Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

AF	or tn	1e 202	2 calendar year, or tax year begir	nning 07/01/202	22	and endin	<u>g</u>		06/3	0/2023	
Во	heck if ap	nnlicable:	C Name of organization					D Employer ide	ntificati	on number	
_	Addre		RISING GROUND, INC.								
	chang		Doing Business As						1860	451	
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address	3)	Room/suite	- 1'	E Telephone nu	ımber		
	Initial	l return	151 LAWRENCE STREET,	(914)375-8717							
	→	inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amer returr	n	BROOKLYN, NY 11201					G Gross receipt			736.
	Applie	cation ing	F Name and address of principal officer:	ALAN E. MUCAT	CEL			H(a) Is this a grou subordinates?		or Yes	s X No
			151 LAWRENCE STREET,	5TH FLOOR, BROO	OKLYN, N	Y 11201		H(b) Are all subordi	nates includ	ed? Yes	s No
<u></u>	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) o	r 527	7	If "No," attac	n a list. (s	ee instructions)	,
J	Websi	ite: 🕨	WWW.RISINGGROUND.ORG				ŀ	(c) Group exemp	tion numb	oer 🕨	
K	Form	of organ	ization: X Corporation Trust	Association Other		L Year of	formatio	n: 1831 M :	State of	legal domicil	e: NY
P	art I	Sui	mmary								
	1	Briefly	describe the organization's mission o	r most significant activities	: RISIN	G GROUNI	o_IS_	DEDICATEI	TO	SUPPORT	ring
e		CHII	LDREN, ADULTS, AND FAMIL	LIES. WORKING TO	GETHER,	WE CREA	ATE S	TRONG			
Governance		FOUI	NDATIONS FOR SUCCESS.								
veri	2	Check	this box 🕨 🔙 if the organization d	iscontinued its operations	s or disposed	d of more tha	ın 25% c	of its net assets			
ô	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		20
حة س	4		er of independent voting members of t						4		20
Ţ.	5		number of individuals employed in cale						5		1,902
Activities &	6		number of volunteers (estimate if necess						6		50
Ă	7a	Total	unrelated business revenue from Part V						7a		NONE
			nrelated business taxable income from						7b		NONE
								Prior Year		Current '	Year
ø,	8	Contri	butions and grants (Part VIII, line 1h)			9,744,72	3.	11,36	3,169.		
nue	9	Progra	am service revenue (Part VIII, line 2g)		COPY	-	11	L8,544,83	8.	150,84	8,255.
Revenue	10		ment income (Part VIII, column (A), line		PUBLIC IN	SPECTION		990,38			9,103.
œ	11		revenue (Part VIII, column (A), lines 5,					31,01	_		7,527.
	12		revenue - add lines 8 through 11 (must				12	29,310,96	_	215,62	
	13		s and similar amounts paid (Part IX, colu					8,407,86			1,595.
	14		its paid to or for members (Part IX, colu						NE	· · · · · ·	NONE
s	15		es, other compensation, employee bene				8	35,994,64		106,86	
Expenses	16a		ssional fundraising fees (Part IX, column						NE	, , , , , , ,	NONE
<u>e</u>	b		fundraising expenses (Part IX, column (I								
û	17		expenses (Part IX, column (A), lines 11					27,860,06	4.	35.38	9,366.
	18		expenses. Add lines 13-17 (must equal					22,262,57		154,42	
	19		nue less expenses. Subtract line 18 from					7,048,39			1,936.
or			is in the second s		<u> </u>		Beginni	ing of Current Y		End of Y	
ets	20	Total :	assets (Part X, line 16)				- 8		5.	101,57	2.506.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					78,291,43			7,679.
E e	22		ssets or fund balances. Subtract line 21	from line 20				5,073,91	_		4,827.
	rt II		gnature Block					3,0,0,7	••	32,75	
			of perjury, I declare that I have examined th	is return, including accompa	anying schedul	les and statem	nents, an	d to the best of	my kno	wledge and	belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	n officer) is based on all inform	nátion of whic	h preparer has	s any kno	wledge.			
Sig	jn		Signature of officer					Date			
He	re										
			Type or print name and title								
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTI	N	
Paid	t	PAUI	L HAMMERSCHMIDT	PAUL HAMMERSCH	TUTMI	03/14	/2024		.	138417	8
	parer	Eirm's	sname ► BDO USA	111011 IIAIIIIIIIOCI		1 03/14		Firm's EIN	1 - 0	5381590	
Use	Only			TH FLOOR NEW YORK, NY	10166			Phone no.		1-885-80	
May	/ the I		cuss this return with the preparer show					HOHE HU.		X Yes	No
			Reduction Act Notice, see the separat	,	<i>,</i>			<u> </u>		_	90 (2022)
. 01	. apc	WUIK	nouvolion Act Nolles, see life separat							1 01111 9	 (∠∪∠∠)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$71,383,781. including grants of \$10,075,987.) (Revenue \$80,363,162.)
	SEE SCHEDULE O
_	
4b	(Code:) (Expenses \$21,879,849 including grants of \$419,945) (Revenue \$25,023,293)
	DEVELOPMENTAL DISABILITIES - OUR INTELLECTUAL/DEVELOPMENTAL DISABILITIES SERVICES INCLUDE COMMUNITY BASED PROGRAMS SUCH AS
	COMMUNITY RESIDENCES AND SUPPORTED APARTMENTS, PREVOCATIONAL
	SERVICES, AND MEDICAID SERVICE COORDINATION FOR BOTH CHILDREN AND
	ADULTS. OUR SUPPORTIVE CLINICAL PRACTICES ADDRESS THE ASSOCIATED
	EMOTIONAL, BEHAVIORAL AND PSYCHOLOGICAL ISSUES/DISORDERS IN ORDER
	TO ASSIST OUR CONSUMERS TO LIVE MORE FULFILLING LIVES.
4c	(Code:) (Expenses \$19,281,559. including grants of \$802,749.) (Revenue \$21,048,944.)
	SEE SCHEDULE O
4d	Other program services (Describe on Schedule O.)
1-	(Expenses \$ 23,957,280. including grants of \$ 872,914.) (Revenue \$ 24,412,856.) Total program service expenses 136,502,469.
+ €	TOTAL PROGRAM SCIVICE CAPCINCS 150,504,409.

Form 990 (2022)

Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	21	
• • •	VII, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		110	v	
h	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	445		3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	'	21	
	If "Yes," complete Schedule G, Part III	19		Х
20.5	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
JSA			900	(2022)
2E1021	1.000 7810PW 702V 03/08/2024 11:40:43		990 6	(2022)
		,	•	

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		Х
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		- 21
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		256		77
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	20		37
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		37
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	37	X
29	•	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		3.7
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		X
32		22		37
22	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	37	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	X	
34	or IV, and Part V, line 1	24	v	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa	Λ	
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330	Λ	
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		
30	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		50	21	<u> </u>
ı art	Check if Schedule O contains a response or note to any line in this Part V			
	C. C		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c	X	
ISA	rependence gamming (gamming) to prize minister.	. •	222	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,902			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	:		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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	4.5		7.7
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

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Form 990 (2022) RISING GROUND, INC. Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
ıa	If there are material differences in voting rights among members of the governing body, or		20			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		_X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other	person	?	3		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect o	appoint	_		
	one or more members of the governing body?			7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:			8a	Х	
a	The governing body?			8b	X	
b	Each committee with authority to act on behalf of the governing body?			0.0	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte				.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•	-	40-	3.5	
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for the process		- 1			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official			15a	х	
a b	Other officers or key employees of the organization			15b		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeg	guard the			
	organization's exempt status with respect to such arrangements?			16b		
Sect	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable)		and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		- 01			
	X Own website Another's website X Upon request Other (explain on So		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict of	inter	est p	olicy,
00	and financial statements available to the public during the tax year.			_		
20	State the name, address, and telephone number of the person who possesses the organization's ELLIOT HAGLER, CPA, CFO, 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN,			S		
	Brookbuy					

914-375-8717

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

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle	Pos heck ss pe	rson	e than or trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			Ф			ated				
(1) ALAN E. MUCATEL CHIEF EXECUTIVE OFFICER	33.00			Х				383,740.	NONE	29,405.
(2) ELLIOT HAGLER	33.00									
CHIEF FINANCIAL OFFICER	2.00			Х				268,958.	NONE	16,260.
(3) MARSHA AUSTIN	30.00									
PSYCHIATRIST	NONE					X		236,386.	NONE	25,715.
(4) SUSAN SAMPOGNA	35.00									
EXECUTIVE VICE PRESIDENT	NONE				X			204,975.	NONE	24,395.
(5) LISSA M. SOUTHERLAND	35.00									
EXECUTIVE VICE PRESIDENT	NONE				X			225,037.	NONE	3,988.
(6) HERMAN DALY	35.00							011 405		0.044
EXECUTIVE VICE PRESIDENT	NONE				X			211,487.	NONE	8,244.
(7) CARLTON MITCHELL	35.00							100 000		10 004
SENIOR VICE PRESIDENT	NONE					X		180,839.	NONE	19,204.
(8) ANGELA RUTH WHITE	35.00				7.7			101 004	11011	7 700
EXECUTIVE VICE PRESIDENT	NONE				X			191,024.	NONE	7,702.
(9) YEZID G. ACOSTA	35.00					3.7		170 020	NONE	17 220
CHIEF INFORMATION OFFICER	NONE					X		179,939.	NONE	17,329.
(10) DIANA G. AMADO	35.00					. v		172 000	NONE	22 070
SENIOR VICE PRESIDENT (11) JACQUELINE E. CALLEJAS	35.00					X		172,898.	NONE	22,878.
PSYCHIATRIST	NONE					X		172,098.	NONE	18,426.
(12) LAURA GROSSFIELD BIRGER	33.00							172,090.	NONE	10,420.
GENERAL COUNSEL	2.00	-			x			160,019.	NONE	2,548.
(13) MATT DEL PERCIO	1.00							100,019.	140145	2,510.
PRESIDENT	1.00	X		x				NONE	NONE	NONE
(14) JOSE M. JARA	1.00							1.0112	110112	1.0112
- <u>A / ' ' '</u>		4	1	1	1	I	1	1	l .	l .

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an						compensation	compensation from	amount of
	week (list any hours for	1		id a director/trustee)				from the	related organizations	other compensation
	related			-				organization	(W-2/1099-MISC)	from the
	organizations	livid	i i i	Officer	y en	hes	Former	(W-2/1099-MISC)	, , , , , , ,	organization
	below dotted line)	Individual trustee or director	tion	.	Key employee	st co /ee	~			and related organizations
	illie)	trust	声		yee	mpe				organizations
		ee	Institutional trustee			Highest compensated employee				
			0			ted				
15) ALLEN WAXMAN	1.00									
VICE PRESIDENT	1.00	Х		Х				NONE	NONE	NON
16) CAROL CHEN	1.00									
TREASURER	1.00	X		Х				NONE	NONE	NON
17) BRIGETTE MCLEOD-WILLIAMS	1.00									
SECRETARY	1.00	X		Х				NONE	NONE	NON
18) G. CROSSAN SEYBOLT, JR.	1.00									
SECRETARY (THRU 6/20/23)	1.00	X		Х				NONE	NONE	NON
19) MARGERY E. AMES	1.00									
DIRECTOR	1.00	X						NONE	NONE	NON
20) SUSAN S. BENEDICT	1.00									
DIRECTOR	1.00	Х						NONE	NONE	NON
21) JUDITH BENITEZ	1.00									
DIRECTOR	1.00	X						NONE	NONE	NON
22) JOYCE R. COPPIN-MONDESIRE	1.00									
DIRECTOR	1.00	X						NONE	NONE	NON
23) MICHAEL GOLDSTEIN	1.00									
DIRECTOR (THRU 6/20/23)	1.00	X						NONE	NONE	NON:
24) SHARON HARDY	1.00									
DIRECTOR	1.00	X						NONE	NONE	NON:
25) ADANI ILLO	1.00									
DIRECTOR	1.00	X						NONE	NONE	NON:
1b Sub-total							\blacktriangleright	2,587,400.	NONE	196,094
c Total from continuation sheets to Part VII, S							ightharpoons	NONE	NONE	NON:
d Total (add lines 1b and 1c)								2,587,400.	NONE	196,094
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	listed	d ab		٠	o re	ceived more than	\$100,000 of	
Teportable compensation from the organization						76				Yes No
2 Did the organization list only former office	or directo	r 0-	+	oto-	, ,	·0\/ •	mr	lovoo or bighas	t componented	163 140
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the organization and related organizations groups										
individual										4

for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

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

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

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_	c
Page	c

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any	box,	unles	heck ss pe	ition more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
26) JASON KYRWOOD DIRECTOR	1.00 1.00	Х						NONE	NONE	NONE
27) DOROTHY MEHTA DIRECTOR	1.00	Х						NONE	NONE	NONE
28) KAREN MYRIE, M.D. DIRECTOR	1.00	Х						NONE	NONE	NONE
29) ELLEN POLANSKY DIRECTOR 30) MATTHEW PORTER	$\frac{1.00}{1.00}$	Х						NONE	NONE	NONE
DIRECTOR 31) BOB SCHANZ	1.00	Х						NONE	NONE	NONE
DIRECTOR 32) DAVID THEOBALD	1.00	Х						NONE	NONE	NONE
DIRECTOR 33) GRAHAM THOMAS	1.00	Х						NONE	NONE	NONE
DIRECTOR 34) DUNCAN JAMES TURNBULL DIRECTOR	1.00 1.00 1.00	X						NONE NONE		NONE
35) KIM WALKER DIRECTOR (THRU 5/16/23)	1.00	Х						NONE	NONE	NONE
1b Sub-total	Section A	<u> </u>					>			
d Total (add lines 1b and 1c)	<u> </u>			d al	bove	e) who	► o re	eceived more than	\$100,000 of	
reportable compensation from the organizatio 3 Did the organization list any former office		or or	tri	ıcto	0	kov c	mn	Novos or highes	t componented	Yes No
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the 	lule J for su	ch ind	lividu	ual						3 X
organization and related organizations gr	eater than	\$15	0,0	00?	lf	"Yes	3,"	complete Schedu	le J for such	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										

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

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 6

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Part VIII Statement of Revenue

		Check if Schedule (O cc	ontains a i	respor	nse or note to ar	y line in this Part V	/111		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns .			1a					
ant	b	Membership dues			1b					
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events			1c	397,229.				
fts, ir A	d	Related organizations .			1d	21,749.				
ية≓	e	Government grants (con			1e	10,000,000.				
ns, Sir	f	All other contributions, g								
er (-	and similar amounts not inc			1f	944,191.				
ğ	g	Noncash contributions in								
dr	9	lines 1a-1f			1g 5	\$ 33,753.				
a S	h	Total. Add lines 1a-1f					11,363,169.			
		Totali / Ga ili loo Ta Ti I				Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
e	20	CHILD WELFARE				624110	80,363,162.	80,363,162.		
٦ٙ	2a	DEVELOPMENTAL DISABILI	TTES	 S		624110	25,023,293.	25,023,293.		
Se	b	JUVENILE JUSTICE		-		624110	21,048,944.	21,048,944.		
am	C	SPECIAL EDUCATION				624110	10,251,692.	10,251,692.		
Re	d	EARLY CHILDHOOD				624110	7,693,075.	7,693,075.		
Program Service Revenue	e	All other program service				624110	6,468,089.	6,468,089.		
	f g	Total. Add lines 2a-2f					150,848,255.	.,,		
	3	Investment income (in					, ,			
	•	other similar amounts).		•		interest, and	423,331.			423,331.
	4	Income from investment				proceeds	NONE			
	5	Royalties				•	NONE			
				(i) Re		(ii) Personal	-			
	6a	Gross rents	6a							
	b		6b							
	C		6c		NONE	NONE				
	d	Net rental income or (loss					NONE			
	7a	Gross amount from	3) 1	(i) Secu		(ii) Other	-			
		sales of assets		()		. ,				
			7a	12.44	7,381.	55,550,500.				
a	b	Less: cost or other basis	<i>r</i> u		,					
evenue	"		7b	12.18	8,617.	3,053,492.				
š	С		7с		8,764.	52,497,008.				
∝	d	Net gain or (loss)					52,755,772.			52,755,772.
Other										
ŏ	8a	Gross income from events (not including \$ _		397,229.						
		,	rtad							
		of contributions report 1c). See Part IV, line 18				205,100.				
	_ h	Less: direct expenses			T	170,573.				
	b	Net income or (loss) from					34,527.			34,527.
	9a	Gross income from		gaming						
	Ja	activities. See Part IV, line				NONE				
	h	Less: direct expenses			l	NONE				
	b C	Net income or (loss) fro					NONE			
	10a		-	-						
	Jua	Gross sales of inverturns and allowances		•		NONE				
	 	Less: cost of goods sold				NONE				
		Net income or (loss) from			•		NONE			
(0	_					Business Code				
Miscellaneous Revenue	11-	MISCELLANEOUS INCOME				900099	203,000.			203,000.
ane nu	11a									123,230.
elk ve	b									
isc	c d	All other revenue								
Σ	e	Total. Add lines 11a-11d					203,000.			
	12	Total revenue. See instru					215,628,054.	150,848,255.		53,416,630.

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX						
Do	not include amounts reported on lines 6b, 7b,		(B)			
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21	NONE				
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22	12,171,595.	12,171,595.			
3	Grants and other assistance to foreign					
	organizations, foreign governments, and					
	foreign individuals. See Part IV, lines 15 and 16	NONE				
	Benefits paid to or for members	NONE				
5	Compensation of current officers, directors,	1 006 044	657 502	1 140 241		
	trustees, and key employees	1,806,844.	657,503.	1,149,341.		
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE				
7	Other salaries and wages	82,493,804.	75,239,698.	6,803,857.	450,249.	
		1,986,055.	1,802,390.	172,549.	11,116.	
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,002,000	1,2,51,.	11,110.	
9	Other employee benefits	10,879,390.	9,817,846.	1,001,703.	59,841.	
10	Payroll taxes	9,699,064.	8,727,951.	918,001.	53,112.	
	Fees for services (nonemployees):				· · · · · · · · · · · · · · · · · · ·	
	Management	NONE				
	Legal	588,924.	302,300.	286,624.		
	Accounting	206,036.		206,036.		
d	Lobbying	NONE				
е	Professional fundraising services. See Part IV, line 17.	NONE				
f	Investment management fees	NONE				
g	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A), amount, list line 11g expenses on Schedule O.)	6,667,156.	4,793,076.	1,824,517.	49,563.	
12	Advertising and promotion	NONE				
13	Office expenses	4,386,033.	3,359,357.	879,282.	147,394.	
14	Information technology	NONE				
15	Royalties	NONE	11 572 266	1,031,531.	45,836.	
16	Occupancy	12,650,733.	11,573,366.	91,611.	3,662.	
17	Travel	1,930,792.	1,835,519.	91,011.	3,002.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE				
19	Conferences, conventions, and meetings	1,274,020.	1,069,813.	203,057.	1,150.	
20	Interest	199,667.	2700570251	199,667.	= 7 = 3 0 .	
21	Payments to affiliates	NONE		,		
22	Depreciation, depletion, and amortization	1,884,692.	1,550,949.	329,230.	4,513.	
23	Insurance	2,838,968.	2,046,223.	790,468.	2,277.	
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.)					
	EQUIPMENT REPAIRS/MAINT.	1,378,873.	1,068,234.	306,356.	4,283.	
	STAFF RECRUITMENT	521,860.	178,689.	335,633.	7,538.	
	DUES, LICENSES, PERMITS	293,382.	141,034.	144,487.	7,861.	
	MISCELLANEOUS EXPENSES	568,230.	166,926.	401,287.	17.	
	All other expenses	154 406 110	126 500 460	17 075 005	040 410	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	154,426,118.	136,502,469.	17,075,237.	848,412.	
20	organization reported in column (B) joint costs					
	from a combined educational campaign and fundraising solicitation. Check here					
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)					
	3 (3 0 0 0 0)				Form QQ (2022)	

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,230,210.	1	7,402,970.
	2	Savings and temporary cash investments	10,503,334.	2	1,315,850.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	20,822,910.	4	32,806,337.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	2,963,202.	9	731,179.
	_	Land, buildings, and equipment: cost or other			,
		basis. Complete Part VI of Schedule D 10a 43,057,345.			
	h	Less: accumulated depreciation		100	11,080,602.
	11	Investments - publicly traded securities		11	11,971,322.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14		NONE		
		Intangible assets			NONE 36,264,246.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	101,572,506.
	17	Accounts payable and accrued expenses		17	40,334,712.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities		20	1,278,738.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jak		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties		23	6,083,201.
	24	Unsecured notes and loans payable to unrelated third parties	13,414,355.	24	14,148,970.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,301,644.	25	6,742,058.
	26	Total liabilities. Add lines 17 through 25	78,291,435.	26	68,587,679.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	2,427,109.	27	30,623,731.
Ä	28	Net assets with donor restrictions		28	2,361,096.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			,
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ř.	32	Total net assets or fund balances		32	32,984,827.
Š	33	Total liabilities and net assets/fund balances		33	101,572,506.
	00	Total national district additional parameters, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	05,505,545.	JJ	Form 990 (2022)

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Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	5,6	28,	<u>054</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	4,4	26,	<u>118</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	6	1,2	01,	<u>936</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,0	73,	<u>910</u>
5	Net unrealized gains (losses) on investments	5		5	69,	<u>951</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	-3	3,8	60,	<u>970</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	3	2,9	84,	<u>827</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such as	udits .		3b	X	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

RISING GROUND, 13-1860451 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support			,,		,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		. ,	.,	. ,	.,	·
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
	tion C. Computation of Public Supp						
	Public support percentage for 2022 (lin	•					<u>%</u>
15	Public support percentage from 2021 S						%
гьа	331/3% support test - 2022. If the organization gu						
h	box and stop here . The organization qu 331/3% support test - 2021 . If the org						
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2			-			
	10% or more, and if the organization						
	Part VI how the organization meets t					-	-
	organization			-		-	
b	10%-facts-and-circumstances test - 2						, and line
	15 is 10% or more, and if the organiz		•				
	in Part VI how the organization meets					-	
	organization						
18	Private foundation. If the organization						
	instructions						

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

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

04	Section A Rublic Support									
	tion A. Public Support	() 00/0	#1.0040	()0000	(1) 000 (()0000				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees									
	received. (Do not include any "unusual grants.")	1,829,613.	1,708,860.	3,389,372.	9,744,723.	11,363,169.	28,035,737.			
2	Gross receipts from admissions, merchandise									
	sold or services performed, or facilities									
	furnished in any activity that is related to the									
	organization's tax-exempt purpose	101,457,242.	115,591,452.	116,443,485.	118,544,838.	150,848,255.	602,885,272.			
3	Gross receipts from activities that are not an									
	unrelated trade or business under section 513 .						NONE			
4	Tax revenues levied for the									
	organization's benefit and either paid to									
	or expended on its behalf						NONE			
5	The value of services or facilities									
	furnished by a governmental unit to the									
	organization without charge						NONE			
6	Total. Add lines 1 through 5	103,286,855.	117,300,312.	119,832,857.	128,289,561.	162,211,424.	630,921,009.			
	Amounts included on lines 1, 2, and 3									
, u	received from disqualified persons				183,750.	119,253.	303,003.			
b	Amounts included on lines 2 and 3					,				
	received from other than disqualified									
	persons that exceed the greater of \$5,000						NONE			
_	or 1% of the amount on line 13 for the year				183,750.	119,253.	303,003.			
	Add lines 7a and 7b				103,730.	110,200.	303,003.			
							630,618,006.			
	line 6.)						030,010,000.			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
		103,286,855.	117,300,312.	119,832,857.	128,289,561.	162,211,424.	630,921,009.			
9	Amounts from line 6	103,200,033.	111,300,312.	117,032,037.	120,200,301.	102,211,424.	030,521,005.			
10 a	Gross income from interest dividends									
10 a	Gross income from interest, dividends, payments received on securities loans,									
10 a	payments received on securities loans, rents, royalties, and income from similar	220 027	272 022	219 000	242 002	422 221	1 400 212			
	payments received on securities loans, rents, royalties, and income from similar sources	330,037.	272,933.	218,009.	243,903.	423,331.	1,488,213.			
	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less	330,037.	272,933.	218,009.	243,903.	423,331.	1,488,213.			
b	payments received on securities loans, rents, royalties, and income from similar sources	330,037.	272,933.	218,009.	243,903.	423,331.				
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE			
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	330,037.	272,933. 272,933.	218,009.	243,903. 243,903.	423,331. 423,331.				
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business						NONE			
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	330,037.	272,933.	218,009.	243,903.	423,331.	NONE 1,488,213.			
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business						NONE			
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	330,037.	272,933.	218,009.	243,903.	423,331.	NONE 1,488,213.			
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets	330,037. 132,939.	272,933. 114,064.	218,009. NONE	243,903. 31,016.	423,331. 34,527.	NONE 1,488,213. 312,546.			
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	330,037.	272,933.	218,009.	243,903.	423,331.	NONE 1,488,213.			
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11,	330,037. 132,939. 975,517.	272,933. 114,064. 1,209,778.	218,009. NONE 64,000.	243,903. 31,016. NONE	423,331. 34,527. 203,000.	NONE 1,488,213. 312,546.			
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.)	330,037. 132,939. 975,517.	272,933. 114,064. 1,209,778. 118,897,087.	218,009. NONE 64,000.	243,903. 31,016. NONE 128,564,480.	423,331. 34,527. 203,000.	NONE 1,488,213. 312,546. 2,452,295. 635,174,063.			
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for	330,037. 132,939. 975,517. 104,725,348. the organization	272,933. 114,064. 1,209,778. 118,897,087. on's first, second	218,009. NONE 64,000. 120,114,866. I, third, fourth,	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3)			
b c 11 12 13 14	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here.	330,037. 132,939. 975,517. 104,725,348. the organization	272,933. 114,064. 1,209,778. 118,897,087. on's first, second	218,009. NONE 64,000. 120,114,866. I, third, fourth,	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3)			
b c 11 12 13 14	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	330,037. 132,939. 975,517. 104,725,348. the organization	272,933. 114,064. 1,209,778. 118,897,087. on's first, second	218,009. NONE 64,000. 120,114,866. I, third, fourth,	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3)			
b c 11 12 13 14 Sect 15	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supple Public support percentage for 2022 (line 8,	330,037. 132,939. 975,517. 104,725,348. the organization	272,933. 114,064. 1,209,778. 118,897,087. on's first, second	218,009. NONE 64,000. 120,114,866. I, third, fourth,	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3)			
b c 11 12 13 14 Sect 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supper Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche	330,037. 132,939. 975,517. 104,725,348. the organization of Percental of the column (f), dividedule A, Part III, lingual of the column (f), dividedule A, P	272,933. 114,064. 1,209,778. 118,897,087. on's first, second ed by line 13, colure 15	218,009. NONE 64,000. 120,114,866. I, third, fourth,	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3)			
b c 11 12 13 14 Sect 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supple Public support percentage for 2022 (line 8,	330,037. 132,939. 975,517. 104,725,348. the organization of Percental of the column (f), dividedule A, Part III, lingual of the column (f), dividedule A, P	272,933. 114,064. 1,209,778. 118,897,087. on's first, second ed by line 13, colure 15	218,009. NONE 64,000. 120,114,866. I, third, fourth,	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3) 99.28% 99.24%			
b c 11 12 13 14 Sect 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supper Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche	330,037. 132,939. 975,517. 104,725,348. the organization of th	272,933. 114,064. 1,209,778. 118,897,087. on's first, seconcurrence.	218,009. NONE 64,000. 120,114,866. I, third, fourth,	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3)			
b c 11 12 13 14 Sect 15 16 Sect 17	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here. Hon C. Computation of Public Supple Public support percentage for 2022 (line 8, Public support percentage from 2021 Schettion D. Computation of Investment	330,037. 132,939. 975,517. 104,725,348. the organization of th	272,933. 114,064. 1,209,778. 118,897,087. on's first, second ed by line 13, colur e 15 eentage f), divided by line 1	218,009. NONE 64,000. 120,114,866. I, third, fourth, nn (f))	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3) 99.28% 99.24%			
b c 11 12 13 14 Sect 15 16 Sect 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here. Hon C. Computation of Public Supper Public support percentage for 2022 (line 8, Public support percentage from 2021 Schettion D. Computation of Investment Investment income percentage for 2022 (lines)	330,037. 132,939. 975,517. 104,725,348. the organization of th	272,933. 114,064. 1,209,778. 118,897,087. on's first, second ge ed by line 13, colur e 15 entage f), divided by line 1 III, line 17.	218,009. NONE 64,000. 120,114,866. I, third, fourth, nn (f))	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section 15 16	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3) 99.28% 99.24% 0.23% 0.23%			
b c 11 12 13 14 Sect 15 16 Sect 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2022 (line 8, Public support percentage from 2021 Schetion D. Computation of Investment Investment income percentage from 2022 (line Investment income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Investment income percentage from 2021 Schetion D. Computation of Investment Investment income percentage from 2021 Schetion D. Computation of Investment Investment income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation of Investment Income percentage from 2021 Schetion D. Computation D	330,037. 132,939. 975,517. 104,725,348. the organization of the column (f), divided adule A, Part III, ling the loc, column (f) schedule A, Part ganization did n	272,933. 114,064. 1,209,778. 118,897,087. on's first, second ge ed by line 13, colur ie 15 eentage f), divided by line 1 III, line 17 ot check the boo	218,009. NONE 64,000. 120,114,866. I, third, fourth, 3, column (f))	243,903. 31,016. NONE 128,564,480. or fifth tax yea	423,331. 34,527. 203,000. 162,872,282. ar as a section 15 16 17 18 are than 331/3%,	NONE 1,488,213. 312,546. 2,452,295. 635,174,063. 501(c)(3) 99.28% 99.24% 0.23% 0.23% and line			
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Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

			162	INC
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990)</i> .	7		
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).	8		

- 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.
 - 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9a

9b

9c

10a

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in <i>Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	•			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
_		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizations n	nust complete Sectio	ns 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		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	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		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona (see instructions).		ted Type III supporting	g organization

Schedule A (Form 990) 2022

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Current Year						
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(1)	(ii)		(iii)		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III - OTHER INCOME						
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	975,517.	1,209,778.	64,000.	NONE	203,000.	2,452,295.
TOTALS	975,517.	1,209,778.	64,000.	NONE	203,000.	2,452,295.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Name of the organization		Employer identification number
RISING GROUND, INC		13-1860451
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ		
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	a private foundation
	501(c)(3) taxable private foundation	
General Rule X For an organizati or more (in mone	ion filing Form 990, 990-EZ, or 990-PF that received, during the ey or property) from any one contributor. Complete Parts I and I	ne year, contributions totaling \$5,000
contributor's tota Special Rules	I contributions.	
regulations unde 16b, and that red (2) 2% of the am	ion described in section 501(c)(3) filing Form 990 or 990-EZ the rections 509(a)(1) and 170(b)(1)(A)(vi), that checked Scheduceived from any one contributor, during the year, total contribute ount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line ion described in section 501(c)(7), (8), or (10) filing Form 990 or 100	ule A (Form 990), Part II, line 13, 16a, or tions of the greater of (1) \$5,000; or 1. Complete Parts I and II.
contributor, durir literary, or educa	ng the year, total contributions of more than \$1,000 exclusively tional purposes, or for the prevention of cruelty to children or a (b) instead of the contributor name and address), II, and III.	for religious, charitable, scientific,
contributor, durin contributions tota during the year fo General Rule app	ion described in section 501(c)(7), (8), or (10) filing Form 990 or the year, contributions exclusively for religious, charitable, et aled more than \$1,000. If this box is checked, enter here the top or an exclusively religious, charitable, etc., purpose. Don't compolies to this organization because it received nonexclusively religion more during the year	tc., purposes, but no such otal contributions that were received plete any of the parts unless the gious, charitable, etc., contributions
_	nat isn't covered by the General Rule and/or the Special Rules IV, line 2, of its Form 990; or check the box on line H of its For	

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Part I	Contributors (see instruction	ns). Use duplicate copies of	f Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$10,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$115,000.	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
4	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

art I	Contributors ((see instructions).	Use duplicate co	pies of Part I if addit	tional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$37,500.	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
10	N/A	\$37,500.	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
11	N/A	\$36,753.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	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
14	N/A	\$26,000.	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
15	N/A	\$25,617.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

tarrio or organization			
	RISING	GROUND.	INC

Employer identification number

	RISING GROUND, INC.		13-1860451
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	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
20	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
21	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	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
23	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
24	N/A	\$\$13,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
	Continuation (Coo mondonomo).	coc auphoute copies of fair f	ii additional opaco io nocaca.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$13,000.	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
26	N/A	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

varie or organization			
	RISING	GROUND	TNC

Employer identification number

	RISING GROUND, INC.		13-1860451
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	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
34	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
35	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
36	N/A	\$6,500.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

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

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

vario or organization			
	RISING	CROTIND	TNC

Employer identification number

	RISING GROUND, INC.		13-1860451
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$\$,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
44	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$\$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
46	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
47	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
48	N/A	\$\$5,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.) Name of organization Employer identification number

RISING GROUND, INC. 13-1860451

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	SECURITIES		
		\$33,753.	02/13/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 3

Name of o	rganization		Employer identification number		
	RISING GROUND, INC.		13-1860451		
Part III	(10) that total more than \$1,000 for	the year from any one contrike ons completing Part III, enter the e year. (Enter this information o	s described in section 501(c)(7), (8), or outor. Complete columns (a) through (e) and e total of exclusively religious, charitable, etc. nce. See instructions.)		
(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, a		elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
			and the second s		

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	, o o. ga <u>-</u>	
RIS	SING GROUND, INC.	13-1860451
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year).	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fundamental control of the control	
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	irt Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of	a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
C	-	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
u		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	<u> </u>
•	tax year	area s, me ergameanen aannig me
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n handling of
•	violations, and enforcement of the conservation easements it holds?	- 1 1 1 1
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	to the state of th	silve in the same same same same same same same sam
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	3 · · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its reve	
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	•
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, o service, provide in Part XIII the text of the footnote to its financial statements that describes the	r research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
D	art, historical treasures, or other similar assets held for public exhibition, education, or resea	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

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

Schedule D (Form 990) 2022

Pa	rt III Organizations Maintaini	ng Collections of		rical Tre	asures	s, or Other		(continue	
3	Using the organization's acquisition								
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or excha	ange progra	m		
b	Scholarly research		е 🦳	Other					
С	Preservation for future gene	rations		-					
4	Provide a description of the organ	nization's collections	and expla	in how t	hey fur	ther the or	ganization's exen	npt purpose	in Part
	XIII.				•				
5	During the year, did the organization	n solicit or receive o	donations o	f art, histo	orical tr	easures, or	other similar		
	assets to be sold to raise funds rath	er than to be mainta	ained as pa	rt of the o	organiza	ation's colle	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza		es" on Forr	n 990, F	Part IV,	line 9, or r	eported an amo	ount on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, trus	tee, custodian or o	ther interm	ediary fo	or contr	ibutions or	other assets no	t	
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the fol	lowing tab	ole:				
							Amou	ınt	
С	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 o	or custodial	account liability?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the ex	planation	has be	en provided	on Part XIII		
Pa	rt V Endowment Funds.								
	Complete if the organiza	tion answered "Ye	es" on Fori	n 990, F	Part IV,	line 10.			
		(a) Current year	(b) Prio	year	(c) Two	o years back	(d) Three years back	k (e) Four y	ears back
1 a	Beginning of year balance	2,361,096.	2,36	1,096.	2,3	361,096.	2,361,096.	2,3	61,096.
b	Contributions								
С	Net investment earnings, gains,								
	and losses	36,434.	3	0,789.		18,456.	47,000.		25,821.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	36,434.	3	0,789.		18,456.	47,000.		25,821.
f	Administrative expenses								
g	End of year balance	2,361,096.	2,36	1,096.	2,3	361,096.	2,361,096.	2,3	61,096.
2	Provide the estimated percentage	of the current year	end balance	e (line 1a.	column	(a)) held as	S:		
а	Board designated or quasi-endown		%	, 0,		· //			
b	Permanent endowment 100.00	<u>00</u> %							
С	Term endowment %								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in	the possession of th	ne organiza	tion that	are held	d and admi	nistered for the	_	
	organization by:							Y	es No
	(i) Unrelated organizations							. 3a(i)	X
	(ii) Related organizations							. 3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as require	d on Sch	edule R	?		. 3b	
4	Describe in Part XIII the intended u		tion's endo	vment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	os" on For	m 000 I	Dart I\/	lino 11a	Soo Form 900	Dart Y line	. 10
	Description of property	(a) Cost or		(b) Cost of			cumulated	(d) Book valu	
		(inves	tment)		ther)		reciation	(-, 200K valu	
1 a	Land								
b	Buildings			21,1	21,34		34,079.		7,265.
С	Leasehold improvements			9,2	69,06	4. 8,5	88,340.	680	724.
d	Equipment			10,4	31,46	7. 10,0	03,119.	428	3,348.
<u>e</u>	Other				35,47		.51,205.	2,084	1,265.
Tota	II. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part	X, columi	n (B), lin	ne 10c.)		11,080	,602.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 RISING GROUND,	INC.	1	3-1860451 Page
Part VII Investments - Other Securities.			
Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990	, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 99	0. Part IV. line 11c. See Form 990	. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuar Cost or end-of-year mark	tion:
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990	, Part X, line 15.
(a) Des	scription		(b) Book value
(1)SECURITY DEPOSITS			1,041,311.
(2)RIGHT-OF-USE ASSETS			13,862,253.
(3)INVESTMENT IN EQUITY INVESTEE			2,410,060.
(4)DUE FROM EMERGENCY SHELTER			4,510,000.
(5)SELF INSURANCE DEPOSITS			14,440,622.

(a) Description	(b) Book value
(1)SECURITY DEPOSITS	1,041,311.
(2)RIGHT-OF-USE ASSETS	13,862,253.
(3)INVESTMENT IN EQUITY INVESTEE	2,410,060.
(4)DUE FROM EMERGENCY SHELTER	4,510,000.
(5)SELF INSURANCE DEPOSITS	14,440,622.
(6)	
<u>(7)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	36,264,246.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)DUE TO GOVERNMENT AGENCIES	5,096,554.
(3)ACCRUED INTEREST PAYABLE	20,963.
(4)DUE TO EDWIN GOULD	1,624,541.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,742,058.

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
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:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_
b	Other (Describe in Part XIII.)	
_ C	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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T T
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	-
b	Prior year adjustments	-
C	Other losses	-
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e 3
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7b. 4a	
a b	Investment expenses not included on Form 990, Part VIII, line 7b	-
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
SEE	SUPPLEMENTAL PAGE	

PART V, LINE 4:

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

PART X, LINE 2:

RISING GROUND, INC. HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT
WOULD REQUIRE PROVISION OF A LIABILITY UNDER GAAP. UNDER GAAP, AN
ORGANIZATION MUST RECOGNIZE THE TAX LIABILITIES ASSOCIATED WITH TAX
POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT
THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE
ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX
POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR
UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2023. THE ORGANIZATION HAS FILED
IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS
IN JURISDICTIONS WHERE IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2023,
THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE
ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE
AUDITS BY TAXING AUTHORITIES. AS OF JUNE 30, 2023, THE ORGANIZATION WAS
NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

SCHEDULE G (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number RISING GROUND, Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

13-1860451

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 GALA (event type)	(b) Event #2 FALL BENEFIT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
ne				, ,,,	(
Revenue	1	Gross receipts	547,679.	54,650.		602,329.
Ř	2	Less: Contributions Gross income (line 1 minus	355,179.	42,050.		397,229.
	<u> </u>	line 2)	192,500.	12,600.		205,100.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	63,995.	26,335.		90,330
χ Exp	7	Food and beverages				
Direc	8	Entertainment	36,245.	5,800.		42,045.
	9	Other direct expenses	37,090.	1,108.		38,198
	10 11	Direct expense summary. Add lin	nes 4 through 9 in col	umn (d)		170,573.
Da	rt III	Net income summary. Subtract I Gaming. Complete if the org	unie 10 from line 3, col	Voo" on Form 000 [Port IV line 10 or	34,527
ı a		\$15,000 on Form 990-EZ, lin	ne 6a.	res on Form 990, r	-ait iv, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
)irect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	subtract line 7 from line	e 1, column (d)		
9 a b	ı İ	Enter the state(s) in which the orgs the organization licensed to conf "No," explain:	duct gaming activities	in each of these state	es?	Yes No
10a b		Were any of the organization's gamine f "Yes," explain:	g licenses revoked, sus		uring the tax year?	Yes No
	_					

12 Is	oes the organization conduct gaming activities with nonmembers?		es_	No
fo		tv		
			, <u></u>	¬
13 In	ormed to administer charitable gaming?	'	res _	No
	he organization's facility	13a		%
	n outside facility			
14 E	nter the name and address of the person who prepares the organization's gaming/special events bool ecords:			
N	ame ▶			
A	ddress ▶			
15 a D	oes the organization have a contract with a third party from whom the organization receives	gaming		
re	evenue?		res 🗌	No
b If	"Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
aı	mount of gaming revenue retained by the third party ▶ \$			
c If	"Yes," enter name and address of the third party:			
N	ame ▶			
А	ddress ▶			
16 G	aming manager information:			
N	ame			
	saming manager compensation ►\$			
D	accription of corvings provided			
D	escription of services provided			
	Director/officer Employee Independent contractor			
17 M	landatory distributions:			
	the organization required under state law to make charitable distributions from the gaming pro-	oceeds to		
	etain the state gaming license?		es_	No
	nter the amount of distributions required under state law to be distributed to other exempt org	anizations		
Part IV	r spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns	· (iii) and (v)	nd	
raitiv	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization						Employer identification	on number
RISING GROUND, INC.						13-1860451	
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	e?			• •	·	X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list							

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

Schedule I (Form 990) 2022

Schedule I (Form 990) (2022) RISING GROUND, INC. 13-1860451 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PAYMENTS TO FOSTER PARENTS	430	7,798,017.			
2 F00D	1,958		1,629,371.	BOOK VALUE	FOOD FOR FAMILIES
3 CHILDREN'S ALLOWANCES AND ACTIVITIES	3,546	2,427,713.			
Jeniebken 5 Abbowances and Activities	3,340	2,121,113.			
4 CONSUMER INCIDENTALS	1,958		34,961.	BOOK VALUE	INCIDENTALS
5 CLOTHING	1,958		281,533.	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)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

RISING GROUND, INC.

Part I Questions Regarding Compensation

Employer identification number

13-1860451

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 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.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ALAN E. MUCATEL	(i)	383,740.	NONE	NONE	13,043.	16,362.	413,145.	NONE
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELLIOT HAGLER	(i)	268,958.	NONE	NONE	NONE	16,260.	285,218.	NONE
2 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LAURA GROSSFIELD BIRGE	(i)	160,019.	NONE	NONE	2,548.	NONE	162,567.	NONE
3 GENERAL COUNSEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LISSA M. SOUTHERLAND	(i)	225,037.	NONE	NONE	3,988.	NONE	229,025.	NONE
4 EXECUTIVE VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HERMAN DALY	(i)	211,487.	NONE	NONE	8,244.	NONE	219,731.	NONE
5 EXECUTIVE VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN SAMPOGNA	(i)	204,975.	NONE	NONE	8,433.	15,962.	229,370.	NONE
6 EXECUTIVE VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANGELA RUTH WHITE	(i)	191,024.	NONE	NONE	7,600.	102.	198,726.	NONE
7 EXECUTIVE VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARSHA AUSTIN	(i)	236,386.	NONE	NONE	9,455.	16,260.	262,101.	NONE
8 PSYCHIATRIST	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JACQUELINE E. CALLEJAS	(i)	172,098.	NONE	NONE	5,250.	13,176.	190,524.	NONE
9 PSYCHIATRIST	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
YEZID G. ACOSTA	(i)	179,939.	NONE	NONE	3,723.	13,606.	197,268.	NONE
10 CHIEF INFORMATION OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CARLTON MITCHELL	(i)	180,839.	NONE	NONE	6,028.	13,176.	200,043.	NONE
11 SENIOR VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DIANA G. AMADO	(i)	172,898.	NONE	NONE	6,916.	15,962.	195,776.	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)							

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

RIS	ING GROUND, INC.									1	3-18	60451			
Part	Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Iss	sue price	(f) [escription of p	ourpose	(g) De	feased	(h) C behali issue	of	(i) Pool financi	
										Yes	No	Yes	No	Yes	No
A DO	RMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		05/09/2013	4,	035,000.	REFINANCING	CONSTRUCTI	ON COST		х		х		Х
В															
С															
D															
Part	Proceeds														
						A		В	(C			D		
1	Amount of bonds retired				1,4	140,000).								
2	Amount of bonds legally defeased														
3	Total proceeds of issue				4,0	35,000).								
4	Gross proceeds in reserve funds														
5	Capitalized interest from proceeds														
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds				2	256,423	3.								
8	Credit enhancement from proceeds														
9	Working capital expenditures from proceeds														
10	Capital expenditures from proceeds				3,7	778,577	7.								
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion				2	2013									
					Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding	issue of ta	x-exempt b	onds (or,											
	if issued prior to 2018, a current refunding issue)?	<u></u>	<u></u>	<u> </u>		Х									
15	Were the bonds issued as part of a refunding	g issue of ta	axable bond	ds (or, if											
	issued prior to 2018, an advance refunding issue)?					Х									
16	Has the final allocation of proceeds been made? .					X									

Χ

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022

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

Schedule K (Form 990) 2022

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

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 13-1860451

|--|

Types of Property Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Intellectual property 1 33,753. MARKET QUOTATION Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(_ 26 Other ►(27 Other ►(28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through			
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
	to be used for exempt purposes for the entire holding period?	30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Schedule M (Form 990) 2022

Schedule M (Form 990) (2022)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B), LINE 9:

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ${\tt RISING\ GROUND} \; ,$

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

13-1860451

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICES:

INC

- 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: \$10,889,428. GRANTS: \$403,172. REVENUE: \$10,251,692.
- 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: \$7,401,975. GRANTS: \$88,168. REVENUE: \$7,693,075.
- 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: \$5,665,877. GRANTS: \$381,574. REVENUE: \$6,468,089.

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

2022

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 VI, SECTION B, LINE 11B:

A COMPLETED FORM 990 IS REVIEWED BY THE MEMBERS OF THE AUDIT AND OVERSIGHT BOARD COMMITTEE. IT IS THEN SENT TO ALL OTHER BOARD MEMBERS FOR THEIR APPROVAL. BEFORE FORM 990 IS SUBMITTED TO THE IRS AND NYS, ANY ISSUES ARE DISCUSSED WITH THE CFO AND THEN BROUGHT TO THE CPA FIRM WHO PREPARED THE RETURN, IF THE ISSUES REMAINED UNRESOLVED.

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

THE CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS AND KEY STAFF TO COMPLETE AN ANNUAL DISCLOSURE AGREEMENT. IF ANY CONFLICTS ARE FOUND, THE RELATED INDIVIDUAL IS EXCLUDED FROM THE DISCUSSION AND THE VOTING PROCESS.

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

THE COMPENSATION OF THE CEO INCLUDES AN ANNUAL PERFORMANCE REVIEW AND APPROVAL PROCESS CONDUCTED BY BOARD'S MANAGEMENT COMMITTEE, WHICH REPORTS TO THE BOARD. THIS WAS LAST DONE JANUARY 24, 2023.

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

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990'S ARE

AVAILABLE ON ITS WEBSITE AND UPON REQUEST. THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE

PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9:

TRANSFER OF NET ASSETS TO FUND FOR RISING

GROUND, INC. (A RELATED 501(C)(3)

ORGANIZATION).....\$(33,860,970).

Name of the organization

RISING GROUND, INC.

Employer identification number

13-1860451

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

RISING GROUND IS DEDICATED TO SUPPORTING CHILDREN, ADULTS AND FAMILIES. WORKING TOGETHER, WE CREATE STRONG FOUNDATIONS FOR SUCCESS. WE DO THIS BY PROVIDING THE MOST VULNERABLE CHILDREN, ADULTS AND FAMILIES IN THE GREATER NEW YORK CITY AREA WITH RESOURCES AND SKILLS NEEDED TO RISE ABOVE ADVERSITY AND POSITIVELY DIRECT THEIR LIVES. OUR INNOVATIVE AND RESULTS-DRIVEN PROGRAMS SUPPORT INDIVIDUALS IN THE AREAS OF EDUCATION, FAMILY SUPPORT, FOSTER CARE, SERVICES FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, AND JUVENILE JUSTICE.

Name of the organization

RISING GROUND, INC.

Employer identification number

13-1860451

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

CHILDREN AND FAMILY AND SERVICES INCLUDE RESIDENTIAL TREATMENT CENTER (RTC), FOSTER BOARDING HOME (FBH), MULTI-DIMENTIONAL TREATMENT FOSTER CARE (MTFC), MOTHER/INFANT RESIDENCES (M/I), PREVENTIVE SERVICES PROGRAMS, MEDICAL AND MENTAL HEALTH SERVICES, AND UNACCOMPANIED MIGRANT CHILDREN (UMC) PROGRAM. THE RTC PROGRAM PROVIDES 24-HOUR RESIDENTIAL CARE TO YOUTH AGES 12-21. THE FBH PROGRAM SERVES CHILDREN WHO HAVE EXPERIENCED ABUSE AND NEGLECT. OUR EVIDENCED-BASED MTFC SERVES TEENS IN FOSTER CARE. THE M/I PROGRAM IN THE BRONX SERVES TEEN MOTHERS ALONG WITH THEIR YOUNG CHILDREN. THE PREVENTIVE SERVICES PROGRAMS STRENGTHEN AND PRESERVE FAMILIES AND KEEP CHILDREN SAFE BY PREVENTING CHILD ABUSE AND NEGLECT. HEALTH SERVICES PROVIDES PRIMARY MEDICAL CARE AND REFERRALS FOR CHILDREN AND YOUTH ON. UNACCOMPANIED MIGRANT CHILDREN (UMC) PROGRAM SERVES UNDOCUMENTED MIGRANT CHILDREN WHO HAVE COME INTO THE UNITED STATES FROM OTHER COUNTRIES WITHOUT AN ADULT GUARDIAN WHILE THEY ARE REUNIFIED WITH THEIR FAMILIES IN THE U.S. OUR PARENT CHILD HOME IS AN EVIDENCED-INFORMED, EARLY CHILDHOOD HOME-VISITING PROGRAM WHICH FOCUSES ON DEVELOPING PRE-LITERACY SKILLS TO PROMOTE SCHOOL READINESS AND PROMOTING POSITIVE PARENTING SKILLS. OUR CARE COORDINATION PROGRAM ENABLES RISING GROUND TO SERVE AS A DOWNSTREAM CARE MANAGEMENT AGENCY (CMA) PROVIDING COMPREHENSIVE CARE MANAGEMENT SERVICES TO CHILDREN AND ADULTS WHO MEET NECESSARY CRITERIA.

LINE 4C, PROGRAM SERVICE

JUVENILE JUSTICE - OUR JUVENILE JUSTICE SERVICES INCLUDE SECURE AND NON-SECURE PLACEMENT PROGRAMS FOR COURT-INVOLVED YOUTH, ALL OF WHICH ARE BASED ON THE BELIEF THAT YOUNG PEOPLE WITH HISTORIES OF DELINQUENCY NEED SUPPORT, EDUCATION AND OTHER TOOLS TO RETURN SAFELY AND SUCCESSFULLY TO THEIR COMMUNITIES AND BREAK THE CYCLE OF DELINQUENCY. OUR LIMITED SECURE PLACEMENT (LSP) IS A RESIDENTIAL PROGRAM SERVING ADJUDICATED YOUTH AGES 14 TO 18, ON OCCASION, AN OLDER OR YOUNGER YOUTH MAY BE SERVED. WE ENSURE THAT YOUTH ARE ABLE TO DEVELOP THEIR ACADEMIC, PRE-VOCATIONAL AND COMMUNICATIONS SKILLS THROUGH VARIOUS ASPECTS OF THE PROGRAM AND WORK WITH FAMILY MEMBERS TO MAINTAIN AND STRENGTHEN THE YOUTH'S CONNECTION TO HIS OR HER FAMILY AND COMMUNITY. OUR NON-SECURE PLACEMENT PROGRAM IS ALSO PART OF THE RESIDENTIAL CARE CONTINUUM

Name of the organization

RISING GROUND, INC.

Employer identification number

13-1860451

FORM 990, PART III - PROGRAM SERVICE

Schedule O (Form 990 or 990-EZ) 2022

FOR ADJUDICATED JUVENILE DELINCUENTS IN NEW YORK CITY AGES 12 TO 14. THE NATIONALLYM IS COMMUNITY-ORIENTED AND FAMILY-FOCUSED, USING THE NATIONALLY RECOGNIZED MISSOURI MODEL, A TREATMENT METHOD THAT INVOLVES GROUPING YOUTH INTO SMALL COHORTS OF 10-12 WITH WHOM THEY LIVE, ATTEND SCHOOL, PARTICIPATE IN RECREATIONAL ACTIVITIES AND RECEIVE COUNSELING. THE FAMILY RESPITE PROGRAM SERVES YOUTH AGES 7 TO 17 WHO ARE AT RISK OF CONTACT WITH THE JUVENILE JUSTICE SYSTEM BY PROVIDING RESPITE SERVICES FOR UP TO 21 DAYS. THE PROGRAM STAFF ALSO REFERS FAMILIES TO APPROPRIATE COMMUNITY BASED SERVICES FOR SUSTAINED ASSISTANCE. THE JUVENILE JUSTICE INITIATIVE AND AFTERCARE PROGRAM EXPANDS OUR IMPLEMENTATION OF THE FUNCTIONAL FAMILY THERAPY EVIDENCED-BASED MODEL IN THE JUVENILE JUSTICE FIELD.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MISSOURI YOUTH SERVICES INSTITUTE 1906 HAYSELTON DRIVE		
JEFFERSON CITY, MO 65109	TRAINING	322,850.
BDO USA		
100 PARK AVENUE		
NEW YORK, NY 10017	AUDIT & TAX	160,897.
DRG SEARCH, LLC		
P.O. BOX 3118		
TEANECK, NJ 07666	RECRUITING	145,343.
ROSIN STEINHAGEN MENDEL		
228 EAST 45TH STREET		
NEW YORK, NY 10017	THERAPY	137,427.
MARLYSE ZAREMBA		
4 HENDRICK LANE, #14A		
TARRYTOWN, NY 10591	THERAPY	108,188.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization	n answered "Yes" on	Form 990, Part	IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RISING GRND EMPLOYEE BENEFITS PRGM TRUST					
151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201	EMPLOYEE BENS	NY	15,845,995.	14,440,622.	RISING GRND
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) EDWIN GOULD SVCS FOR CHILDREN & FAMILIES 13-5675643							
151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201	SPECIAL NEEDS	NY	501(C)(3)	10	RISING GRND	Х	
(2) FUND FOR RISING GROUND, INC. 87-1801552							
151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201	SUPPORT ORG.	NY	501(C)(3)	12A	RISING GRND	х	
(3)	_						
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 RISING GROUND, INC. 13-1860451 Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera 20 manag		(j) General or managing partner?		(k) Percentage ownership
		oounity)					Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Page 3 RISING GROUND, INC. 13-1860451 Schedule R (Form 990) 2022

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	ift, grant, or capital contribution to related organization(s)								
С	Gift, grant, or capital contribution from related organization(s)	1c	Х						
	Loans or loan guarantees to or for related organization(s)	1d		Х					
	Loans or loan guarantees by related organization(s)	1e		T					
Ū	254115 61 15411 guaranto 55 5 1514154 (5) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
f	Dividends from related organization(s)	1f		Х					
	Sale of assets to related organization(s)	1g		X					
	Purchase of assets from related organization(s).	1h		X					
	Exchange of assets with related organization(s).	1i		X					
	Lease of facilities, equipment, or other assets to related organization(s).	1 <u>j</u>		X					
J	Lease of facilities, equipment, or other assets to related organization(s)	''							
		16	X						
	Lease of facilities, equipment, or other assets from related organization(s)	11		+					
	Performance of services or membership or fundraising solicitations for related organization(s)								
	Performance of services or membership or fundraising solicitations by related organization(s).	1m	_	X					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	_	 ^					
0	Sharing of paid employees with related organization(s)	10	X						
		4		37					
	Reimbursement paid to related organization(s) for expenses	1p		X					
q	Reimbursement paid by related organization(s) for expenses	1q		X					
	Other transfer of cash or property to related organization(s)	1r	_	 					
<u>s</u>	Other transfer of cash or property from related organization(s).	1s	_	X					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction through		is.						
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d) of det	ermin	ing					
		unt in							
41	TYPE TOD DIGING GDOVED TWG								
1)	FUND FOR RISING GROUND, INC. 1R 33,860,970. CASH								
۵۱									
2)									
٠.									
(3)									
4)									
5)									
6)				26-					
	Schedule R	(Form	990)	2022					

Yes No

Schedule R (Form 990) 2022 RISING GROUND, INC. 13-1860451 Page $\mathbf{4}$

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) (c) Legal domicile (state or foreig country)		from tax under		partners tion c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
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(10)														
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(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2022

Part VII Supplemental Information

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