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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** 

# 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)

▶ 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

OMB No. 1545-0047

A	or the	e 2021 calendar year, or tax year beginning 07/01/2021 a	na enaing		06/30/2022
		C Name of organization		D Employer ide	ntification number
<b>D</b>	heck if appl	RISING GROUND, INC.			
	Address			13-1860	451
	Name o	hange Number and street (or P.O. box if mail is not delivered to street address) Rock	om/suite	E Telephone nu	mber
	Initial re	etum 151 LAWRENCE STREET, 5TH FLOOR		(914)37	5-8717
	Termina	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	BROOKLYN, NY 11201		G Gross receipts	\$\$ 136,166,857.
	Applica pending	F Name and address of principal officer: ALAN E. MUCATEL		H(a) Is this a group subordinates?	
		151 LAWRENCE STREET, 5TH FLOOR, BROOKLYN, NY 1	1201	H(b) Are all subordir	
ī	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. (see instructions)
J	Website	∷ ► WWW.RISINGGROUND.ORG		H(c) Group exemp	tion number
ĸ	Form of	organization: X Corporation Trust Association Other	L Year of format	ion: 1831 <b>M</b> s	State of legal domicile: NY
P	art I	Summary			
	CONTRACTOR DO	Briefly describe the organization's mission or most significant activities: RISING	GROUND IS	DEDICATED	TO SUPPORTING
ų	1	CHILDREN, ADULTS, AND FAMILIES. WORKING TOGETHER, W			
anc	_	FOUNDATIONS FOR SUCCESS.			
ern	-	Check this box  if the organization discontinued its operations or disposed of	f more than 25%	of its net assets	
Governance		Number of voting members of the governing body (Part VI, line 1a)			3   19
•ర		Number of independent voting members of the governing body (Part VI, line 1b)			4 19
ties		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			5 1,786
Activities		otal number of volunteers (estimate if necessary)			6 71
Aci	7a T	otal unrelated business revenue from Part VIII, column (C), line 12			7a NONE
		Net unrelated business taxable income from Form 990-T, line 34			7b NONE
		tot america submede taxasie meene nem oos 1, mie on 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<del></del>	Prior Year	Current Year
	<b>8</b> C	Contributions and grants (Part VIII, line 1h)		3,389,37	
Revenue	9 F	Program service revenue (Part VIII, line 2d)	OR	16,443,48	
š	10	Program service revenue (Part VIII, line 2g)  Nestment income (Part VIII, column (A), lines 3, 4, and 7d)  PUBLIC INSPE	ECTION	743,70	<del></del>
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,55	
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		.20,594,11	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,785,55	
	ľ	Benefits paid to or for members (Part IX, column (A), line 4)		7,703,33. NO	
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		82,385,17	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		NO	
ber		otal fundraising expenses (Part IX, column (D), line 25)  781,822.			TIONE TOTAL
Ж		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,289,25	6. 27,860,064.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,459,980	
		Revenue less expenses. Subtract line 18 from line 12		-865,86	
r S	19 1	revenue less expenses. Subtract line 10 front line 12		ning of Current Ye	
ets or	20 T	otal assets (Part X, line 16)		71,517,149	
Net Assets Fund Balan	20 T	otal assets (Part X, line 16)  Otal liabilities (Part X, line 26)	• • • • • • • • • • • • • • • • • • • •	73,462,898	
und (	22 N	let assets or fund balances. Subtract line 21 from line 20		-1,945,749	
2 L	rt II	Signature Block	<u> </u>	-1,945,743	9. 3,073,910.
			and statements a	nd to the best of	my knowledge and belief it is
true	, correct	lties of perjury, I declare that I have examined this return, including accompanying schedules , and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer has any kr	owledge.	
					3/27/2023
Sig	n	Signature of officer 4		Date	
Hei	·e	Alan Mucatel		3	27/2023
	į	Type or print name and title			
			Date	Check	f PTIN
Paid		The state of the s	03/24/202		"
	parer		1	Firm's EIN	13-5381590
Use	Only  -				212-885-8000
May		Firm's address ► 100 PARK AVENUE NEW YORK, NY 10017-5001  S discuss this return with the preparer shown above? (see instructions)		Phone no.	X Yes No
		ork Reduction Act Notice, see the separate instructions.	<del> </del>	· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2021)

For Paperwork Reduction Act Notice, see the separate instructions.

Page 3

The the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Par	Checklist of Required Schedules			
2 Is the organization required to complete Schedule of Contributors? See instructions.  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 of Contributors? See instructions.  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (n) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  5 Is the organization area on 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dius assessments, or similar amounts as defined in Rev Proc. 95-19? If "Yes," complete Schedule C, Part III.  7 Did the organization area on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III.  8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part III.  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  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, recell repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization organization from a natural for land, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part V, VII, VIII, X, or X, as applicable.  2 Did the organization report an amount for investments-orber securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 19; If "Yes," complete Schedule D, Part VII.  2 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 19; If "Yes," complet				Yes	No
2 is the organization required to complete Schedule B, Schedule of Conflibitors' See instructions.  3 Did the organization required to complete Schedule C, Part I.  4 Section 501(s)3 organizations. Did the organization regular schedule C, Part II.  5 is the organization as eaction 501(c)4), 501(c)5), or 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Rev Proc. 9-519° III "Yes" complete Schedule C, Part III.  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes" complete Schedule D, Part II.  5 Did the organization reporter or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes" complete Schedule D, Part III.  6 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 V.  10 Did the organization organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part V.  11 Did the organization services and amount for the research in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part V.  12 Did the organization service an amount for the investments-other securities in Part X, line 10. Part X and X line	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedulic C, Part I .  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 Schedulic C, Part II .  5 Is the organization as excition 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev, Proc. 98-19? If "Yes," complete Schedulic C, Part III .  5 Did the organization arounts as defined in Rev, Proc. 98-19? If "Yes," complete Schedulic C, Part III .  7 Did the organization receive or hold a conservation easement, including assements to reserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedulic D, Part II .  8 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 readit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedulic D, Part III .  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV .  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .  12 Did the organization report an amount for linvestments-other socurities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 18? If "Yes," complete Schedule D, Part VII .  13 Did the organization report an amount for hiere seast in Part X, line 17, the seast in the schedule Schedule D, Part VII .  14 Did the organization report an amount for hiere seast in Part X, line 18 to year or seast in Part X, line 19 the year or seast in Part X, line 19 the year or seast in Part X, line 19 the year or year and if the organiza		complete Schedule A	1	Х	
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .  8 Did the organization anintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II .  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 .  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 IV .  11 If the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X, as applicable.  12 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI .  13 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI .  14 Did the organization report an amount for other assets 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 VI .  15 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 VI .  16 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," large YII "Yes," complete Schedule D, Part X .  17 Did the organization asserted "No" to line 12s, then completing Schedule D, Part X .  18 Did the organization management in separate, independent audited financial statements for the tax year? If Yes," complete Sc		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
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Schedule D, Parts XI and XII.  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 1s the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E			11f	X	
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b	·			
14a Did the organization maintain an office, employees, or agents outside of the United States?				X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					
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foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	b				
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			446		3.7
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			140		X
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	15		4.5		3.7
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		15		X
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	16		16		v
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	47		10		_ X
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	17		17		v
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10				_^_
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	10		12	.,	
If "Yes," complete Schedule G, Part III	10		"	^	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	13	· · · · · · · · · · · · · · · · · · ·	10		У
<ul> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b</li> <li>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>	20 ~				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					- 11
	~ '		21		Х

RISING GROUND, INC.

Form	990 (2021)		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			4.55
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,786	SA,	V Su	10 v 3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	4.05	est ki	a i
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country ▶	2	35 77	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			2
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		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).	u filos		-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- <u>-</u>		1
	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		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
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		1	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
		9b		
10	Section 501(c)(7) organizations. Enter:			
	This control of the c			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from members or shareholders			
D	against amounts due or received from them.)			
122	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]	13.4		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		* 1	
С	Enter the amount of reserves on hand		7.5	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 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?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.	1.5		
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.		1 - 4 - 7	

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 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.s
- 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 comp	ensated any current office	r, director, or trustee.
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<b>(A)</b> Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o is both or/trus	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/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ALAN E. MUCATEL	34.00									
CHIEF EXECUTIVE OFFICER	1.00			x				320,698.	NONE	23,881.
(2) ELLIOT HAGLER	34.00		<del>                                     </del>	-	<del>                                     </del>		<b>-</b>			
CHIEF FINANCIAL OFFICER	1.00			Х				254,524.	NONE	12,252.
(3) MARSHA AUSTIN	35.00							,		
PSYCHIATRIST	NONE					Х		236,629.	NONE	21,773.
(4) ELISE S. ZEALAND	34.00									
GENERAL COUNSEL	1.00				Х			229,947.	NONE	21,706.
(5) BELINDA M. CONWAY	35.00									
EXECUTIVE VICE PRESIDENT	NONE				Х			215,336.	NONE	20,415.
(6) SUSAN SAMPOGNA	35.00									
EXECUTIVE VICE PRESIDENT	NONE				Х			192,951.	NONE	19,715.
(7) HERMAN DALY	35.00									
EXECUTIVE VICE PRESIDENT	NONE				Х			199,084.	NONE	8,000.
(8) ANGELA RUTH WHITE	35.00									
EXECUTIVE VICE PRESIDENT	NONE				Х			191,025.	NONE	7,693.
(9) CARLTON MITCHELL	35.00									
SENIOR VICE PRESIDENT	NONE					X		173,726.	NONE	15,589.
(10) JACQUELINE E. CALLEJAS	35.00									
PSYCHIATRIST	NONE					Х		174,778.	NONE	14,488.
(11) YEZID G. ACOSTA	35.00									
CHIEF INFORMATION OFFICER	NONE					X		171,091.	NONE	13,768.
(12) RYAN GAROFALO	35.00									
SENIOR VICE PRESIDENT	NONE		<u> </u>			Х		166,237.	NONE	6,640.
(13) MATT DEL PERCIO	1.00									
PRESIDENT	1.00	X		Х				NONE	NONE	NONE
(14) MARGERY E. AMES	1.00									
VICE PRESIDENT	1.00	Х		Χ				NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Emplo	yees (	continued)
(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o	an	(D)  Reportable compensation from	(E) Report compensat relat	able ion from	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organiza (W-2/1099		compensation from the organization and related organizations
26) MATTHEW PORTER (FROM 7/21)	1.00		1								4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1
DIRECTOR	1.00	X	ļ	-	<u> </u>			NONE		NONE	NON
27) BOB SCHANZ	1.00	١.,						NONE		MONTE	NION
DIRECTOR	1.00	X	├	├-	├			NONE		NONE	NON
28) DAVID THEOBALD	1.00	X						NONE		NONE	NON
DIRECTOR 29) DUNCAN JAMES TURNBULL	1.00	<u> </u>	$\vdash$	$\vdash$	┢	<u> </u>	<del> </del>	NONE		NONE	11011
DIRECTOR	1.00	x						NONE		NONE	NON
30) KIM WALKER	1.00		<u> </u>	T	<u> </u>						
DIRECTOR	1.00	X						NONE		NONE	NON
31) ALLEN WAXMAN	1.00										
DIRECTOR	1.00	Х						NONE		NONE	NON
	<del> </del>	1									
	<del> </del>		-		├-	<b></b>					
	<del> </del>	1									
					<b></b> -	l	<del> </del>				
	t										
		L		l			<u> </u>				
1b Sub-total	ection A .						A A A				
2 Total number of individuals (including but not							re	ceived more than	\$100,000	of	
reportable compensation from the organizatio		1030	11310	u a	DO V	J) WIII	, , ,		φ 100,000	0.	
											Yes No
3 Did the organization list any former office 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	\$15	0,0	00?	. If	"Yes	;" (	complete Schedui			4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors			-						4- 615	0.000	£
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>	pensated ii ompensati	ndepe on for	the	ent o	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$10 in the org	0,000 o anizatio	f n's tax
(A) SEE SCHEDULE O Name and business add	lress							(B) Description of se	rvices	c	(C) compensation
							╄				
	····						1				
							╁				
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite	d to	thos	e li	sted above) who	received		

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 4b of Part VIII.	Check if Schedule O contains a resp				
1 Grate and other assistance to densetic organizations and obmestic operations: See Part N. Ine 21			(B)	(C)	(D)
and domestic poverments. See Part IV, line 21		Total expenses			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 and 15  4 Benefits paid to or for members.  5 Compensation of current Offices, directors, trustees, and key employees  6 Compensation of current Offices, directors, trustees, and key employees  7 Other alands and vages seed of defect under section 49580(ii) in passon described in section 49580(iii) in passon described in 4, 733, 268.  1 Payrol bear and passon described in 4, 733, 268.  1 Payrol bear and passon described in 4, 733, 366.  2 Other (ii) in 119 section described in 4, 733, 366.  3 Office expenses in the 119 section described in 4, 733, 366.  3 Office expenses in the 119 section 4, 733, 366.  3 Office expenses in the 119 section 4, 733, 366.  4 Other described in 4, 734, 735.  5 Other (ii) in 119 section described in 4, 733, 366.  5 Other (ii) in 119 section described in 4, 733, 366.  5 Other (iii) in 119 section described in 4, 733, 366.  5 Other (iii) in 119 section described in 4, 733, 366.  5 Other				and the second s	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   NONE	and domestic governments. See Part IV, line 21	NONE			
Transmission and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	2 Grants and other assistance to domestic				
Section   Section   Comparison   Compariso	individuals. See Part IV, line 22	8,407,867.	8,407,867.		
NONE	3 Grants and other assistance to foreign				
Benefits paid to or for members   NONE	, ,			the state of the s	
Compensation of current officers, directors, trustees, and key employees   1,622,559.   632,386.   990,173.	foreign individuals. See Part IV, lines 15 and 16				
### Compensation not included above to disqualified persons (se defined under section 4956((1))) and persons (se defined under section 4956((1))) and persons (settined in settined in settine	4 Benefits paid to or for members	NONE		ten neck, a deciden i delib	
6 Compensation not included above to disqualified persons (set defined under section 4958(n(1)) and persons described in section 401 (k) and 4005(b) employer contributions (include section 401 (k) and 4005(b) employer contributions)  9 Other employee benefits	5 Compensation of current officers, directors,				
persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8).  7 Other salaries and wages.  8 Pansion plan accruais and contributions (include section 40()) and 405() employer contributions 9  9 Other employee benefits.  1, 733, 288.  1, 599, 167.  122, 597.  11, 55  15 Payroll taxes.  8, 697, 315.  7, 946, 576.  694, 205.  56, 55  7, 946, 576.  694, 205.  694, 20	trustees, and key employees	1,622,559.	632,386.	990,173.	
Persons described in section 4968(c)(3)(8)   NONE	6 Compensation not included above to disqualified				
7 Other salaries and wages (65,837,063. 60,778,710. 4,626,940. 431,41 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits (8,697,315. 7,946,576. 694,205. 56,5 10 Payroll taxes (8,697,315. 7,946,576. 694,205. 56,5 11 Fees for services (nonemployees): a Management (9,000 (1)	, , ,				
Pension plan accruals and contributions (include section 401(8) and 403(b) employer contributions)					
section 401(k) and 403(b) employer contributions)  9 Other employee benefits	7 Other salaries and wages				431,413.
9 Other employee benefits	8 Pension plan accruals and contributions (include	1,733,288.	1,599,167.	122,597.	11,524.
10   Payroll taxes	section 401(k) and 403(b) employer contributions)				
11   Fees for services (nonemployees):   a   Management	9 Other employee benefits				56,534.
11   Fees for services (nonemployees):   a   Management	10 Payroll taxes	8,104,416.	7,364,158.	687,948.	52,310.
b Legal				!	
b Legal	a Management	NONE			
NONE   Professional fundraising services. See Part IV. line 17.   NONE	1	405,847.	196,755.	209,092.	
e Professional fundraising services. See Part IV. line 17.  f Investment management fees	c Accounting	167,225.		167,225.	
F   Investment management fees   NONE	d Lobbying	NONE			
9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	e Professional fundraising services. See Part IV, line 17.	NONE		i i i king	
(A), amount, list line 11g expenses on Schedule O.)  4,733,366. 3,598,449. 1,089,934. 44,98  Advertising and promotion  3,664,106. 2,972,314. 572,602. 119,19  110 Office expenses  3,664,106. 2,972,314. 572,602. 119,19  110 Information technology.  NONE  110 Occupancy  NONE  111 Occupancy  NONE  111 Occupancy  NONE  111 Occupancy  NONE  112 Agreements of travel or entertainment expenses for any federal, state, or local public officials  112 Conferences, conventions, and meetings  112 Agreements to affiliates  NONE  113 Office expenses  NONE  11485,625. 1,409,531. 74,165. 1,92  115 Occupancy  NONE  116 Occupancy  NONE  117 Travel  117 Travel  118 Payments of travel or entertainment expenses for any federal, state, or local public officials  NONE  118 Payments of firavel or entertainment expenses for any federal, state, or local public officials  NONE  118 Payments to affiliates  NONE  120 Depreciation, depletion, and amortization  201 Interest  NONE  202 Depreciation, depletion, and amortization  2,521,265. 2,245,033. 271,834. 4,33  206,333.  108 Depreciation, depletion, and amortization  2,521,265. 2,245,033. 271,834. 4,33  207,019 Occupancy  119,19	f Investment management fees	NONE			
12 Advertising and promotion   NONE   3,664,106.   2,972,314.   572,602.   119,19	g Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A), amount, list line 11g expenses on Schedule O.)	4,733,366.	3,598,449.	1,089,934.	44,983.
14	12 Advertising and promotion	NONE			
15   Royalties   NONE	13 Office expenses	3,664,106.	2,972,314.	572,602.	119,190.
16 Occupancy	14 Information technology	NONE			
17   Travel	15 Royalties	NONE			
17   Travel   1,485,625   1,409,531   74,165   1,92     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   1,24     20   Interest   206,333   206,333   206,333     21   Payments to affiliates   NONE     22   Depreciation, depletion, and amortization   2,521,265   2,245,033   271,834   4,33     23   Insurance   2,286,076   1,642,860   641,211   2,00     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   1,084,315   818,048   261,063   5,20     b   BAD DEBT EXPENSES   722,807   722,807   NONE   NONE     c   DUES, LICENSES, PERMITS   176,972   98,091   77,282   1,55     d   MISCELLANEOUS EXPENSES   769,203   327,019   440,685   1,49     e   All other expenses   1 through 24e   122,262,572   108,855,205   12,625,545   781,82     25   Total functional expenses. Add lines 1 through 24e   122,262,572   108,855,205   12,625,545   781,82     26   Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	16 Occupancy	8,518,358.	7,259,189.	1,211,180.	47,989.
for any federal, state, or local public officials  19 Conferences, conventions, and meetings		1,485,625.	1,409,531.	74,165.	1,929.
19 Conferences, conventions, and meetings	18 Payments of travel or entertainment expenses				
20   Interest	for any federal, state, or local public officials				
Payments to affiliates	19 Conferences, conventions, and meetings	1,118,566.	836,245.	281,076.	1,245.
22 Depreciation, depletion, and amortization   2,521,265.   2,245,033.   271,834.   4,392     23 Insurance   2,286,076.   1,642,860.   641,211.   2,000     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.   1,084,315.   818,048.   261,063.   5,200     b BAD DEBT EXPENSES   722,807.   722,807.   NONE   NONE     c DUES, LICENSES, PERMITS   176,972.   98,091.   77,282.   1,500     d MISCELLANEOUS EXPENSES   769,203.   327,019.   440,685.   1,400     e All other expenses   10,000     c DUES of the control of the control of the organization reported in column (B) joint costs from a combined educational campaign and   122,262,572.   108,855,205.   12,625,545.   781,820     c DUES of the costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and   122,262,572.   108,855,205.   12,625,545.   12,625,5	20 Interest	206,333.		206,333.	
2,286,076.   1,642,860.   641,211.   2,000	21 Payments to affiliates	NONE			
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.  b BAD DEBT EXPENSES  C DUES, LICENSES, PERMITS  d MISCELLANEOUS EXPENSES  All other expenses  All other expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and	22 Depreciation, depletion, and amortization	2,521,265.	2,245,033.	271,834.	4,398.
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.  b BAD DEBT EXPENSES  c DUES, LICENSES, PERMITS  d MISCELLANEOUS EXPENSES  e All other expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and	23 Insurance	2,286,076.	1,642,860.	641,211.	2,005.
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. b BAD DEBT EXPENSES c DUES, LICENSES, PERMITS d MISCELLANEOUS EXPENSES e All other expenses  25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and			1		
(A), amount, list line 24e expenses on Schedule O.)  a EQUIPMENT REPAIRS/MAINT.	<u> </u>				
a EQUIPMENT REPAIRS/MAINT. b BAD DEBT EXPENSES 722,807. 722,807. NONE c DUES, LICENSES, PERMITS 176,972. 98,091. 77,282. 1,59 d MISCELLANEOUS EXPENSES 769,203. 327,019. 440,685. 1,49 e All other expenses  25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	line 24e amount exceeds 10% of line 25, column			two sections of the party	
b BAD DEBT EXPENSES 722,807. 722,807. NONE NO. C DUES, LICENSES, PERMITS 176,972. 98,091. 77,282. 1,59 d MISCELLANEOUS EXPENSES 769,203. 327,019. 440,685. 1,49 e All other expenses  25 Total functional expenses. Add lines 1 through 24e 122,262,572. 108,855,205. 12,625,545. 781,82 from a combined educational campaign and	(A), amount, list line 24e expenses on Schedule O.)	and the second			
c DUES, LICENSES, PERMITS d MISCELLANEOUS EXPENSES e All other expenses  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	a EQUIPMENT REPAIRS/MAINT.	1,084,315.	818,048.	261,063.	5,204.
d MISCELLANEOUS EXPENSES 769,203. 327,019. 440,685. 1,49 e All other expenses  25 Total functional expenses. Add lines 1 through 24e 122,262,572. 108,855,205. 12,625,545. 781,82  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	b BAD DEBT EXPENSES	722,807.	722,807.		NONE
e All other expenses  Total functional expenses. Add lines 1 through 24e 122,262,572. 108,855,205. 12,625,545. 781,82  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	c DUES, LICENSES, PERMITS		98,091.	77,282.	1,599.
25 Total functional expenses. Add lines 1 through 24e 122,262,572. 108,855,205. 12,625,545. 781,82  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	d MISCELLANEOUS EXPENSES	769,203.	327,019.	440,685.	1,499.
25 Total functional expenses. Add lines 1 through 24e 122,262,572. 108,855,205. 12,625,545. 781,82  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	e All other expenses				
organization reported in column (B) joint costs from a combined educational campaign and		122,262,572.	108,855,205.	12,625,545.	781,822.
following SOP 98-2 (ASC 958-720)	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

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7 011111 00	70 (2021)					
Part						
	Check if Schedule O contains a response or note to any line in this Part XI				• • •	<u>. X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>965</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>572</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u> 393</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>749</u> .
5	Net unrealized gains (losses) on investments	5		3 <u>, 1</u>	<u>75,</u>	<u>688</u> .
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		<u>3,1</u>	<u>46,</u>	<u>954</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_	_		
	32, column (B))	10		0,0	<u>73,</u>	<u>910</u> .
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	olain	on			
	Schedule O.		- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	<u> </u>	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:				1	
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	na			, v
	separate basis, consolidated basis, or both:		ľ			
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.		İ			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in	the			
	Single Audit Act and OMB Circular A-133?		٠. ١	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .	<u>··</u>	3b	X	
				Form	990	(2021)

Page 2

Pai	t II Support Schedule for Orga (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 t	the organizatio	n failed to qua		
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	<u> </u>	······································		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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				<u> </u>			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				A. J.			
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support	L	<u> </u>	L	<u>. I </u>	<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7 8	Amounts from line 4							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	ee instructions) .				12		
13	First 5 years. If the Form 990 is for organization, check this box and stop here							
Sec	tion C. Computation of Public Sup		<del></del>			г г		
14	Public support percentage for 2021 (li						<u>%</u>	
15	Public support percentage from 2020						<u>%</u>	
16a	33 1/3% support test - 2021. If the org							
	box and <b>stop here.</b> The organization qu							
a	33 1/3 % support test - 2020. If the org this box and stop here. The organization							
172	10%-facts-and-circumstances test - 2	•		_				
11a			•		•			
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported							
	organization							
b	10%-facts-and-circumstances test - 2							
	15 is 10% or more, and if the organiz							
	in Part VI how the organization meets	the facts-and	-circumstances t	test. The organ	ization qualifies	as a publicly s	upported	
18	organization	n did not chec	k a box on line	e 13, 16a, 16b	o, 17a, or 17b,	check this box	and see	
	instructions						▶ ∟	
						Schedule	A (Form 990) 2021	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's gove	rning
	documents? If "No," describe in Part VI how the supported organizations are designated. If designate	d by
	class or purpose, describe the designation. If historic and continuing relationship, explain.	

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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9c		
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10b		2024

Page 4

Yes No

P	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizatio	ns					
1	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 organi	izations	must complete Section	ons A through E.				
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						
	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):							
	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
	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						
	Multiply line 5 by 0.035.	6						
	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	ction 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						
	Enter greater of line 2 or line 3.	4						
	Income tax imposed in prior year	5						
	Distributable Amount. Subtract line 5 from line 4, unless subject to	11						
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting	organization				
	(see instructions).		i ypo iii suppoi uiig	o. garnzation				

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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

RISING GROUND, INC.

Employer identification number
13-1860451

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 Type of contribution **Total contributions** 1 N/AХ Person **Payroll** 8,000,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person **Payroll** 277,749. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 N/A Person **Payroll** 97,500. Noncash (Complete Part II for noncash contributions.) (a) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 4 N/A Person **Payroll** 92,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 5 Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Name of organization

Employer identification number RISING GROUND, INC. 13-1860451

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
13	N/A	\$40,000.	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					
14	N/A	\$ 44,600.	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					
15	N/A	\$33,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
16	N/A	\$32,284	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	\$20,000.	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	N/A	\$ 25,606. 	Person Payroll Noncash  (Complete Part II for noncash contributions.)					

Name of organization
RISING GROUND, INC.

Employer identification number 13-1860451

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Part I	Contributors (See	mstructions).	Use duplicate copies of Part I if additional space is	s needed.
CONTRACTOR CONTRACTOR		,	, , , , , , , , , , , , , , , , , , , ,	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	N/A	- \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	N/A	- - \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29	N/A	- - \$6,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30	N/A	\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

 Schedule B (Form 990) (2021)
 Page 2

Name of organization

RISING GROUND, INC.

Employer identification number
13-1860451

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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
37	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
38	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
39_	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
40	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
41_	N/A	\$ 5,500.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	N/A	\$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

RISING GROUND, INC. 13-1860451

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 50 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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

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RISING	GROUND	TNC.

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Pa	art III Organizations Maintain	ing Collections of	Art, Histo	orical Tre	easure	s, or	Other	Similar /	Assets (d	continu	ıed)	
3												
	collection items (check all that apply):											
а	a Public exhibition d Loan or exchange program											
b												
C	Preservation for future gene	erations			<del></del>							
4	Provide a description of the orga	nization's collection	s and expl	ain how	they fur	rther	the or	ganization	's exemp	t purpo	ose in	Part
	XIII.		•		·			•				
5	During the year, did the organizati	on solicit or receive	donations o	of art, hist	orical tr	easu	res, or	other simi	lar			
	assets to be sold to raise funds rat	her than to be maint	ained as pa	art of the	organiza	ation	's collec	ction?	Г	Ye	s	No
Pa	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.											
1 a	Is the organization an agent, trus								ets not			
	included on Form 990, Part X?								[	Ye	s	No
b	If "Yes," explain the arrangement	in Part XIII and com	plete the fo	llowing tal	ble:				_			_
									Amount			
C	Beginning balance					1c						
d	Additions during the year					1d				···		
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow	or cu	stodial	account lia	bility?	Yes	3	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the ex	xplanation	has be	en pr	ovided	on Part XII	I			
Ра	rt V Endowment Funds.											
	Complete if the organiza	ation answered "Ye	es" on For	m 990, F	Part IV,	line	10.					
		(a) Current year	(b) Prio	r year	(c) Two	o year	s back	(d) Three y	ears back	<b>(e)</b> Fou	ır years	back
1a	Beginning of year balance	2,361,096.	2,36	61,096.	2,3	361,0	96.	2,36	1,096.	2	,361,0	96.
b	Contributions											
С	Net investment earnings, gains,											
	and losses	30,789.	:	18,456.		47,0	00.	2	25,821.		35,9	958.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	30,789.		18,456.		47,0	00.	2	25,821.		35,9	958.
f	Administrative expenses											
g	End of year balance	2,361,096.	2,36	51,096.	2,3	61,0	96.	2,36	1,096.	2	,361,0	96.
2	Provide the estimated percentage	of the current year	end balance	e (line 1a.	column	(a)) l	held as			***************************************		
а	Board designated or quasi-endown	nent ▶	%	· ( 1.g,		(-//						
b	Permanent endowment ▶ 100.0	000 %	<del></del>									
С	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a	ind 2c should equal 1	100%.									
3 a	Are there endowment funds not in	the possession of th	ne organiza	tion that	are helo	and	admin	istered for	the			
	organization by:										Yes	No
	(i) Unrelated organizations		<b></b> .							3a(i)		X
	(ii) Related organizations			. <b></b> .						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as require	d on Sch	edule R1	?				3b		
4	Describe in Part XIII the intended u		tion's endov	vment fur	nds.							
Pa	t VI Land, Buildings, and Equ	ipment.	!!	000 [	>+ D.(	12	44 - 0		000 5			
	Complete if the organization of property	(a) Cost or		m 990, F (b) Cost o				umulated				<u></u>
		(invest		(ot	her)	515		ciation	(u)	Book v	alue	
1a	Land					$\Box$						
b	Buildings			21,3	87,33	1.	12,30	04,122.		9,08	33,20	09.
С	Leasehold improvements			8,3	56,28			11,398.		1,31	L4,88	86.
d	Equipment			10,8	33,052	2.	10,70	3,379.		12	29,6	73.
	Other				53,51		14	19,269.			4,2	45.
Total	. Add lines 1a through 1e. <i>(Column</i>	(d) must equal Forn	1990, Part 2	X, column	(B), line	∋ 10c	:)	▶		10,53	32,01	13.

Schedule D (Form 990) 2021

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
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:	<u> </u>						
	Net unrealized gains (losses) on investments							
a	Donated services and use of facilities							
b	Bottatod Cott 1000 atta accountace 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.							
C C	Recoveries of prior year grants	and the same						
d 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:							
	Investment expenses not included on Form 990, Part VIII, line 7b							
	Other (Describe in Part XIII.)	ĺ						
	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								
***************************************	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:							
	Donated services and use of facilities							
	Prior year adjustments							
	Other losses							
	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 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.)	11						
	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.							
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, ation	line 4; Part X, line					
SEE S	SUPPLEMENTAL PAGE							
***************************************								
~								

## SCHEDULE G (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

	enue Service		so to www.irs.gov/rorm	1990 for inst	ructions and	the latest information		Inspection	
	e organization	T310					Employer identification		
Charles and the same of the sa		INC. ng Activities. Comp	olete if the organ	ization ar	ewored "	Ves" on Form 0	13-186045		
Part I		EZ filers are not re	-			res on Form 9:	90, Part IV, line I	1.	
1 Ind	<del></del>	the organization rai				activities Check	all that apply		
a	Mail solicita	_	e		_	non-government g			
ъ <u> </u>	7	l email solicitations	f			government grant			
c									
d	In-person se		5			ionig overne			
2a Dio	- •	tion have a written o	r oral agreement v	with any in	dividual (in	cluding officers d	lirectors trustees		
		s listed in Form 990						Yes No	
b If "	Yes," list the	10 highest paid indi	viduals or entities	(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be	
cor	npensated at	least \$5,000 by the	organization.					•	
				<del></del>			<b>Y</b>	<b></b>	
6	i) Name and add	ress of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to	
· ·	or entity (fu		(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization	
					,		col. (i)	0.94.1124.101.	
1				Yes	No				
•									
2									
-									
3				<b>†</b>					
4									
5									
6									
7									
8				<del> </del>					
0									
9									
-									
10									
Total	<u> </u>				▶				
		which the organizat	ion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from	
reg	istration or lic	ensing.							
	· · · · · · · · · · · · · · · · · · ·					<del></del>			
		***************************************							
					·····			***************************************	
***************************************									
				-					

Sched	, 1.2.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	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?	_ No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	<u>%</u>
b	An outside facility	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	records.	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	T No
h	revenue?	NO
b	amount of gaming revenue retained by the third party  \$\Bigs\  \bigs\	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
10	Garring manager miormation.	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Divertor/officer Divertor	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	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	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).	
	(222 23.20.10).	

Schedule G (Form 990 or 990-EZ) 2021

# Part III Can be duplicated if additional space is needed. RISING GROUND, INC. 13-1860451 13-1860451 13-1860451 13-1860451

(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.					
<b>2</b> F∞D	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.	B∞K 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.

 Schedule J (Form 990) 2021
 RISING GROUND, INC.
 13-1860451
 Page 2

#### 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

			nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ALAN E. MUCATEL	(i)	320,698.	NONE	NONE	11,535.	12,346.	344,579.	NONE
1 CHIEF EXECUTIVE OFFIC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELLIOT HAGLER	(i)	254,524.	NONE	NONE	NONE	12,252.	266,776.	NONE
2 CHIEF FINANCIAL OFFIC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELISE S. ZEALAND	(i)	229,947.	NONE	NONE	9,360.	12,346.	251,653.	NONE
3 GENERAL COUNSEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BELINDA M. CONWAY	(i)	215,336.	NONE	NONE	8,069.	12,346.	235,751.	NONE
4 EXECUTIVE VICE PRESID	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HERMAN DALY	(i)	199,084.	NONE	NONE	8,000.	NONE	207,084.	NONE
5 EXECUTIVE VICE PRESID	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN SAMPOGNA	(i)	192,951.	NONE	NONE	7,629.	12,086.	212,666.	NONE
6 EXECUTIVE VICE PRESID	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANGELA RUTH WHITE	(i)	191,025.	NONE	NONE	7,600.	93.	198,718.	NONE
7 EXECUTIVE VICE PRESID	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARSHA AUSTIN	(i)	236,629.	NONE	NONE	9,521.	12,252.	258,402.	NONE
8 PSYCHIATRIST	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JACQUELINE E. CALLEJAS	(i)	174,778.	NONE	NONE	5,340.	9,148.	189,266.	NONE
9 PSYCHIATRIST	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
YEZID G. ACOSTA	(i)	171,091.	NONE	NONE	3,528.	10,240.	184,859.	NONE
10 CHIEF INFORMATION OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CARLTON MITCHELL	(i)	173,726.	NONE	NONE	6,441.	9,148.	189,315.	NONE
11 SENIOR VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RYAN GAROFALO	(i)	166,237.	NONE	NONE	6,640.	NONE	172,877.	NONE
12 SENIOR VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
13	(ii)							
	(i)							************
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							edule J (Form 990) 2021

Schedule J (Form 990) 2021

Schedule K (Form 990) 2021 Page **2** 

Pa	Till Private Business Use								
Name of Street, or other Persons			Α		В		С		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		Х				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		Х				
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х		Х				
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?		Х		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?				<u> </u>				
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?		Х		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?		Х		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	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				1 1		1 1		
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		Х					
Pai	t IV Arbitrage								
			Α		В		С	D	)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х				
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?		Х		Х				
b	Exception to rebate?		Х		Х				
	No rebate due?		Х		Х				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
	Is the bond issue a variable rate issue?								

Schedule K (Form 990) 2021

#### 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
2021
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.

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 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 FMILY 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

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

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	Employer identification number
RISING GROUND, INC.	13-1860451

RISING GROUND, INC.	13-186	50451
FORM 990, PART VII-COMPENSATION OF THE 5 HIG		
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.

Schedule R (Form 990) 2021 RISING GROUND, INC.					13-1860451							
Part III Identification of Rel because it had one of						answered "Yes	" on	Forn	n 990, Part IV	line	34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(b) (c) Legal Direct controlling domicile (state or )  (c) Legal Direct controlling entity unrelated, expelled efform of controlling (state or )		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	x 20 menaging K-1 partner? 5)		(k) Percentage ownership					
							Yes	No	<u> </u>	Yes	Yes No	
(1)												
(2)												
(3)	-											
(4)										П		
(5)										П		
(6)												
(7)							<u> </u>	<u> </u>		$\Box$		***************************************

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. Part IV

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

 Schedule R (Form 990) 2021
 RISING GROUND, INC.
 13-1860451
 Page 4

#### 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	(d) Predominant come (related, elated, excluded om tax under ions 512 - 514)  (e) (fo) Are ell pathers section 501(c)(3) organizations? Yes No		(f) Share of total income	(f) (g) Share of Share of end-of-year assets		h) ortionate ations?	(i) CodeV - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
_(1)	_			ĺ									
(2)	_												
(3)													
(4)	_												
(5)	_			-				-					
(6)													
(7)		***************************************		_									
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Schedule R (Form 990) 2021

### Form 8879-TE

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

RISING GROUND, INC.

EIN or SSN

13-1860451

Name	and	title	of	officer	or	pers	on	subjec	et to
								-	

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 ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 129310965.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)
3a Form 1120-POL check here . ▶ b Total tax (Form 1120-POL, line 22)
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part V, line 5) 4b
5a Form 8868 check here ▶ b Balance due (Form 8868, line 3c)
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)
10a Form 8038-CP check here 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 X I am an officer of the above entity or I I am a person subject to tax with respect to (name
of entity) 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
X   authorize BDO USA, LLP to enter my PIN 2 6 2 7 3 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 PIM an the leturn's disclosure consent screen.
Signature of officer or person subject to tax ▶ 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.
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 Retuit
ERO's signature ▶ 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)