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100 Park Avenue
New York City, NY 10017

MARCH 17, 2023

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, 2022.

2021 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2021 8879-TE - IRS E-FILE SIGNATURE AUTHORIZATION FORM
2021 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
2021 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2021 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
2021 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING
2021 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S.
2021 SCHEDULE J - COMPENSATION INFORMATION
2021 SCHEDULE K - SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS
2021 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ
2021 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS

THE 2021 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 ORGANIZATION'S BANK ACCOUNT.

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.

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

SINCERELY,

PAUL HAMMERSCHMIDT

ENCLOSURES

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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

A For the 2021 calendar year, or tax year beginning 07/01/2021 **and ending** 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RISING GROUND, INC. Doing Business As		D Employer identification number 13-1860451
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (914) 375-8717
	151 LAWRENCE STREET, 5TH FLOOR		
	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11201		G Gross receipts \$ 136,166,857. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: ALAN E. MUCATEL 151 LAWRENCE STREET, 5TH FLOOR, BROOKLYN, NY 11201			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.RISINGGROUND.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1831
M State of legal domicile: NY			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>RISING GROUND IS DEDICATED TO SUPPORTING CHILDREN, ADULTS, AND FAMILIES. WORKING TOGETHER, WE CREATE STRONG FOUNDATIONS FOR SUCCESS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	19	
	4	19	
	5	1,786	
	6	71	
	7a	NONE	
7b	NONE		
Revenue	8	Prior Year	Current Year
	Contributions and grants (Part VIII, line 1h)	3,389,372.	9,744,723.
	Program service revenue (Part VIII, line 2g)	116,443,485.	118,544,838.
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	743,703.	990,388.
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,559.	31,016.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,594,119.	129,310,965.
Expenses	13	Prior Year	Current Year
	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,785,552.	8,407,867.
	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	82,385,172.	85,994,641.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 781,822.		
17	31,289,256.	27,860,064.	
18	121,459,980.	122,262,572.	
19	-865,861.	7,048,393.	
Net Assets or Fund Balances	20	Beginning of Current Year	End of Year
	Total assets (Part X, line 16)	71,517,149.	83,365,345.
	Total liabilities (Part X, line 26)	73,462,898.	78,291,435.
22	-1,945,749.	5,073,910.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date <u>3/27/2023</u>
	Type or print name and title Alan Mucatel	Date <u>3/27/2023</u>

Paid Preparer Use Only	Print/type preparer's name PAUL HAMMERSCHMIDT	Preparer's signature 	Date 03/24/2023	Check <input type="checkbox"/> if self-employed	PTIN P01384178	
	Firm's name ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590		
	Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-5001			Phone no. 212-885-8000		

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational requirements and financial reporting.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,786		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 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 4b 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
c	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 gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
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 7d		
e	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 sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
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 excess parachute payment(s) during the year? 15		X
If "Yes," see the 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? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN E. MUCATEL CHIEF EXECUTIVE OFFICER	34.00 1.00			X				320,698.	NONE	23,881.
(2) ELLIOT HAGLER CHIEF FINANCIAL OFFICER	34.00 1.00			X				254,524.	NONE	12,252.
(3) MARSHA AUSTIN PSYCHIATRIST	35.00 NONE					X		236,629.	NONE	21,773.
(4) ELISE S. ZEALAND GENERAL COUNSEL	34.00 1.00				X			229,947.	NONE	21,706.
(5) BELINDA M. CONWAY EXECUTIVE VICE PRESIDENT	35.00 NONE				X			215,336.	NONE	20,415.
(6) SUSAN SAMPOGNA EXECUTIVE VICE PRESIDENT	35.00 NONE				X			192,951.	NONE	19,715.
(7) HERMAN DALY EXECUTIVE VICE PRESIDENT	35.00 NONE				X			199,084.	NONE	8,000.
(8) ANGELA RUTH WHITE EXECUTIVE VICE PRESIDENT	35.00 NONE				X			191,025.	NONE	7,693.
(9) CARLTON MITCHELL SENIOR VICE PRESIDENT	35.00 NONE					X		173,726.	NONE	15,589.
(10) JACQUELINE E. CALLEJAS PSYCHIATRIST	35.00 NONE					X		174,778.	NONE	14,488.
(11) YEZID G. ACOSTA CHIEF INFORMATION OFFICER	35.00 NONE					X		171,091.	NONE	13,768.
(12) RYAN GAROFALO SENIOR VICE PRESIDENT	35.00 NONE					X		166,237.	NONE	6,640.
(13) MATT DEL PERCIO PRESIDENT	1.00 1.00	X		X				NONE	NONE	NONE
(14) MARGERY E. AMES VICE PRESIDENT	1.00 1.00	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MATTHEW PORTER (FROM 7/21) DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(27) BOB SCHANZ DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(28) DAVID THEOBALD DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(29) DUNCAN JAMES TURNBULL DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(30) KIM WALKER DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(31) ALLEN WAXMAN DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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 ▶ 9

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,407,867.	8,407,867.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,622,559.	632,386.	990,173.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	65,837,063.	60,778,710.	4,626,940.	431,413.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,733,288.	1,599,167.	122,597.	11,524.
9 Other employee benefits	8,697,315.	7,946,576.	694,205.	56,534.
10 Payroll taxes	8,104,416.	7,364,158.	687,948.	52,310.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	405,847.	196,755.	209,092.	
c Accounting	167,225.		167,225.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,733,366.	3,598,449.	1,089,934.	44,983.
12 Advertising and promotion	NONE			
13 Office expenses	3,664,106.	2,972,314.	572,602.	119,190.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	8,518,358.	7,259,189.	1,211,180.	47,989.
17 Travel	1,485,625.	1,409,531.	74,165.	1,929.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	1,118,566.	836,245.	281,076.	1,245.
20 Interest	206,333.		206,333.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	2,521,265.	2,245,033.	271,834.	4,398.
23 Insurance	2,286,076.	1,642,860.	641,211.	2,005.
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 <u>EQUIPMENT REPAIRS/MAINT.</u>	1,084,315.	818,048.	261,063.	5,204.
b <u>BAD DEBT EXPENSES</u>	722,807.	722,807.	NONE	NONE
c <u>DUES, LICENSES, PERMITS</u>	176,972.	98,091.	77,282.	1,599.
d <u>MISCELLANEOUS EXPENSES</u>	769,203.	327,019.	440,685.	1,499.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	122,262,572.	108,855,205.	12,625,545.	781,822.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	129,310,965.
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,262,572.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,048,393.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,945,749.
5	Net unrealized gains (losses) on investments	5	-3,175,688.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,146,954.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,073,910.

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here.
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	167,795.	975,517.	1,209,778.	64,000.	NONE	2,417,090.
TOTALS	167,795.	975,517.	1,209,778.	64,000.	NONE	2,417,090.

Name of organization <p style="text-align: center;">RISING GROUND, INC.</p>	Employer identification number <p style="text-align: center;">13-1860451</p>
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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	\$ 8,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 277,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 97,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 92,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">RISING GROUND, INC.</p>	Employer identification number <p style="text-align: center;">13-1860451</p>
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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 _____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A _____ _____ _____	\$ 44,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A _____ _____ _____	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A _____ _____ _____	\$ 32,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A _____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A _____ _____ _____	\$ 25,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">RISING GROUND, INC.</p>	Employer identification number <p style="text-align: center;">13-1860451</p>
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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 <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A <hr/> <hr/> <hr/>	\$ 12,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A <hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">RISING GROUND, INC.</p>	Employer identification number <p style="text-align: center;">13-1860451</p>
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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 _____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A _____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A _____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A _____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A _____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A _____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">RISING GROUND, INC.</p>	Employer identification number <p style="text-align: center;">13-1860451</p>
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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	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">RISING GROUND, INC.</p>	Employer identification number <p style="text-align: center;">13-1860451</p>
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(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
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(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
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,361,096.	2,361,096.	2,361,096.	2,361,096.	2,361,096.
b Contributions					
c Net investment earnings, gains, and losses	30,789.	18,456.	47,000.	25,821.	35,958.
d Grants or scholarships					
e Other expenditures for facilities and programs	30,789.	18,456.	47,000.	25,821.	35,958.
f Administrative expenses					
g End of year balance	2,361,096.	2,361,096.	2,361,096.	2,361,096.	2,361,096.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ 100.0000 %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		21,387,331.	12,304,122.	9,083,209.
c Leasehold improvements		8,356,284.	7,041,398.	1,314,886.
d Equipment		10,833,052.	10,703,379.	129,673.
e Other		153,514.	149,269.	4,245.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				10,532,013.

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization RISING GROUND, INC.	Employer identification number 13-1860451
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
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-

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

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 ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV 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).

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PAYMENTS TO FOSTER PARENTS	485	5,371,025.			
2 FOOD	1,598		1,075,119.	BOOK VALUE	FOOD FOR PERSONS
3 CHILDREN'S ALLOWANCES AND ACTIVITIES	3,029	1,764,078.			
4 CONSUMER INCIDENTALS	1,598		24,662.	BOOK VALUE	INCIDENTALS
5 CLOTHING	1,598		172,983.	APPRAISAL	CLOTHING FOR PERSONS
6					
7					

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

PART I, LINE 2:

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALAN E. MUCATEL 1 CHIEF EXECUTIVE OFFIC	(i)	320,698.	NONE	NONE	11,535.	12,346.	344,579.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELLIOT HAGLER 2 CHIEF FINANCIAL OFFIC	(i)	254,524.	NONE	NONE	NONE	12,252.	266,776.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELISE S. ZEALAND 3 GENERAL COUNSEL	(i)	229,947.	NONE	NONE	9,360.	12,346.	251,653.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BELINDA M. CONWAY 4 EXECUTIVE VICE PRESID	(i)	215,336.	NONE	NONE	8,069.	12,346.	235,751.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HERMAN DALY 5 EXECUTIVE VICE PRESID	(i)	199,084.	NONE	NONE	8,000.	NONE	207,084.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN SAMPOGNA 6 EXECUTIVE VICE PRESID	(i)	192,951.	NONE	NONE	7,629.	12,086.	212,666.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANGELA RUTH WHITE 7 EXECUTIVE VICE PRESID	(i)	191,025.	NONE	NONE	7,600.	93.	198,718.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARSHA AUSTIN 8 PSYCHIATRIST	(i)	236,629.	NONE	NONE	9,521.	12,252.	258,402.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JACQUELINE E. CALLEJAS 9 PSYCHIATRIST	(i)	174,778.	NONE	NONE	5,340.	9,148.	189,266.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
YEZID G. ACOSTA 10 CHIEF INFORMATION OFF	(i)	171,091.	NONE	NONE	3,528.	10,240.	184,859.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CARLTON MITCHELL 11 SENIOR VICE PRESIDENT	(i)	173,726.	NONE	NONE	6,441.	9,148.	189,315.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RYAN GAROFALO 12 SENIOR VICE PRESIDENT	(i)	166,237.	NONE	NONE	6,640.	NONE	172,877.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Private Business Use

1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RISING GROUND, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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 SCHOOL-AGE CHILDREN. EMPHASIS IS ON
ACADEMIC ACHIEVEMENT, SKILLS DEVELOPMENT, AND INCREASING STUDENT'S
ABILITY TO REMAIN ON TASK, INTERACT APPROPRIATELY WITH PEERS, AND IMPROVE
BEHAVIOR SO THAT THEY CAN RETURN TO THEIR LOCAL PUBLIC SCHOOL.

EXPENSES: \$ 10,410,183. GRANTS: \$ 257,847. REVENUE: \$ 11,328,869.

2) OUR FAMILY RESOURCE CENTER PROVIDES CRITICAL PARENTING EDUCATION AND
SUPPORT FOR LOW-INCOME FAMILIES IN ONE CENTRAL COMMUNITY-BASED LOCATION.
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 PREGNANT WOMEN, INFANTS AND TODDLERS LIVING AT OR BELOW THE
POVERTY LEVEL. 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 TO CHILDREN WITH INTENSIVE NEEDS IN SMALL CLASSES.

EXPENSES: \$ 7,040,271. GRANTS: \$ 138,438. REVENUE: \$ 7,033,049.

3) OUR ARRAY OF INTIMATE PARTNER/GENDER-BASED EVIDENCE CADRE OF PROGRAMS,
STEPS TO END FAMILY VIOLENCE, IS COMMITTED TO BOTH HEALING AND PREVENTION.

EXPENSES: \$ 2,853,490. GRANTS: \$ 380,407. REVENUE: \$ 3,040,254.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

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).....\$ 122,229

CHANGE IN NET ASSETS FOR MANAGEMENT AND

GENERAL ALLOCATION.....\$3,024,725

TOTAL

\$3,146,954

Name of the organization RISING GROUND, INC.	Employer identification number 13-1860451
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FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

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 AND REFERRALS FOR CHILDREN AND YOUTH ON. UNACCOMPANIED MIGRANT CHILDREN (UMC) PROGRAM SERVES UNDOCUMENTED MIGRANT CHILDREN WHO HAVE COME INTO THE UNITED STATES FROM OTHER COUNTRIES WITHOUT AN ADULT GUARDIAN WHILE THEY ARE REUNIFIED WITH THEIR FAMILIES IN THE U.S. 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. 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.

LINE 4C, PROGRAM SERVICE

JUVENILE JUSTICE - OUR JUVENILE JUSTICE SERVICES INCLUDE SECURE AND NON-SECURE PLACEMENT PROGRAMS FOR COURT-INVOLVED YOUTH, ALL 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 A RESIDENTIAL PROGRAM SERVING ADJUDICATED YOUTH AGES 14 TO 18, ON OCCASION, AN OLDER OR YOUNGER YOUTH MAY BE SERVED. WE ENSURE THAT YOUTH ARE ABLE TO DEVELOP THEIR ACADEMIC, PRE-VOCATIONAL AND COMMUNICATIONS SKILLS THROUGH VARIOUS 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 ALSO PART OF THE RESIDENTIAL CARE CONTINUUM

Name of the organization RISING GROUND, INC.	Employer identification number 13-1860451
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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
STERILEMED 77 TARRYTOWN ROAD, SUITE 1-SE WHITE PLAINS, NY 10607	CLEANING	385,212.
MISSOURI YOUTH SERVICES INSTITUTE 1906 HAYSELTON DRIVE JEFFERSON CITY, MO 65109	THERAPY	348,000.
BDO USA, LLP 100 PARK AVENUE NEW YORK, NY 10017	AUDIT & TAX	179,778.
GENOA TELEPSYCHIATRY, INC. P.O. BOX 84019 CHICAGO, IL 60689	THERAPY	147,420.
INTERFYSIO, LLC 1345 6TH AVENUE, 11TH FLOOR NEW YORK, NY 10105	STAFFING	131,479.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

RISING GROUND, INC.

13-1860451

Name and title of officer or person subject to tax

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>129310965.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 26273 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax [Signature] Date 3/27/2023

Part III Certification and Authentication

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

13632813538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Return.

ERO's signature [Signature] Date 3/24/2023

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)