000.	Person X Payroll Noncash		
	NEW YORK, NY 10005	Ψ	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38	THOMAS MELLINA		Person X		
	91 WESTMINSTER ROAD	\$10,000.	Payroll Noncash		
	CHATHAM, NJ 07928-1363		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39	RESCARE, INC. 805 NORTH WHITTINGTON PARKWAY LOUISVILLE, KY 40222	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
40_	WORKFORCE PROFESSIONAL TRAINING INST. 11 PARK PLACE, SUITE 701 NEW YORK, NY 10007	\$9,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
41_	CHEM RX PHARMACY SERVICES, LLC. 750 PARK PLACE LONG BEACH, NY 11561-2110	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42	KEITH L. KEARNEY		Person X		
	45 CONTENTMENT ISLAND ROAD	\$	Payroll Noncash		
	DARIEN, CT 06820-6210		(Complete Part II for noncash contributions.)		

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		
43	ATLANTIC TOMORROW'S OFFICE		Person X		
	134 WEST 26TH STREET	\$	Payroll Noncash		
	NEW YORK, NY 10001		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44	UNITEDHEALTH GROUP		Person X		
	P.O. BOX 1459	\$	Payroll Noncash		
	MINNEAPOLIS, MN 55440-1459		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
45_	ALIEN WAXMAN 500 WEST 56TH STREET NEW YORK, NY 10019	\$6,400.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
46_	HEARTS TO HOMES 51 LINDBERG PLACE YONKERS, NY 10707	\$6,324.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
47	BUILDON		Person X		
	1111 SUMMER STREET	\$6,100.	Payroll Noncash		
	STAMFORD, CT 6905		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
48	G. C. SEYBOLT		Person X		
	P.O. BOX 294	\$6,000.	Payroll Noncash		
	BOCA GRANDE, FL 33921-0294		(Complete Part II for noncash contributions.)		

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		
49	FED. OF PROTESTANT WELFARE AGENCIES 40 BROAD STREET, FLOOR 5 NEW YORK, NY 10004-2786	\$5,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
50	ALAN MUCATEL 250 WEST 24TH STREET NEW YORK, NY 10011-1759	\$5,154.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
51	BLOOMBERG PHILANTHROPIES 25 EAST 78TH STREET NEW YORK, NY 10075	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
52	THE BULOVA STETSON FUND 55 WALLS DRIVE, SUITE 302 FAIRFIELD, CT 6824	\$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		
53	CAROL CHEN 1 HANSON PLACE	_ \$ 5,000.	Person X Payroll Noncash		
	BROOKLYN, NY 11243-2919	_	(Complete Part II for noncash contributions.)		
(a) No.	BROOKLYN, NY 11243-2919 (b) Name, address, and ZIP + 4	(c) Total contributions	, · ·		

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		
55	KIM WALKER 27 CITY PLACE WHITE PLAINS, NY 10601	\$\$	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.)		
(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.

		13-18	360451
Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
•		 	

Name of organization RISING GROUND, INC.

Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transf	_	nship of transferor to transferee	
	Hansieree's Hame, address, an	IU ZIF T 4	Relatio	nsinp of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	_	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee	

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RIS	ING GROUND, INC.		13-1860451
Pa	tl Organizations Maintaining Donor Adv	rised Funds or Other Similar Funds or	Accounts.
NAME OF TAXABLE PARTY.	Complete if the organization answered	I "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 dono	r advisors in writing that the assets held	in donor advised
•	funds are the organization's property, subject to th	-	
6	Did the organization inform all grantees, donors,	- · · · · · · · · · · · · · · · · · · ·	
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Pa	t II Conservation Easements.		
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (for example	e, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld 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 easement	s	2b
С	Number of conservation easements on a certified	• • • • • • • • • • • • • • • • • • • •	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 termi	inated by the organization during the
	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcing	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements during the year
		0/10 -1	470/11/41/01/0
8	Does each conservation easement reported on line		
9	and section 170(h)(4)(B)(ii)?		
ð	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme		iai statements that describes the
Рa	t III Organizations Maintaining Collection		r Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under F.	ASB ASC 958, not to report in its revenue	e statement and balance sheet works
	If the organization elected, as permitted under F. of art, historical treasures, or other similar assets or the fortier to the fortier to the fortier assets.	ets held for public exhibition, education,	or research in furtherance of public
b	service, provide in Part XIII the text of the footnote If the organization elected, as permitted under F		
D	art, historical treasures, or other similar assets he	eld for public exhibition, education, or res	earch in furtherance of public service.
	provide the following amounts relating to these ite		, padio 31 (100,
	(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 a		
	following amounts required to be reported under F	<u> </u>	
a	Revenue included on Form 990, Part VIII, line 1		

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020						Page 2
Pa	rt III Organizations Maintainir						
3	Using the organization's acquisition	n, accession, and o	other records, chec	k any of the	e following that	make significant use	of its
	collection items (check all that apply	y):					
а	Public exhibition		d Loan	or exchange	program		
b	Scholarly research		e Other				
С	Preservation for future genera	ations					
4	Provide a description of the organ	ization's collections	and explain how	they further	the organization	ı's exempt purpose ir	n Part
	XIII.						
5	During the year, did the organization	n solicit or receive o	lonations of art, hist	orical treasu	ures, or other simi	ilar	
	assets to be sold to raise funds rathe						No
Ра	rt IV Escrow and Custodial Ar	rangements.					
2000). 2017-0-09	Complete if the organizat		s" on Form 990, I	Part IV, line	9, or reported a	an amount on Form	
	990, Part X, line 21.						
1a	Is the organization an agent, truste	ee, custodian or o	ther intermediary f	or contribut	ions or other as	sets not	
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in						
		·	-			Amount	
С	Beginning balance			1c		,	
	Additions during the year			ļ 			
е	Distributions during the year						
f	Ending balance						
	Did the organization include an amo				ıstodial account li	ability? Yes	No
	If "Yes," explain the arrangement in						7
SECURIOR SEC	tV Endowment Funds.			····			
	Complete if the organizat	tion answered "Ye	es" on Form 990, I	art IV, line	: 10.		
		(a) Current year	(b) Prior year	(c) Two yea		years back (e) Four year	s back
4 -	Designing of year belones	2,361,096.	2,361,096.	2,361		1,096. 2,361	,096.
	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1			····
b	Contributions						
С	Net investment earnings, gains,	18,456.	47,000.	25	,821.	35,958. 20	,103.
	and losses						
	Grants or scholarships						
е	Other expenditures for facilities	18,456.	47,000.	2.5	,821.	35,958. 20	,103.
_	and programs	10/1001	1,,000.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Administrative expenses	2,361,096.	2,361,096.	2,361	096 2.36	1,096. 2,361	. 096.
g	End of year balanceL			<u> </u>		1,030.	
2	Provide the estimated percentage of			, column (a))	held as:		
a	Board designated or quasi-endowmed Permanent endowment ► 100.00		_%				
С		% 0 - -	1000/				
	The percentages on lines 2a, 2b, ar	•		11-1	-1 - ducininto vo d fo	4l	
3a	Are there endowment funds not in the	ne possession of tr	ie organization that	are neid an	a administered to	r the	No
	organization by:						X
	(i) Unrelated organizations					3a(i)	$\frac{1}{X}$
_	(ii) Related organizations						A
b	If "Yes" on line 3a(ii), are the related	-	•			3b	ــــــــــــــــــــــــــــــــــــــ
4	Describe in Part XIII the intended us		tion's endowment fu	nds.			
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ι ρmenτ. tion answered "Υε	es" on Form 990.	Part IV. line	e 11a. See Forn	n 990. Part X. line 1	0.
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accumulated	(d) Book value	
		(inves	tment) (d	other)	depreciation		
1a	Land			240 470	10 551 000	6 700	400
b	Buildings			340,470.	10,551,068		
С	Leasehold improvements			068,006.	5,960,410		
d	Equipment			334,034.	10,231,853		181.
<u>e</u>	Other			153,516.	146,713		803.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, colum	n (B), line 10	0c.)	9,505,	982.

Schedule D (Form 990) 2020

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Page	್ರತ

Schedule D (Form 990) 2020			Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990, i	⊃art X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(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.) .		La de la la la la la la la la la la la la la	
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990, F	²art X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		La a la la la la la la la la la la la la	are jastanie g
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990, I	
	scription		(b) Book value
(1) FUNDS FROM PAYCHECK PROTECTION			10 000 000
(2) PROGRAM LOAN			10,000,000.
(3) OPERATING LEASE RIGHT			4,113,004. 2,266,082.
(4) INVESTMENT IN EQUITY INVESTEE (5) EMPLOYEE BENEFITS PROGRAM			2,200,002.
			1 102 000
			1,192,000. 744,667.
			175,241.
<u> </u>			175,241.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) l.	ino 15 \		18,490,994
Part X Other Liabilities.	10.),,,,,,,,		10,100,001
Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Form	ո 990, Part X,
***************************************	tion of liability		(h) Pools value
1. (a) Descrip (1) Federal income taxes	tion of liability		(b) Book value
(2) DUE TO GOVERNMENT AGENCIES			3,859,269.
(3) DUE TO EMPLOYEE BENEFITS TRUST			2,400,000
(4) DUE TO EDWIN GOULD (A RELATED			2,100,000
(5) 501(C)(3) ORG.)			2,371,499.
(6) ACCRUED INTEREST PAYABLE			27,993
· •		1	

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

(8) (9)

8,658,761.

Page	Δ

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
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	
-	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
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	
Provide 2; Part	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, nation	line 4; Part X, line
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE OBJECTIVE OF RISING GROUND'S ENDOWMENT IS TO GENERATE REVENUES TO SUPPORT PROGRAMS WHILE MAINTAINING THE PRINCIPAL ENDOWMENT FUNDS AT THE ORIGINAL AMOUNT DESIGNATED BY THE DONOR. THE INVESTMENT POLICY TO ACHIEVE THIS OBJECTIVE IS TO INVEST IN LOW-RISK SECURITIES.

PART X, LINE 2:

RISING GROUND, INC. HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER U.S. GAAP. UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX LIABILITIES ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR RECOGNIZED TAX BENEFITS AS OF JUNE 30, 2021. THE ORGANIZATION HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2021, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES. AS OF JUNE 30, 2021, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

Name of the organization					Employer identification	on number
RISING GROUND, INC.					13-1860451	
Part I Fundraising Activities. Comp				Yes" on Form 99	00, Part IV, line 1	7.
1 Indicate whether the organization rai	'	<u>-</u>		activities. Check a	all that apply.	
a Mail solicitations	e		_	non-government g		
b Internet and email solicitations	f	Solid	citation of	government grants	S	
c Phone solicitations	g			ising events		
d In-person solicitations						
 2a Did the organization have a written of r key employees listed in Form 990 b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			***
1						
2				-		
3						
4						
5						
6						
7						
8						
9	The state of the s					
10						
Total			▶			
3 List all states in which the organiza registration or licensing.	tion is registered o	r licensed	to solicit	contributions or	has been notified	it is exempt from
		·				
						

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

Schedule G (Form 990 or 990-EZ) 2020

Page 2

	(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
	(event type)	(event type)	(total number)	col. (c))
1 Gross receipts	594,379.			594,379
2 Less: Contributions	594,379.			594,37
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				***
8 Entertainment	21,250.			21,25
9 Other direct expenses	25,191.			25,19
1 Net income summary. Subtract lin Gaming. Complete if the orga	e 10 from line 3, colu inization answered "\	mn (d)		46,44 -46,44 reported more tha
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs		****		
5 Other direct expenses				
6 Volunteer labor	Yes % No	Yes% No	Yes% No	
7 Direct expense summary. Add line	s 2 through 5 in colu	mn (d)		
8 Net gaming income summary Sul	otract line 7 from line	1 column (d)		
	nization conducts gai	ming activities:		. Yes No
	1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add line 11 Net income summary. Subtract line 12 Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 14 Gross revenue 15 Cash prizes 16 Rent/facility costs 16 Volunteer labor 17 Direct expense summary. Add line 18 Net gaming income summary. Subtract line 19 Cash prizes 10 Direct expenses	1 Gross receipts 594, 379. 2 Less: Contributions 594, 379. 3 Gross income (line 1 minus line 2) 4 Cash prizes	Gross receipts 594, 379	Gross receipts Gevent type

Schedule G (Form 990 or 990-EZ) 2020

RISING GROUND, INC.

Sched	ule G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
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?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
C	if res, enter hame and address of the third party.
	Name
	Address
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
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 ▶ \$
Part	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) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047	2020
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Open to Public Inspection

Employer identification number

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

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RISING GROUND, INC.						13-1860451	
Part I General Information on Grants and Assistan	d Assistance	0					
1 Does the organization maintain records to substantiate	ubstantiate th	e amount of the	grants or assistar	nce, the grantees	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	
the selection criteria used to award the grants or assistance?	s or assistanc						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	lures for mor	itoring the use	of grant funds in the	United States.			
Part II Grants and Other Assistance to Domestic O	omestic Or	ganizations an	nd Domestic Gov	ernments. Com	organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	ation answered "Ye	ss" 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	nat received	more than \$5,	,000. Part II can b	oe duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
		rganizations lis	organizations listed in the line 1 table			A : : : : : : :	
3 Enter total number of other organizations listed in the lin		e 1 table				•	
For Paperwork Reduction Act Notice, see the Instructions for Form		.066				Sch	Schedule I (Form 990) 2020

JSA

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Schedule I (Form 990) (2020)

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.

art ii dan ed adendard ii adamenta opado iz nodada.	200 1000				
(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	453.	4,962,549.			
2 FOOD	2,102.		. 912, 932.	ВООК	FOOD FOR PERSONS
3 CHILDREN'S ALLOWANCES AND ACTIVITIES	3,333.	1,692,830.			
4 CONSUMER INCIDENTALS	2,102.		33,249.	Book	INCIDENTALS
5 CLOTHING	2,102.		183,992.	ВООК	CLOTHING FOR PERSONS
9					
7					

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

LINE 2: PART I, THE USE OF FUNDS IS MONITORED VIA MONTHLY HOME VISITS BY THE ASSIGNED

SOCIAL WORKERS.

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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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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	i i		
	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		1 2 3	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	- 14.2	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
_	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract		187	
	Independent compensation consultant X Form 990 of other organizations Compensation survey or study X Approval by the board or compensation committee			
	, pproviding the sound of compensation comments	-		
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		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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.		1	
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?	5 b		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:		7.5	.,
a	The organization?	6a		X
b	Any related organization?	6b	. 4	
-				
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			
-	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) 2020

Page 2

Schedule J (Form 990) 2020

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

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. 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.

		(R) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation			+ (1)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) remement and other deferred compensation	(u) Nontaxable benefits	(B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
ALAN E. MUCATEL	Θ	359,225.	0	0	10,219.	12,543.	381,987.	0.
CHIEF EXECUTIVE OFFICER	(E)	0	.0	0	0	0.	0	0.
ELLIOT HAGLER	Ξ	263,902.	0.	0	0	12,448.	276,350.	0
2 CHIEF FINANCIAL OFFICER	(E)	0	0	0	0	0	0	0
ELISE S. ZEALAND	ε	238,109.	.0	0	9,622.	12,543.	260,274.	0
3GENERAL COUNSEL	€	0	0	0	0	0	.0	0
BELINDA M. CONWAY	ε	205,262.	0	0	8,051.	12,543.	225,856.	0
4EXECUTIVE VICE PRESIDENT	Ξ	0	0	0	0	.0	0	0
HERMAN DALY	Ξ	200,169.	0	0	8,308.	.0	208,477.	0
SEXECUTIVE VICE PRESIDENT	€	0	0	0	0	0.	0	0
SUSAN SAMPOGNA	ε	188,447.	0	0	5,919.	12,483.	206,849.	0
6EXECUTIVE VICE PRESIDENT	Ξ	0.	0	0	0	0.	0	0.
ANGELA RUTH WHITE	Ξ	198,496.	0	0	7,600.	.96	206,192.	0.
TEXECUTIVE VICE PRESIDENT	€	0	0	0	0	.0	0	0.
MARSHA AUSTIN	Ξ	248,150.	0	0	9,434.	12,448.	270,032.	0.
8 PSYCHIATRIST	€	0	0	0	0	0	0.	.0
JACQUELINE CALLEJAS	Ξ	178,739.	0	0	4,509.	9,381.	192,629.	.0
9 PSYCHIATRIST	(E)	0	0	0	.0	0	0	0.
YEZID G. ACOSTA	ε	176,354.	0	0	3,269.	11,569.	191,192.	0
10 CHIEF INFORMATION OFFICER	Ξ	0	0	0	.0	0	0	0
CARLTON MITCHELL	Ξ	171,353.	0	0	4,316.	9,381.	185,050.	0
11 SENIOR PROGRAM VP	Ξ	0	0	0	.0	.0	0	.0
RYAN GAROFALO	Ξ	171,583.	0.	0	6,854.	0	178,437.	.0
12 SENIOR PROGRAM VP	€	0	0.	0	0	0	0	.0
SHARRON MADDEN	Ξ	112,589.	0.	61,538	4,000.	5,651.	183,778.	0
13EXE. VICE PRES. THRU 6/22/20	Ξ	0	0.	0	0	0.	0	0
	Ξ							
14	Ξ							
	ε							
15	Ξ							
	ε							
16	Ξ							
							Sch	Schedule J (Form 990) 2020

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Page 3

Part III Supplemental Information

Schedule J (Form 990) 2020

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

PART I, LINE 4A:

SHARRON MADDEN, EXECUTIVE VICE PRESIDENT THRU 6/22/2020, RECIEVED A

SEVERANCE PAYMENT OF \$61,538 AS REPORTED ON PART II, COLUMN BIII.

Schedule J (Form 990) 2020

SCHEDULE K (Form 990)

Name of the organization 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.lirs.gov/Form990 for instructions and the latest information.

Open to Public 2020

OMB No. 1545-0047

Inspection

Employer identification number 13-1860451

(i) Pooled financing Yes No × (h) On behalf of issuer Yes No × (g) Defeased ŝ × × Yes C 4,035,000. REFINANCING CONSTRUCTION COST 21,173,000. REFINANCING CONSTRUCTION COST (f) Description of purpose Ω (e) Issue price ٩ (d) Date issued 05/09/2013 06/27/2014 (c) CUSIP # (b) Issuer EIN 14-6000293 42-1730564 A DORMITORY AUTHORITY OF THE STATE OF NEW YORK B YONKERS ECONOMIC DEVELOPMENT CORPORATION (a) Issuer name RISING GROUND, INC. Bond Issues Proceeds Part II Partl

ပ

		∢	'n	د		_	
-	Amount of bonds retired	1,440,000.	6,683,000).			
2	Amount of bonds legally defeased						
က	Total proceeds of issue	4,035,000.	21,173,000	. (
4	Gross proceeds in reserve funds						
5	Capitalized interest from proceeds						
9	Proceeds in refunding escrows						
7	Issuance costs from proceeds	256,423.	871,100				
∞	Credit enhancement from proceeds						
6	Working capital expenditures from proceeds						
10	Capital expenditures from proceeds	3,778,577.	20,301,900				
11	Other spent proceeds						
12	Other unspent proceeds						
13	Year of substantial completion	2013	2014				
		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)?	×	×				
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if		maran haran				
	issued prior to 2018, an advance refunding issue)?	×	×				
16	Has the final allocation of proceeds been made?	×	×				
17	Does the organization maintain adequate books and records to support the						
	final allocation of proceeds?	×	×				
For P	For Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sche	Schedule K (Form 990) 2020	n 990) 2020

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Schedule K (Form 990) 2020

Page 2 % % % % ŝ ŝ ۵ Yes Yes % 88 % ŝ ŝ ပ ပ Yes Yes % 88 % ŝ No × × \bowtie × × × × × × × α Yes Yes × % % % % ŝ 2 × × × × × \bowtie × × \bowtie × ⋖ Yes Yes × nongovernmental person other than a 501 (c)(3) organization since the bonds were issued? Total of lines 4 and 5...... Rebate not due yet?........... ð and Are there any management or service contracts that may result in private If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside ŏ If "Yes" to line 3c, does the organization routinely engage bond counsel or other Enter the percentage of financed property used in a private business use by entities date the rebate computation was other than a section 501(c)(3) organization or a state or local government ▶ unrelated trade or business activity carried on by your organization, outside counsel to review any research agreements relating to the financed property?. counsel to review any management or service contracts relating to the financed property? which owned property financed by tax-exempt bonds? another section 501(c)(3) organization, or a state or local government Are there any research agreements that may result in private business use Enter the percentage of financed property used in a private business use Reduction Are there any lease arrangements that may result in private business Has there been a sale or disposition of any of the bond-financed property to a Was the organization a partner in a partnership, or a member of an LLC, b If "Yes" to line 8a, enter the percentage of bond-financed property sold or If "Yes" to line 8a, was any remedial action taken pursuant to Regulations Yield nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?... Has the organization established written procedures to ensure that all Does the bond issue meet the private security or payment test? Rebate, bond-financed property? Arbitrage VI the 8038-T, If "Yes" to line 2c, provide in Part If "No" to line 1, did the following apply? Private Business Use sections 1.141-12 and 1.145-2? issuer filed Form disposed of bond-financed property? . Part IV Arbitrage No rebate due? result of Has the Part III Ω ပ σ ပ ပ 82 3a 6 8 7 4 S 9

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Schedule K (Form 990) 2020

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Schedule K (Form 990) 2020

Part IV Arbitrage

Part IV Arbitrage (continued)								
		4		В		C		D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No.	Yes	No.	Yes	8	Yes	8
hedge with respect to the bond issue?		×		×				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
i p	_	×		×				
b Name of provider								
c Tern of GiC								
atory safe harbor for establishing the fair ma								
Vaca are regulated as a managed because a suitable femore ranks are a causing. Vaca are regulated as a managed because a suitable femore ranks are a causing.		×		×				
7 Has the organization established written procedures to monitor the				:				
requirements of section 148?	×		×					
ction								
		A		8		U		٥
Loc the energiation detablished written procedures to ensure that violations	Yes	N _o	Yes	2	Yes	2	Yes	N
organization established written procedures to tax requirements are timely identified and								
voluntary closing agreement program if self-remediation isn't available under	×		×					
Dark VI Supplemental Information Provide additional information for responses to questions on Schedule K.	to auestion	s on Sch	edule K. S	See instructions	tions			
					AND AND AND AND AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRESS			
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0E1328 1,000 78 1 0 DW 7 1 0 0 2 1 5 / 2 0 2 0 1 1 0 0 8 0 3 AM V 2 0 - 7 1 9							PAGE 51	51.
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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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RISING GROUND, INC.

Employer identification number

13-1860451

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

1) 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 FAMILY RESOURCE CENTER PROVIDES

CRITICAL PARENTING EDUCATION AND SUPPORT FOR LOW-INCOME FAMILIES IN ONE

CENTRAL COMMUNITY-BASED LOCATION.

EXPENSES: \$11,809,667. GRANTS: \$211,573. REVENUE: \$12,858,327.

2) OUR EARLY CHILDHOOD CENTERS PROVIDE 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. 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.

EXPENSES: \$9,697,470. GRANTS: \$67,862. REVENUE: \$10,079,109.

3) OUR ANTI-INTIMATE PARTNERS SERVICES PROGRAM IS A HOLISTIC PROGRAM OF

Employer identification number

13-1860451

SERVICES FOR VICTIMS OF GENDER-BASED VIOLENCE WITH A FOCUS ON PREVENTION, INTERVENTION, AND POLICY ADVOCACY.

EXPENSES: \$2,174,107. GRANTS: \$62,209. REVENUE: \$2,277,513.

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

A COMPLETED FORM 990 IS REVIEWED BY THE MEMBERS OF THE AUDIT AND OVERSIGHT BOARD COMMITTEE. IT IS THEN SENT TO ALL OTHER BOARD MEMBERS FOR THEIR APPROVAL. BEFORE FORM 990 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 UNRESOLVED.

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. IF ANY CONFLICTS ARE FOUND, 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 2020.

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

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990'S ARE AVAILABLE ON ITS WEBSITE AND UPON REQUEST. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

Employer identification number 13-1860451

FORM 990, PART VIII, LINE 11A AND PART X, LINE 27:

ON JUNE 23, 2020 RISING GROUND ESTABLISHED AN EMPLOYEE BENEFITS PROGRAM

REVOCABLE TRUST TO PAY THE COSTS OF TWO WELFARE BENEFITS PLANS. AS A

GRANTOR TRUST, OTHER INCOME OF \$64,000 IS INCLUDED ON THE ACCOMPANYING

FORM 990. IN ADDITION, NET ASSETS AT JUNE 30, 2021 INCLUDES \$1,192,000 ON

THE ACCOMPANYING FORM 990.

FORM 990, PART XI, LINE 9:

CONTRIBUTION OF NET ASSETS FROM EDWIN GOULD

SERVICES FOR CHILDREN AND FAMILIES, INC.

IMPAIRMENT OF FIXED ASSETS.....(\$13,178,557)

TOTAL

(\$12,149,094)

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.

Employer identification number 13-1860451

ATTACHMENT 2

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

CHILD WELFARE - CHILD WELFARE PROGRAMS AND SERVICES INCLUDE RESIDENTIAL TREATMENT CENTER (RTC), FOSTER BOARDING HOME (FBH), MULTI-DIMENSIONAL TREATMENT FOSTER CARE (MTFC), MOTHER/INFANT RESIDENCES (M/I), PREVENTIVE SERVICES PROGRAMS, MEDICAL AND MENTAL HEALTH SERVICES, AND UNACCOMPANIED MIGRANT CHILDREN (UMC) PROGRAM. THE RTC PROGRAM 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 PROGRAM 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 SERVICES PROVIDES PRIMARY MEDICAL CARE FOR CHILDREN AND YOUTH ON OUR CAMPUS. OUR UNACCOMPANIED MIGRANT CHILDREN (UMC) PROGRAM PROVIDES SHORT-TERM RESIDENTIAL CARE AND ASSISTANCE TO UNACCOMPANIED MIGRANT CHILDREN WHO HAVE COME INTO THE UNITED 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 PARENTING SKILLS THROUGH TWICE WEEKLY HOME VISITS. OUR CARE COORDINATION PROGRAM ENABLES RISING GROUND TO SERVE AS A DOWNSTREAM CARE MANAGEMENT AGENCY (CMA) PROVIDING COMPREHENSIVE CARE MANAGEMENT SERVICES TO CHILDREN AND ADULTS WHO MEET NECESSARY CRITERIA.

Name of the organization RISING GROUND, INC.

Employer identification number 13-1860451

ATTACHMENT 3

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

JUVENILE JUSTICE - OUR JUVENILE JUSTICE SERVICES INCLUDE BOTH SECURE AND NON-SECURE PLACEMENT PROGRAMS FOR COURT-INVOLVED YOUTH, BOTH OF WHICH ARE BASED ON THE BELIEF THAT YOUNG PEOPLE WITH HISTORIES OF DELINQUENCY NEED SUPPORT, EDUCATION AND OTHER TOOLS TO RETURN SAFELY AND SUCCESSFULLY TO THEIR COMMUNITIES AND BREAK ' THE CYCLE OF DELINQUENCY. OUR LIMITED SECURE PLACEMENT (LSP) IS ALSO PART OF THE RESIDENTIAL CARE CONTINUUM FOR ADJUDICATED JUVENILE DELINQUENTS IN NEW YORK CITY. MOST YOUTH SERVED WILL RANGE FROM 14 TO 18 YEARS OF AGE BUT, ON OCCASION, AN OLDER OR YOUNGER YOUTH MIGHT BE SERVED. WE ENSURE THAT YOUTH ARE ABLE TO DEVELOP THEIR ACADEMIC, PRE-VOCATIONAL AND COMMUNICATIONS SKILLS THROUGH ASPECTS OF THE PROGRAM AND WORK WITH FAMILY MEMBERS TO MAINTAIN AND STRENGTHEN THE YOUTH'S CONNECTION TO HIS OR HER FAMILY AND COMMUNITY. OUR NON-SECURE PLACEMENT PROGRAM IS A RESIDENTIAL PROGRAM SERVING ADJUDICATED YOUTH AGES 12 TO 15. OUR PROGRAM IS COMMUNITY-ORIENTED AND FAMILY-FOCUSED, USING THE NATIONALLY RECOGNIZED MISSOURI MODEL, A TREATMENT METHOD THAT INVOLVES GROUPING YOUTH INTO SMALL COHORTS OF 10-12 WITH WHOM THEY LIVE, ATTEND SCHOOL, PARTICIPATE IN RECREATIONAL ACTIVITIES AND RECEIVE COUNSELING. THE FAMILY RESPITE PROGRAM SERVES YOUTH AGES 7 TO 17 WHO ARE AT RISK OF CONTACT WITH THE JUVENILE JUSTICE SYSTEM BY PROVIDING RESPITE AND THERAPEUTIC SERVICES FOR UP TO 21 DAYS. THE PROGRAM STAFF ALSO REFERS FAMILIES TO APPROPRIATE COMMUNITY BASED SERVICES FOR SUSTAINED ASSISTANCE. THE JUVENILE JUSTICE INITIATIVE AND AFTERCARE PROGRAM EXPANDS OUR IMPLEMENTATION OF THE

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

ATTACHMENT 3 (CONT'D)

FUNCTIONAL FAMILY THERAPY EVIDENCED-BASED MODEL IN THE JUVENILE JUSTICE FIELD.

ATTACHMENT 4

990,	PART	VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PATD	TND.	CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MISSOURI YOUTH SERVICES INSTITUTE 1906 HAYSELTON DRIVE JEFFERSON CITY, MO 65109	THERAPY	295,044.
CAPH CONTRACTING 3460 CANNON PLACE BROOKLYN, NY 10463	MAINTENANCE/RENOV.	229,115.
BKD, LLP 655 THIRD AVENUE, SUITE 1200 NEW YORK, NY 10017	ACCOUNTING	223,652.
BDO USA, LLP P.O. BOX 642743 PITTSBURGH, PA 15264	ACCOUNTING	156,205.
STERILEMED 77 TARRYTOWN ROAD, SUITE 1-SE WHITE PLAINS, NY 10607	CLEANING SERVICES	155,269.

13-1860451

SCHEDULE R (Form 990)

RISING GROUND, INC.

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Employer identification number Inspection 13-1860451

Part I Identification of Disregarded Entities. Complete if the	if the organization answered "Yes" on Form 990, Part IV, line 33.	ered "Yes" on F	orm 990, Part I\	/, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	ď	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RISING GRND EMPLOYEE BENEFITS PRGM TRUST 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201		EMPLOYEE BENS N	NY	9,912,000.	6, 599, 286.	RISING GRND
(2)						
(3)						
(4)						
(5)						
(9)						
Identification of Related Tax-Exempt Organizations. Complete in the property of the property	ions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ring the tax year.	anization answe	sred "Yes" on Fo	rm 990, Part IV,	line 34, because	it had
(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
(1) THE EMERGENCY SHELTER, INC. 13-5562213 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201	SHELTERING	ХN	501(C)(3)	7	RISING GRND	×
(2) EDWIN GOULD SVCS FOR CHILDREN & FAMILIES 13-5675643 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201	SPECIAL NEEDS	NY	501(C)(3)	10	RISING GRND	×
(3) KINGSLAND SERVICES FUND INC 51-0139267 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201	OWN PROPERTY	NY	501(C)(3)	12A	EDWIN GOULD	×
(4)						
(5)						
(9)						
(2)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	90.				Schedule F	Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020

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

(K) Percentage ownership										
(J) General or managing partner?	oN s								 art IV,	
	Yes		 		 	 	 	 	 Ю, Р	
(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)									on Form 99	
(n) Disproporbonate allocatons?	Yes No								"Yes"	
(g) Share of end-of- year assets									ization answere	he tax year.
(f) Share of total income									lete if the organ	or trust during th
Predominant income (related, unrelated, excluded from tax under sections, 517 - 514)	,								on or Trust. Comp	ed as a corporation
(a) Direct controlling entity									e as a Corporati	anizations treate
(c) Legal domicile (state or foreign	ocaling)								Taxable	ated org
(b) Primary activity									ed Organizations	d one or more rel
Name, address, and EIN of related organization										Ine 34, because it had one or more related organizations treated as a corporation or trust during the tax year.
~		(1)	(2)	(3)	(4)	(2)	(9)	(2)	Dor# [V	7 4 1 1 1 1

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C cop, S cop, or frust)	(f) Share of total income	(g) (h) (i) Share of Percentage Section end-of-year assets ownership controlled entitive	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1)								
	•							
(2)								***********
(3)								
(4)								
(5)								******
(9)								
(2)								
	-							
						Schedule R (Form 990) 2020	₹ (Form 99) 2020

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During the tax year, did the organization engage in any of the following transactions with one or more related organizat Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		Yes No
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	organizations listed in Parts II-IV?	
Giff, grant, or capital contribution to related organization(s).		4
		× 4
e. Giff grant or capital contribution from related organization(s)		×
		1d ×
		1e
		= ,
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		1 h ×
i Exchange of assets with related organization(s)		;=
j Lease of facilities, equipment, or other assets to related organization(s)		-
K Lease of racilities, equipment, or other assets from related organization(s)		_
I Performance of services or membership or fundraising solicitations for related organization(s)		×
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n X
o Sharing of paid employees with related organization(s)		10
 P Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses 		
 I Uther transfer of cash or property to related organization(s)		
1	covered relationships and transaction thresholds.	┨.
(a)	(3)	6
Name of related organization Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) THE EMERGENCY SHELTER, INC.	75,000.	COST
(2)		
(3)		
(4)		
13		
(9)		
ASK.	S	Schedule R (Form 990) 2020
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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) (b) Legal domicile income (leated excluded (state or foreign unrelated excluded 501(c/3) (foreign leated excluded (state or foreign income (leated excluded 501(c/3) and EIN of entity (state or foreign income (leated excluded 501(c/3) and EIN of entity (state or foreign income end end excluded 501(c/3) and EIN of end income end end excluded 501(c/3) and EIN of end income end end end end end end end end end en	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Are all par income (related, section unrelated, excluded from tax under organization	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) lare of -of-year ssets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) General or managing partner?	or Perce	(k) Percentage ownership
(1)			sections 512 - 514)	Yes No			Yes	No		Yes	9	
	errore pro-marantonia						***************************************					
(2)										-		
(3)												
											h-managa abbat	
(4)												
(5)							+				_	
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(9)									-			
										***********	is the face of a face	
(7)												
							-					
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(6)												
(10)										+	-	

(11)												
(42)									-			
1.4							***************************************					
(13)												
(14)										-		
									····			
(15)												
(16)									-			
									Schedu	le R (F	Schedule R (Form 990) 2020) 2020

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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.