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Form **990** (Rev. January 2020)

(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to

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

2019
Open to Public Inspection

OMB No. 1545-0047

<u>A F</u>	or the	e 2019 calendar year, or tax year beginning all	na enaing		
B c	heck if pplicabl	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		41-09724	76
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone numbe	r
	Final return	8406 SUNSET ROAD NE		763-786-	8334
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	34,954,544.
	Amen return	SPRING LAKE PARK, MN 55432		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: LINN NOREN		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> 1 T</u>	ax-ex	empt status: X 501(c)(3)	1) or 52	7 If "No," attach a	list. (see instructions)
<u>J</u> V	Vebsi	e: ► WWW.RISE.ORG		H(c) Group exemption	n number 🕨
K F	orm of	organization: X Corporation Trust Association Other	L Yea	r of formation: 1971 i	VI State of legal domicile; MN
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: UNL	OCK PO	TENTIAL AND	OPEN DOORS
Activities & Governance		TO SUCCESS FOR PEOPLE WITH DISABILITIES	OR OTH	ER CHALLENGE	S THROUGH
rna	2	Check this box if the organization discontinued its operations or disp	osed of mor	e than 25% of its net as	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	1569
Ìţį	6	Total number of volunteers (estimate if necessary)		6	175
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		374,294.	326,549.
	9	Program service revenue (Part VIII, line 2g)		25,828,866.	32,346,781.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		256,891.	289,237.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	2,182,115.	196,898.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,642,166.	33,159,465.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		179,143.	218,700.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		17,830,746.	22,883,190.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		48,985.	34,965.
x	b	Total fundraising expenses (Part IX, column (D), line 25) 251,	<u>424.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,833,062.	9,723,791.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,891,936.	32,860,646.
		Revenue less expenses. Subtract line 18 from line 12		2,750,230.	298,819.
Net Assets or Fund Balances			Е	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		23,849,439.	24,894,197.
t As	21	Total liabilities (Part X, line 26)		4,763,834.	4,457,163.
		Net assets or fund balances. Subtract line 21 from line 20		19,085,605.	20,437,034.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	er has any knowledge.	
		Signature of officer		Doto	
Sig		,		Date	
Her	е	LYNN NOREN, PRESIDENT Type or print name and title			
				Date Check C	PTIN
D. 14		Print/Type preparer's name Preparer's signature	a	0 T (4 T (0 0) i	
Paid		RACHEL FLANDERS RACHEL FLANDER	D	07/15/20 self-emplo	
-	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749
use	Only	Firm's address 220 S 6TH STREET, SUITE 300		5. 61	2 276 4500
		MINNEAPOLIS, MN 55402		Phone no. 6 1	2-376-4500
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
_	<u> </u>
1	Briefly describe the organization's mission: RISE UNLOCKS POTENTIAL AND OPENS DOORS TO SUCCESS FOR PEOPLE WITH
	DISABILITIES OR OTHER CHALLENGES THROUGH CREATIVE SOLUTIONS AND
	CUSTOMIZED SUPPORT.
	CODIONILLED BOTTONIC
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?
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 \$29 , 259 , 226including grants of \$ 218 , 700) (Revenue \$ 32 , 346 , 781
4 a	INCORPORATED IN 1971, RISE SUPPORTS PEOPLE WHO HAVE DISABILITIES AND
	OTHER BARRIERS. WE OFFER THE PEOPLE WE SERVE THE GREATEST POSSIBLE
	LEVEL OF COMMUNITY INTEGRATION AND A WIDE RANGE OF PROGRAMMING CHOICES
	SO THAT THEY MAY MEET THEIR GOALS IN THE AREAS OF EMPLOYMENT, HOUSING AND PERSONAL GROWTH.
	AND PERSONAL GROWTH.
	MISSION: RISE UNLOCKS POTENTIAL AND OPENS DOORS TO SUCCESS FOR PEOPLE
	WITH DISABILITIES OR OTHER CHALLENGES THROUGH CREATIVE SOLUTIONS AND
	CUSTOMIZED SUPPORT.
	CODIOMIZED BOITOKI:
	VISION: WE ENVISION A PROGRESSIVE, SUPPORTIVE, AND COLLABORATIVE
	ENVIRONMENT THAT FOSTERS MEANINGFUL GROWTH AND PROVIDES OPPORTUNITIES
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 29 , 259 , 226 .

08330715 131839 053-19276000

Form 990 (2019) RISE INCORPORATED Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	• •			X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- ^ `
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			_V
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
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		X
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	17	X	<u> </u>
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	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Continued	Part IV	Checklist of Required Schedules	(continued
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22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX. Countin (J), line 27 if "Yes," complete Schedule (P arts 1 and IV) and the organization scurrent and former offices, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule IX IV and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the yes, in the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the yes, in the way is used after December \$13, 2002? If "Yes," amove fines 254 through 24d and complete Schedule IX II" "No," go to fine 25a. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25c Section 501(30), 501(6)(4), and 501(4)(29) organizations. Did the organization report as a secretary to the organization area that are the organization area that the organization area that are the organization area that area that the organization area that are		· (continued)		V	Na
Part IX. column (A), line 2? (if Yes, "complete Schoolube I, Part I and III 22 DId the organization aware "Yes" to frat IVI, Section A, line 3.4, or 56 about compensation of the organization is current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schoolub I and the Vest I are exempt bond issue with an obstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes,", anaware lines 240 through 24d and complete Schoolub I I and the value of the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
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 nighest compensated employees? If "Yes," complete Schedule I, I was a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the veganization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the veganization invest any proceeds of fax-exempt bonds? Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of fax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization invest any proceeds of fax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization as an 'no behalf off issuer for bonds cutstanding at any time during the year to defease any tax-exempt bonds? Did the organization as an 'no behalf off issuer for bonds cutstanding at any time during the year? Did the organization as an 'no behalf off issuer for bonds cutstanding at any time during the year? Did the organization as an 'no behalf off issuer for bonds cutstanding at any time during the year? Did the organization as not been reported an any of the organization's prior Forms 990 or 990-EZP? If "Yes," complete Schedule I, Part II Did the organization are provide any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributors or employee, creator or founder, substantial contributors or employee thereof, a grant an exemption of the part III and the organization for fax of the basiness transaction with no of the following parties (see Schedule I, Part III and III and			22	х	
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule V and 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 2ds through 2dd and complete Schedule V, I" No.") go to line 25a. 24a	23				
Schedule / Market was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization available of the langaged in an exceptional attemporary period exception? 24d 2 25d 2 Did the organization available of the langaged in an exceptional than that the transaction with a disqualified person during the year? // "Yes," complete Schedule I, Part I Did the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organizations. Did the organization has not been reported on any of the organization's prior Forms 900 or 900-EZP // "Yes," complete Schedule I, Part I 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 bonthibutor, or 39% controlled entity or family member of any of these persons? // "Yes," complete Schedule I, Part II 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 applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? Yes," complete Schedule I, Part IV A 396 Controlled entity of one to balienss transaction with one of the following parties (see Schedule II, Part IV Yes, complete Schedule II, Part IV. 28d X Yes to differ the organization receive or more individuals and/or organizations described in line 1828 or yes," complete Schedule II, Part IV. 28d X Yes, complete Schedule II, Part IV. 28d Did the organization receive or					
24a 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 becember \$1,2002 !! **Yea,** answer haves 24b through 24d and complete Schedule k, !! **No.** ye to line 25e.** 24b		•	23	Х	
last day of the year, that was issued affer December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If Wo," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 42d Did the organization maritain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Did the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director,	24a				
Schedule K. If "No." go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24b Did the organization and tax an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds of the organization provide and that the transaction with a disqualified person in a prior year, and that the transaction are the organization provide and the property of the organization provide and the property of the organization provide and any of these persons? If "Yes," complete Schedule I, Part II 26b Did the organization provide against or other assistance to any current or former officer, director, fuster, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part IV 27c Did the organization selection of the property of the prop					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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			24a	Х	
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization region with a disqualified person during the year? If "yes," complete Schedule L, Part I 25b Is the organization waver that it engaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization provided on any of the organization provided on any of the organization provided on any of the organization organization provided any of these persons? If "Yes," complete Schedule L, Part IV 27c 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, a 35% controlled entity of namily member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable flining thresholds, conditions, and exceptions): 27d A family member of any individual described in line 28ar If "Yes," complete Schedule L, Part IV 28e	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50(16)(3), 501(6)(4), and 501(6)(29) organizations. Old the organization necesses benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 2 25b 3 25c		any tax-exempt bonds?	24c		X
transaction with a disqualified person during the year? // *Yes, * complete Schedule L, Part I 25a 2 2 2 2 2 2 2 2 2	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b 27 25c 27 25d 27 25d 27 25d 28 25d 27 25d 2	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # "Yes," complete Schedule L, Part I 25b 2 2 2 2 2 2 2 2 2		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I 25b 2 27b 10 the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If *Yes,* complete Schedule L, Part II 26 2 27c 27d 28d 2	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 28 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 26 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 Instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X X cannot be a family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X X cannot be a family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X X 28b X 29b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29b X 29b Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part I III III, or IV, and Part V, Iiin 2 A 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Par		Schedule L, Part I	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b Z b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b Z c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b Z 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Z 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Z 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Z 21 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations selections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 Z 35a Did the organization have a controlled entity within the meaning of section 501(b)(13)? If "Yes," complete Schedule R, Part I, line 2 35b Did the organization have a controlled entity within the meaning of section 501(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(b) 30 granizations. Did the organization make any trans	26				
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Form	990 (2019) RISE INCORPORATED 41-0972	476	Р	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1569			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - $file$ (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	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		Х
b	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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		
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2019)

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 Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records TOM HAGLUND - 763-786-8334

Form **990** (2019)

8406 SUNSET ROAD NE, SPRING LAKE PARK.

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week	-	T			T	100,	from the	from related organizations	other
	(list any hours for	direct				_		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	trustee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizations	trust	al tru		oyee	om pe		,		and related
	below	ndividual trustee or director	Institutional t	Jec	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	lust	Officer	Key	High	Former			
(1) LYNN NOREN	40.00	1								
PRESIDENT	 			Х		_		231,381.	0.	38,663
(2) TIM DICKIE	40.00	1								
CHIEF PROGRAM OFFICER				Х				127,317.	0.	44,408
(3) TOM HAGLUND	40.00	1							_	
CFO		<u> </u>		Х	_	_		126,058.	0.	44,143
(4) NANCY HOFF	32.00	1				l				
SALES AND MARKETING	40.00					X		114,938.	0.	32,555
(5) ERIN BRAATEN	40.00	4				l		100 106		00 656
/ICE PRESIDENT OF HUMAN RESOURCES	1 00				_	X		102,126.	0.	22,656
(6) TOM KETTLESON	1.00	ļ							•	_
SOARD CHAIR	1 00	Х		Х		_		0.	0.	0
(7) KATHY KLANG	1.00	٠,,		,,					0	0
/ICE CHAIR	1 00	Х		Х	_	\vdash		0.	0.	0
(8) ANDREA MURPHY TREASURER	1.00	х		х				0.	0.	0
(9) RACHAEL SMITH	1.00	^		^		\vdash		0.	0.	0
SECRETARY	1.00	х		х				0.	0.	0
(10) SHERRY ROBINSON	1.00	^		^		-		0.	0.	0
CORMER SECRETARY	1.00	х		х				0.	0.	0
(11) MANFRED TATZMAN	1.00	Α		^	_	\vdash		0.	0.	U
CORMER VICE CHAIR	1.00	х		х				0.	0.	0
(12) SHEILA MINSKE	1.00	^		_				0.	0.	U
BOARD MEMBER	1.00	Х						0.	0.	0
(13) JON GRUNEWALD	1.00					\vdash		0.	0.	
BOARD MEMBER	1.00	х						0.	0.	0
(14) BLAKE ELLIOTT	1.00					\vdash		•	•	
BOARD MEMBER	1.30	х						0.	0.	0
(15) LAURI HOPKINS	1.00	 				T		· ·	•	J
BOARD MEMBER		x						0.	0.	0
(16) MARK BERGMANN	1.00	1								
BOARD MEMBER		Х						0.	0.	0
(17) KRISTIN HANGEBRAUCK	1.00	1								
		-	1			1	1	0.	0.	0

Form **990** (2019)

Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,			ghe	st C	ompensated Employee	s (continued)				
(A)	(B)				C)	_		(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			stimate	
	hours per week					is bot or/trus		compensation from	compensation from related		ar	nount of the control	OŤ.
	(list any	tor						the	organization		com	otriei ipensa	tion
	hours for	direc				, ,		organization	(W-2/1099-MI		I	rom the	
	related	tee or	ıstee			nsate		(W-2/1099-MISC)		<i>'</i>	orç	janizati	ion
	organizations	Itrus	nal tri		oyee	om pe					an	d relate	ed
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(42)	line)	Pul	lus	9	Key	e High	윤						
(18) PATRICK DEEG	1.00	٠,								_	1		^
BOARD MEMBER	1 00	Х	┝		\vdash	-		0.		0.			0.
(19) SUE LANGFELDT	1.00	x						0.		0.	1		^
BOARD MEMBER (20) KELLY STEFFENS	1.00	Λ	\vdash		\vdash	-		1		<u> </u>	$\vdash \vdash$		0.
BOARD MEMBER	1.00	x						0.		0.	1		0.
BOARD MEMBER		^				-		0.		٠٠			<u> </u>
		1											
											1		
											<u> </u>		
		1											
								T01 000			10	<u> </u>	~=
1b Subtotal								701,820.		0.	18	2,42	
c Total from continuation sheets to Part VI								0.		0.	1.0	2 4	0.
d Total (add lines 1b and 1c)							<u> </u>	701,820.			_ T.8	2,42	<u> 45.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wr	o re	eceived more than \$100,	000 of reportabl	е			5
compensation from the organization												Yes	No
3 Did the organization list any former officer.	director truct	00 I	·0\	mnl	lovo		hia	hast componented amp	lovos on	1		163	140
,	•		•	•	•	-	•	•	•		3		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150	•							•	•		4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	•				•			•	344, 101 001 11000		5		Х
Section B. Independent Contractors	ipiete ochedan	001	Or St	acii ș	OCIS	OII							
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensat	tion fr	om	
the organization. Report compensation for	•	-											
(A)								(B)			((C)	
Name and business	address							Description of s	services	С		nsation	า
DAN'S COMPLETE AUTOMOTIVE	8858	ΧV	T.T	TΕ									

(A) Name and business address	(B) Description of services	(C) Compensation
DAN'S COMPLETE AUTOMOTIVE, 8858 XYLITE	Becomplien of convices	Compondation
STREET NORTHEAST, BLAINE, MN 55449	VEHICLE REPAIR	234,962.
STAR SERVICES, INC., 1295 BANDANA	TEMP LABOR AND	
BOULEVARD NORTH, SUITE 135, ST. PAUL, MN	TRAINING	157,035.
TEAM PERSONNEL SERVICES INC	TEMP LABOR AND	
259 UNIVERSITY AVE W, ST. PAUL, MN 55103	TRAINING	133,983.
LE COURAGE STAFFING	TEMP LABOR AND	
6834 HUMBOLT AVE N, BROOKLYN PARK, MN 55430	TRAINING	126,969.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

Form **990** (2019)

\$100,000 of compensation from the organization

Form 990 (2019) RISE INCORPORATED
Part VIII Statement of Revenue

			Check if Schedule O contains a r	esnonse d	or note to any lin	e in this Part VIII			
			Cricon ii Goriedale o Goritaino a i	соронос с	n note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
(0, (0	4	_	Enderstad compaigns	1a	129,600.				0001101101011210111
Contributions, Gifts, Grants and Other Similar Amounts	'		Federated campaigns	1b	125,000.				
ij d			Membership dues	1c	87,470.				
fts, Ar			Fundraising events		07,470.				
ig ig			Related organizations	1d					
ns, Sirr			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and	4.6	109,479.				
ë ‡			similar amounts not included above	1f	100,470.				
o d		•	•	1g \$		326,549.			
O a		n	Total. Add lines 1a-1f		Business Code	320,343.			
	_		DDOCDAM CEDUTCE FEEC		900099	20 701 256	20,701,256.		
ice	2	_	PROGRAM SERVICE FEES SALES TO PUBLIC		900099	20,701,256.			
er.		-	TRANSPORTATION INCOME		900099	7,617,516. 4,004,733.	7,617,516. 4,004,733.		
n S		٠.	CLIENT HOUSING		900099	23,276.	23,276.		
gra Re		_	- HOUSING		300033	23,270.	23,270.		
Program Service Revenue		e	All other programs as a first constant						
-			All other program service revenue			32,346,781.			
	3		Total. Add lines 2a-2f			32,340,701.			
	3					208,885.			208,885.
	4		other similar amounts)			200,003.			200,003.
	4		Income from investment of tax-exemple Payalting		oceeds				
	5		Royalties	Real	(ii) Personal				
		_		ricai	(ii) i cisoriai				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c Net rental income or (loss)						
			` '	curities	(ii) Other				
	′	а	0.7 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	14,160.	(ii) Other				
		h	Less: cost or other basis	11,100.					
ø		D		33,808.					
her Revenue		_		80,352.					
eve			Net gain or (loss)			80,352.			80,352.
¥			Gross income from fundraising events (n			55,552.			00,002.
Othe	0	а	including \$ 87,470.						
			contributions reported on line 1c). Se						
			Part IV, line 18	I .	22,770.				
		h	Less: direct expenses		61,271.				
			Net income or (loss) from fundraising		,	-38,501.			-38,501.
			Gross income from gaming activities.			, -			,
	Ū	u	Part IV, line 19	I .					
		h	Less: direct expenses						
			Net income or (loss) from gaming act						
			Gross sales of inventory, less returns						
		_	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inv		•				
		_	. ,,	,	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS INCOME		624310	235,399.			235,399.
nec	_	b				·			,
ella		С							
isc Be			All other revenue						
2			Total. Add lines 11a-11d			235,399.			
	12		Total revenue. See instructions			33,159,465.	32,346,781.	0.	486,135.

932009 01-20-20

Form **990** (2019)

Form 990 (2019) RISE INCORPOR Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	53,643.	53,643.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	165,057.	165,057.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	611,970.		584,966.	27,004.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,547,301.	16,762,879.	1,657,323.	127,099.
8	Pension plan accruals and contributions (include	100 10-	100 10-		
	section 401(k) and 403(b) employer contributions)	180,407.	180,407.	100 000	40.00
9	Other employee benefits	1,820,895.	1,669,562.	138,296.	13,037. 12,280.
10	Payroll taxes	1,722,617.	1,533,897.	176,440.	12,280.
11	Fees for services (nonemployees):				
а	Management	10 505		10 505	
b	Legal	18,735.		18,735.	
	Accounting	53,890.		53,890.	
d	Lobbying	5,700.		5,700.	24 065
е	Professional fundraising services. See Part IV, line 17	34,965.		42.024	34,965.
f	Investment management fees	43,034.		43,034.	
g	Other. (If line 11g amount exceeds 10% of line 25,	674 046	601 217	72 720	
	column (A) amount, list line 11g expenses on Sch 0.)	674,046.	601,317.	72,729. 93,158.	F 620
12	Advertising and promotion	159,159.	60,362.	93,136	5,639.
13	Office expenses	590,852. 231,939.	417,633. 186,519.	148,716.	24,503. 791.
14	Information technology	231,939.	100,319.	44,049.	791.
15	Royalties	1,151,149.	1 110 620	21 272	249.
16	Occupancy	532,880.	1,119,628. 518,785.	31,272.	1,541.
17	Travel	332,000.	310,703.	12,554.	1,341.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	200,837.	145,787.	53,844.	1,206.
19	Conferences, conventions, and meetings	46,323.	46,323.	33,044.	1,200.
20	Interest	40,323.	40,323.		
21	Payments to affiliates Depreciation, depletion, and amortization	1,091,304.	1,023,487.	66,940.	877.
22		95,890.	84,799.	11,091.	077•
23 24	Other expenses, Itemize expenses not covered	33,030.	04,133.	11,001.	
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) PRODUCTION PARTS & MATE	3,459,987.	3,459,987.		
a b	EQUIPMENT RENTAL AND MA	1,185,640.	1,180,994.	4,535.	111.
C	BAD DEBT EXPENSE	93,286.	_,,	93,286.	
d	DUES, MEMBERSHIP, & LIS	88,384.	48,160.	38,124.	2,100.
	All other expenses	756.	20,200	734.	22.
25	Total functional expenses. Add lines 1 through 24e	32,860,646.	29,259,226.	3,349,996.	251,424.
26	Joint costs. Complete this line only if the organization	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	-,,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	· — · · /			L	5 990 (2242)

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,801,003.	1	3,243,963
	2	Savings and temporary cash investments	1,514,474.	2	771,075
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,801,051.	4	3,901,473
	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		5	
	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)		6	
ξ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	537,456.	9	474,677
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 18,904,485.			
	b	Less: accumulated depreciation 10b 9,896,673.		10c	9,007,812 6,700,271
	11	Investments - publicly traded securities	5,503,478.	11	6,700,271
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	646,511.	15	794,926
	16	Total assets. Add lines 1 through 15 (must equal line 33)	23,849,439.	16	24,894,197
	17	Accounts payable and accrued expenses	2,754,498.	17	2,487,162
	18	Grants payable	1.51 0.50	18	100 105
	19	Deferred revenue	161,058.	19	122,486
	20	Tax-exempt bond liabilities	1,534,937.	20	1,429,866
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≅		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	212 241		117 610
		of Schedule D	313,341.		417,649
	26	Total liabilities. Add lines 17 through 25	4,763,834.	26	4,457,163
ç		Organizations that follow FASB ASC 958, check here X			
JCe	07	and complete lines 27, 28, 32, and 33.	18,729,546.	07	19,982,391
<u>a</u>	27	Net assets without donor restrictions	356,059.	27	454,643
g B	28	Net assets with donor restrictions	330,033.	28	434,043
ڃ		Organizations that do not follow FASB ASC 958, check here			
è		and complete lines 29 through 33.		00	
ste	29	Capital stock or trust principal, or current funds		29	
SS (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	19,085,605.	31	20,437,034
ž	32	Total lichilities and not seed for the delegate	23,849,439.	32	24,894,197
	33	Total liabilities and net assets/fund balances	43,043,433.	33	24,094,197, Farma 990 (001)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,86		
3	Revenue less expenses. Subtract line 2 from line 1	3	29	8,8	<u> 19.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,08	5,6	<u>05.</u>
5	Net unrealized gains (losses) on investments	5	1,05	2,6	<u> 10.</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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20,43	7,0	<u>34.</u>
Pa	rt 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," explain in Schedule	Э.			
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 compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis 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 oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number RISE INCORPORATED 41-0972476 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	336,023.	414,662.	241,635.	374,294.	326,549.	1693163.
2	Tax revenues levied for the organ-						
	ization'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	336,023.	414,662.	241,635.	374,294.	326,549.	1693163.
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)						154,187.
6	Public support. Subtract line 5 from line 4.						1538976.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	336,023.	414,662.	241,635.	374,294.	326,549.	1693163.
	Gross income from interest,		-	-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	184,758.	157,213.	150,491.	232,591.	231,655.	956,708.
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.)	141,014.	76,490.	86,910.	130,451.	235,398.	670,263.
11	Total support. Add lines 7 through 10	,		•	,	,	3320134.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 136	,565,633.
	First five years. If the Form 990 is for	•	,				· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stor	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				<u> </u>
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	46.35 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	47.17 %
	33 1/3% support test - 2019. If the o					ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"			-	•	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		▶ □
18	Private foundation. If the organization			•	,		· · · · · · · · · · · · · · · · · · ·
	<u>,</u>		,	. ,		edule A (Form 990	

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>
	/s) 001 <i>5</i>	(h) 0010	(-) 0017	(4) 0010	(=) 0010	(s) Tatal
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2019. If the					33 1/3%, and line 1	
more than 33 1/3%, check this box ar						. .
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
OI:		
3b		
30		
3c		
4a		
Tu		
4b		
4c		
10		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
40.		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organizations of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization and the supported organization of the supported organization or trustees of each of the organization organization and the supported organization organization organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or embers delectors or trustees, are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint and/or embers upsopreed organization? If "Yes," explain in Part VI how the powers to appoint acroid remove supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations 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 organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, to the extent not previously provided? 2 Were any of the organization or the source of the supported organiz	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization or describe or or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization that the supported organization (s) that operated, supervised, or controlled the supporting organization and controlled the supporting organization and controlled the supporting organization and controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled or described the purposes of the supported organization(s) that operated, supervised, or controlled or described the organizations and the organization or management of the supported organization(s). 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 organization and the supported 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 exceed in the same persons that controlled or management of the supported organization's offices, directors, or trustees either (i) appointed org		below, the governing body of a supported organization?	11a		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If *No,* describe in Pat VI how the supported organization's directors or trustees at all times during the tax year? If *No,* describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations; and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization other than the supported organization; and the supported organization of the supported organization; if *Yes,* explain in Part VI pro providing outs benefit carried out the purposes of the supported organization; if *Yes,* explain in Part VI providing organizations and explain and in the supported organization. 2 Section C. Type II Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, and (ii) copies of the organization provide to each of its supported organizations, and (iii) copies of the organization markinate a close and continuous working relationship with the supported organizations). 3 By reason of the relationship described in IQ), did the organization if \(\frac{1}{1} \) the organization is provided to the Activate Teachty Supported organizations is supported organizations in supported organizations is supported organizations in the part VI how the organization is the parent of each of its	b	A family member of a person described in (a) above?	11b		
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an najority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization organization, and the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2. Did the organization operate for the benefit of any supported organization of the thin the supported organization of year to the providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization's that operated, supporting organizations 1. Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations or supported organizations? If "Yes," describe in Part VI how control or or management of the supporting Organization and the same persons that controlled or managed 1. The organization or supporting organization and the same persons that controlled or managed 1. The organization or supporting Organizations 3. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization or support organizations is powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, to the extent not previously provided? 2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's provided organization's powering documents in effect on the date of notification, to the extent not previous			11c		i
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion 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			
Ū	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrated	d Type III supporting orga	anization (see
	inch sational	-		

Schedule A (Form 990 or 990-EZ) 2019

	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	ilizations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, line 1; Part IV, Sect	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, tion 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
SPECIAL EVENTS	
2015 AMOUNT: \$	34,180.
FREIGHT INCOME	
MISCELLANEOUS	
2015 AMOUNT: \$	106,834.
2016 AMOUNT: \$	76,490.
2017 AMOUNT: \$	86,910.
2018 AMOUNT: \$	130,451.
2019 AMOUNT: \$	235,398.

Schedule B

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

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

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number $RISE\ \ INCORPORATED \qquad \qquad 41-0972476$

Organiza	Organization type (check one).						
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
but it mu	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

RISE INCORPORATED

41-0972476

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$129,600 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

RISE INCORPORATED

41-0972476

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** RISE INCORPORATED 41-0972476 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

2019

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
		CORPORATED			41-0972476
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955	▶ \$	
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes." describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	9(3).
1	Enter the amount directly expended	d by the filing organization for sec	ction 527 exempt funct	ion activities >\$	
2	Enter the amount of the filing organ	ization's funds contributed to otl	her organizations for se	ection 527	
	exempt function activities			> \$	
3	i i i i i i i i i i i i i i i i i i i				
	line 17b			> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	• •	•	•	• •
	made payments. For each organiza	•	0 0		•
	contributions received that were pro-			•	e segregated fund or a
	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Part II-A Complete if the org section 501(h)).	anization is exer	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
A Check ► if the filing organiza expenses, and shar	e of excess lobbying	expenditures).	n Part IV each affiliated	group member's nam	e, address, EIN,
Limi	ts on Lobbying Expe	nd "limited control" pro nditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influ Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)			
 c Total lobbying expenditures (add li d Other exempt purpose expenditure e Total exempt purpose expenditure 	es				
f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:					
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce			
Over \$17,000,000	\$1,000	•	33 0Veι ψ1,300,000.		
<u> </u>	γ ψ1,000	,000.			
 g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zeroporting section 4911 tax for this 	o or less, enter -0- o or less, enter -0- ro on either line 1h or		ation file Form 4720		Yes No
(Some organizations th	4-Year Av	eraging Period Under	have to complete all o		
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 RISE INCORPORATED 41-09724 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		5,700
j Total. Add lines 1c through 1i			5,700
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section	ion 501(c)(5	5), or sec	tion
501(c)(6).			
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
		2	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from 	the prior year?	? 3	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	the prior year? ion 501(c)(5	? 3 5), or sec	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	the prior year? ion 501(c)(5	? 3 5), or sec	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	the prior year? ion 501(c)(5 d "No" OR	3 5), or sec (b) Part I	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	the prior year ion 501(c)(5 i "No" OR	3 5), or sec (b) Part I	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	the prior year ion 501(c)(5 i "No" OR	3 5), or sec (b) Part I	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	the prior year; ion 501 (c) (5 d "No" OR itical	2 3 3 5), or sec (b) Part I 2 2 2 2 3 3	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groustructions); and Part II-B, line 1. Also, complete this part for any additional information.	the prior year/ion 501 (c) (\$\frac{1}{2} \text{"No" OR} "India or	2 3 3 5), or sec (b) Part I 2 2 2 2 2 3 3 4 5 5	II-A, line 3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RISE INCORPORATED

Employer identification number 41-0972476

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	d funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring					
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.					
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area					
	Protection of natural habitat Preservation of a certified historic structure							
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
	Number of conservation easements on a certified historic str							
d	Number of conservation easements included in (c) acquired a							
	listed in the National Register							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax					
	year ▶							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements in							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year					
_	<u> </u>							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year					
•			(4)(D)(i)					
8	Does each conservation easement reported on line 2(d) above							
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati							
9	balance sheet, and include, if applicable, the text of the footr	·						
	organization's accounting for conservation easements.	lote to the organization's imancial statement	ts that describes the					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.					
	Complete if the organization answered "Yes" on Form							
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works					
	of art, historical treasures, or other similar assets held for pul	•						
	service, provide in Part XIII the text of the footnote to its final	, ,	·					
b	If the organization elected, as permitted under FASB ASC 95							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items:	,	,					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$					
2	If the organization received or held works of art, historical tre							
	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1	_	• \$					
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019					

932051 10-02-19

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

Par	t III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, or	r Other	Simila	ır Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the f	ollowing that	make sig	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how the	y further th	e organizatio	n's exem	pt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or				•	er similar a	assets		_		7
Da	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the o	organizatio	n answered "	Yes" on	Form 99	0, Part IV,	ine 9, or		
	· · · · · · · · · · · · · · · · · · ·	•	ion , for o	antributions	. ar athar asa	oto not in	20111000				
та	Is the organization an agent, trustee, custodia		•						7 ٧		T NIG
L	on Form 990, Part X?								」Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the loll	lowing ta	bie.					Amoun	.+	
•	Reginning halance						1c		Amoun	ı	
q	Additions during the year										
	Additions during the year Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fo	orm 990 Part X line	21 for es	scrow or cu	stodial accor	unt liabilit			Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par											
	·	(a) Current year		ior year	(c) Two year			years back	(e) Fou	r vears	back
1a	Beginning of year balance	526,877.		538,871.		7,054.		391,832.			659.
b	Contributions										
С	Net investment earnings, gains, and losses	128,063.		-11,994.	91	L,817.		55,222.		-1,	827.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	654,940.		526,877.	538	8,871.		447,054.		391,	832.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment	38.29	_%								
b	Permanent endowment ► 19.36	%									
С	Term endowment ► 42.35	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held an	d administer	ed for the	e organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u>X</u>
	(ii) Related organizations								3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Do:	Describe in Part XIII the intended uses of the t VI Land. Buildings, and Equipm		wment fu	nds.							
Fai	, , , , , , , , , , , , , , , , , , , ,		D+ N/		F 000	D-+V-I					
	Complete if the organization answered										
	Description of property	(a) Cost or of basis (investm		(b) Cost basis (٠,	cumulatoreciation		(d) Boo	k valu	е
	Land	,	ierri)			uep	reciation		1 22	5 0	1 2
_	Land	I			5,012. 9,764.	5 0	89,8	95	1,32 4,72	<u>م, د</u>	<u> </u>
b	Buildings		+	<u> </u>	J, 104•	٥,٥	0,00	7.5.	<u> </u>	<i>ن</i> , ر	U J •
_	Leasehold improvements		+	2 50	8,660.	1 7	13,9	34	QΩ	4,7	2.6
d	Equipment Other		+		1,049.		192,8		2,06		
	Other		V 00/:::::						9,00	_	
iotal	i Add iiries Ta tiriough Te. (Column (a) must ei	uuai rorm 990, Part)	A. COIUMI	ı (¤), IINE 10	JU.)			Schodule			

Schedule D (Form 990) 2019

(1) Federal income taxes
(2) DEFERRED COMPENSATION 417,649.
(3)
(4)
(5)
(6)
(7)
(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

417,649.

(9)

Sche	dule D (Form 990) 2019 RISE INCORPORATED			41-	0972476	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	th Revenue per Re	eturn.	ı	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	34,169	,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,052,610.			
b	Donated services and use of facilities	2 b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	1,052	,610.
3	Subtract line 2e from line 1			3	33,116	,431.
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	43,034.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	43	,034
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	33,159	,465
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme			Retur	'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	32,817	,612.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0 .
3	Subtract line 2e from line 1			3	32,817	,612
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,034.			
	Other (Describe in Part XIII.)		-			
	Add lines 4a and 4b			4c	43	,034
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			_	32,860	
Pa	t XIII Supplemental Information.				,	•
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V. lines	1b and 2b: Part V. line	4: Part	X. line 2: Part X	(I.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	•	· · · · ·	.,	, , <u>_</u> , . <u></u>	,
PAI	RT V, LINE 4:					
	·					
ENI	DOWMENT FUNDS ARE ESTABLISHED TO SUPPORT GE	NERA	L OPERATIONS	S AN	D ENSURI	3
FIL	IANCIAL SUSTAINABILITY.					
PAI	RT X, LINE 2:					
	,					
RIS	SE, INC. HAS TAX EXEMPT STATUS UNDER SECTION	ท 50	1(C)(3) OF T	HE	INTERNAI	
	,		, -			
REV	YENUE CODE. THE ORGANIZATION HAS ADOPTED TH	E_IN	COME TAX STA	NDA	RD	
REC	SARDING THE RECOGNITION AND MEASUREMENT OF U	UNCE	RTAIN TAX PO	SIT	IONS. TH	ΉE

Schedule D (Form 990) 2019

ORGANIZATION HAS NO CURRENT OBLIGATION FOR UNRELATED BUSINESS INCOME TAX.

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY

FEDERAL AND STATE AUTHORITIES.

Schedule D (Form 990) 2019 RISE INCORPORATED	41-0972476 Page 5
Schedule D (Form 990) 2019 RISE INCORPORATED Part XIII Supplemental Information (continued)	
(G) MINGO,	

SCHEDULE G

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the	organization

RISE INCORPORATED

Employer identification number

41-0972476

1 Indicate whether the organization re		ina coti:	tion 1	Chook all that and		
 1 Indicate whether the organization ra a X Mail solicitations b X Internet and email solicitation 	e \overline{X} Solicit	tation of tation of	non-g gover	overnment grants nment grants		
c X Phone solicitations	g X Speci	al fundra	ising (events		
d X In-person solicitations	or oral agreement with any individu	al (includ	ina of	ficare directors true	toos or	
2 a Did the organization have a written key employees listed in Form 990.	Part VII) or entity in connection with				X Yes	No
b If "Yes," list the 10 highest paid ind						
compensated at least \$5,000 by th			•			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	aiser istody irol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CRYSTAL NUTT CONSULTING, LLC	+	Yes	No		.,	
- 9089 COUNTRY AVENUE,	GRANT WRITER	1.00	Х	340,261.	19,240.	321,021.
SUSAN RUNHOLT, LTD - 286				,	,	,
DAYTON AVENUE, #1W, ST. PAUL,	GRANT WRITER		Х	337,107.	15,725.	321,382.
	1					
					24.255	
				677,368.	34,965.	642,403.
3 List all states in which the organizati or licensing.	on is registered or licensed to solici	t contribl	itions	or has been notified	it is exempt from req	jistration
MN						
						_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

Pa	irt i	of fundraising events. Complete if the offundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
		or rundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA (event type)	(event type)	(total number)	col. (c))
ne			(GVGHE LYPO)	(GVOITE TYPO)	(total flamber)	
Revenue	1	Gross receipts	110,240.			110,240.
	2	Less: Contributions	87,470.			87,470.
	3	Gross income (line 1 minus line 2)	22,770.			22,770.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	12,415.			12,415.
Direct Expenses	7	Food and beverages	22,415.			22,415.
	8	Entertainment				
	9	Other direct expenses				26,441.
	10	3			>	61,271.
D	11 art I	Net income summary. Subtract line 10 from Gaming. Complete if the organization		. 000 Dart IV line 10 au		-38,501.
1 6	41 L I	\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
		ψ10,000 0111 01111 000 EE, mile od.	() 5:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
9	En	ter the state(s) in which the organization cond	uete gamina activities:			
a	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
	_					
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
0330	82 00	9-11-19			Schedule G (Ec	orm 990 or 990-E Z) 2019
					Solicadie a II d	

Schedule G (Form 990 or 990-EZ) 2019 RISE INCORPORATED	41-09/24/6 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ne amount
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
Name ►	
Address	
16 Gaming manager information:	
Name ▶	
Name ▶	
Gaming manager compensation \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandaton, distributions:	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v): and Part III lines 9. 9h. 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and (v), and r art iii, iii les 9, 90, 100,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNI	DRAISERS:
(I) NAME OF FUNDRAISER: CRYSTAL NUTT CONSULTING, LLC	
/T) ADDRESS OF FUNDDATSED. 0000 COUNTRY AVENUE MONITORITY	O MM 55262
(I) ADDRESS OF FUNDRAISER: 9089 COUNTRY AVENUE, MONTICELLO	O, MN 55362
/T) NAME OF BUNDDATGED GUGAN DUNIOUS TSD	
(I) NAME OF FUNDRAISER: SUSAN RUNHOLT, LTD	
(I) ADDRESS OF FUNDRAISER: 286 DAYTON AVENUE, #1W, ST. PAR	UL, MN 55102

Schedule Giform 990 or 990 E7 RISE INCORPORATED 41-0972476 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990 or 990-EZ)	RISE INCORPORATED	41-0972476	Page 4
	Part IV	Supplemental Infor	mation (continued)		
			(continues)		
	-				
	-				
	-				
	-				
				<u> </u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	DD0D3 ##D						Employer identification number
RISE INCO							41-0972476
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assi	stance?				-		
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than		1	1		(f) Method of	T	T
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							RISE IS THE PRIMARY ADMIN
LIFETRACK RESOURCES							ON A MEC GRANT AND PAYS
709 UNIVERSITY AVE W							FOR SERVICES FROM LIFE
ST. PAUL, MN 55104	41-0874507	501(C)(3)	53,643.	0.	N/A	N/A	TRACK SUCH AS OFFICE
 Enter total number of section 501(c)(3) a Enter total number of other organization 							1. 0.
3 Enter total number of other organization	is listed in the line	1 Labie					

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
INDIRECT TRANSPORTATION AND EMPLOYMENT ASSISTANCE					
- WELFARE-TO-WORK.	509	13,307.	0.	N/A	N/A
TANDANDAN MANAGARANAN	100	02.065			
INDIRECT HOUSING ASSISTANCE	122	93,965.	. 0.	N/A	N/A
INDIRECT GENERAL ASSISTANCE	128	57,617.	0	N/A	N/A
INDIRECT GENERAL ASSISTANCE	120	57,617.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
RISE USES AN AUTOMATED ACCOUNTING	SYSTEM WI	TH INTERNA	AL CONTROLS	AND	
POLICIES AND PROCEDURES TO MONITO	R THE USE	OF GRANT I	FUNDS BY PR	OGRAM. RISE	
GRANT MANAGERS PROVIDE PROGRAM AND	D ADMINIST	RATIVE OVE	ERSIGHT AND	ENSURE	
COMPLIANCE WITH APPLICABLE REGULA	TIONS.				
RISE PROVIDES TRANSPORTATION AND	EMPLOYMENT	ASSISTANO	CE INDIRECT	LY TO	
INDIVIDUALS ELIGIBLE FOR THE WELF.	ARE-TO-WOR	K PROGRAM	SUCH AS BU	S TOKENS,	
WORK CLOTHING, AND VEHICLE REPAIR	C MITMILIAN F	DOCDAM CIII	TDEL THE		

Part IV Supplemental Information
RISE PROVIDES HOUSING ASSISTANCE INDIRECTLY TO QUALIFYING INDIVIDUALS SUCH
AS RENTAL SUBSIDIES, SUBSIDIZED UTILITIES, AND EMERGENCY NECESSITIES WITHIN
PROGRAM GUIDELINES.
RISE PROVIDES GENERAL EMERGENCY ASSISTANCE AND EMPLOYMENT SUPPORT
INDIRECTLY TO QUALIFIED INDIVIDUALS FOR ADVANCING LIVES, INCENTIVES, AND
TOKEN AWARDS.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: LIFETRACK RESOURCES
(H) PURPOSE OF GRANT OR ASSISTANCE: RISE IS THE PRIMARY ADMIN ON A MEC
GRANT AND PAYS FOR SERVICES FROM LIFE TRACK SUCH AS OFFICE SPACE RENT AND
PERSONNEL TO MAXIMIZE GRANT EFFECTIVENESS.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

➤ Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

RISE INCORPORATED

Employer identification number 41-0972476

D		191441	U	
P	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
	Approval by the board of 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		4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		Х	
c				Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
_		5a		Х
	-			X
Ŋ	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		-22
_	·			
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:			v
a		<u>6a</u>		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			
·				

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

Schedule J (Form 990) 2019

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.

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) LYNN NOREN (196,297.	35,000.	84.	20,000.	18,663.	270,044.	0.
PRESIDENT (i			0.	0.	0.	0.	0.
(2) TIM DICKIE	118,924.	8,309.	84.	12,802.	31,606.	171,725.	0.
CHIEF PROGRAM OFFICER) 0.		0.	0.	0.	0.	0.
(3) TOM HAGLUND (117,763.	8,211.	84.	12,651.	31,492.	170,201.	0.
CFO (i		0.	0.	0.	0.	0.	0.
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Page 2

Part III	Supplemental Information

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

PART I, LINE 4B:

IN 2014, THE RISE, INC. BOARD APPROVED A DISCRETIONARY, NON-VESTED 457(F)

DEFERRED COMPENSATION PLAN FOR CERTAIN KEY MANAGEMENT OFFICIALS TO INCENT

TENURE AND LEADERSHIP CONTINUITY FOR THE GOOD OF THE ORGANIZATION. THE

CONTRIBUTIONS ARE VESTED UNDER CERTAIN CONDITIONS THAT HAVE NOT YET BEEN

MET.

LYNN NOREN - 457(F) AMOUNT - 20,000

TIM DICKIE - 457(F) AMOUNT - 12,770

TOM HAGLUND - 457(F) AMOUNT - 12,625

NOEL MCCORMICK - 457(F) AMOUNT- 9,712

ERIN BRAATEN - 457(F) AMOUNT- 9,236

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

RISE INCORPORATED Employer identification number 41-0972476

KIDE INCOM	OIGITED								<u> </u>	<i>) 4</i> -	<u> </u>		
Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	(f) Description	n of purpose	(g) Def	eased	ısed (h) On behalf		(i) Po	oled
										of iss	suer	finan	cing
								Yes	No	Yes	No	Yes	No
CITY OF COTTAGE GROVE,						CONSTRUCT	OFFICE						
_ A MN	41-6008286	NONE	05/19/05	853	,000.	BUILDING			Х		Х		Х
						ACQUIRE 8	IMPROVE	:					
B WASHINGTON COUNTY, MN	41-6005919	NONE	04/05/16	500	,000.	OFFICE BU	JILDING		Х		Х		X
						CONSTRUCT	OFFICE						
C CITY OF NEW RICHMOND, WI	39-6005554	NONE	08/04/16	850	,000.	BUILDING			Х		Х		X
D													ļ
Part II Proceeds													
			А			В	С				D		
1 Amount of bonds retired			55	7,010.	010. 66,610. 89			350.					
2 Amount of bonds legally defeased													
			85	3,000.		500,000.	850,	000					
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds			5	52,715. 30,900. 5		52,	530						
				·									
9 Working capital expenditures from proceeds													
			0.5	3,000.	500,000.		850,	000					
40 011						İ							
13 Year of substantial completion			2	005		2016 201		. 6					
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	issue of tax-exempt be	onds (or,											
if issued prior to 2018, a current refunding iss	•			X		x		X					
15 Were the bonds issued as part of a refunding													
issued prior to 2018, an advance refunding issue)?				X		x		X					
•					Х		Х						
-	•												
for all all a settlem of commenced and		-	x		х		х						
I HA For Panerwork Reduction Act Notice see t			L. L.				<u>, </u>		Schoo	hula K	/Eorn	000)	2010

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Schedule K (Form 990) 2019

 Schedule K (Form 990) 2019
 RISE INCORPORATED
 41-0972476
 Page 2

Part	III Private Business Use									
		A		E	3	(0)	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes No		Yes	No	
	which owned property financed by tax-exempt bonds?		Х		X		X			
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		X		X		X			
За	Are there any management or service contracts that may result in private									
	business use of bond-financed property?		X		x		x			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business use of									
	bond-financed property?		X		x		x			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by									
	entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		%	
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		.00 %		.00 %		.00 %	1		
6	Total of lines 4 and 5		.00 %		.00 %		.00 %		%	
7	Does the bond issue meet the private security or payment test?		Х		Х		Х			
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		x		x			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed									
	of		%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections									
	1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all nonqualified									
	bonds of the issue are remediated in accordance with the requirements under									
	Regulations sections 1.141-12 and 1.145-2?		X		X		X			
Part	IV Arbitrage									
		Α		E	3	(C)	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No	
	Penalty in Lieu of Arbitrage Rebate?		X		X		X			
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х		X		X			
b	Exception to rebate?		Х		X		X			
	No rebate due?	Х		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
3	Is the bond issue a variable rate issue?		X	X		X				

 Schedule K (Form 990) 2019
 RISE INCORPORATED
 41-0972476
 Page 3

Part IV Arbitrage (continued)									
	Į ,	4	Е	3		С	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		X		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		X		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		X		Х			
7 Has the organization established written procedures to monitor the requirements of									
section 148?		X		X		Х		I	
Part V Procedures To Undertake Corrective Action									
	Δ.	١	Е	3	(C	D	,	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No	
federal tax requirements are timely identified and corrected through the voluntary									
closing agreement program if self-remediation isn't available under applicable								I	
regulations?		X		X		X		I	
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions						
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:									
(A) ISSUER NAME: CITY OF COTTAGE GROVE, MN									
DATE THE REBATE COMPUTATION WAS PERFORMED: 12	2/31/201	L9							
(A) ISSUER NAME: WASHINGTON COUNTY, MN								,	
DATE THE REBATE COMPUTATION WAS PERFORMED: 12	2/31/201	L9							
(A) ISSUER NAME: CITY OF NEW RICHMOND, WI									
DATE THE REBATE COMPUTATION WAS PERFORMED: 12	2/31/201	L9							
						,		,	

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019 Open To Public

Open To Publinspection

Name of the organization

RISE INCORPORATED

Employer identification number 41-0972476

Part I Excess	Benefit Trans	sactio	ons (section 50)1(c)(3), secti	on 501(c)(4), and se	ction	n 501(c)(29) orga	nizatio	ns on	y).			
Complete	e if the organizatio	n answ	vered "Yes" on F	orm 9	90, Pa	rt IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, li	ne 40	b.			
1			Relationship betv			ified						(d)	Correc	cted?
(a) Name of disqu	ialified person	` ′	person and or			(6	c) De	escription of tran	sactio	n		Ye		No
													-	
												-	_	
												+	-	
												-	_	
2 Enter the amount section 4958						ualified persons dur				> \$				
3 Enter the amoun	t of tax, if any, on l	ine 2, a	above, reimburs	ed by	the org	ganization				> \$				
Part II Loans	to and/or Froi	n Inte	erested Pers	ons.	ı									
						Part V, line 38a or F	Orm	990 Part IV line	e 26· c	r if th	e Organ	nizatio	n	
	an amount on For					rait v, line 30a oi r	OIIII	1990, Fait IV, IIII	e 20, C	,, ,, ,,,,	e organ	IIZatio	''	
(a) Name of interested person	(b) Relation	onship	(c) Purpose of loan	(d) Lo	an to or	(e) Original principal amount	(f) Balance due		(g) defa	In ult?	(h) App	oroved ard or	(i) W	ritten ment?
orostou poros	in organ		57.754.7		zation?	printerpair arrivairie					cómm			
				То	From		\vdash		Yes	No	Yes	No	Yes	No
							_							
							_							
Total						> \$								
Part III Grants	or Assistance	e Ben	efiting Inter	este	d Per	sons.								
Complete	e if the organizatio	n answ	vered "Yes" on F	orm 9	90, Pa	rt IV, line 27.								
(a) Name of inte	erested person		(b) Relationship interested pers	on an		(c) Amount of assistance		(d) Type of assistance			Purpassista			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

	e organization answered					(a) Ch -	ring of
(a) Name of intere	ested person		o between interested I the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's ues?
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TOM KETTLESON,				•	LAW FIRM SE		X
LAURI HOPKINS,	HAYS COMPAN	BUSINESS	TRANSACTIO	23,229.	INSURANCE B		X
	tal Information.	onses to question	ns on Schedule I. (see i	nstructions)			
SCH L, PART IV					D PERSONS:		
(A) NAME OF PE	-						
(B) RELATIONSH	IP BETWEEN I	NTERESTEL	D PERSON AND	ORGANIZATI	ON:		
BUSINESS TRANS	ACTION						
(D) DESCRIPTIO	N OF TRANSAC	TTON: IAW	J FTRM SERVI	CES PAID			
(b) blbckiiiio	it of Humbhe	1101(1 121)	V I IIIII DIIIVI	CLD IIIID			
(A) NAME OF PE	RSON: LAURI	HOPKINS.	HAYS COMPAN	IIES			
	IP BETWEEN I				ON:		
BUSINESS TRANS							
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

41-0972476

Name of the organization

FORM 990, PART

RISE INCORPORATED

I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREATIVE SOLUTIONS AND CUSTOMIZED SUPPORT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO LIVE A LIFE FILLED WITH PURPOSE.

WHEN RISE WAS FOUNDED, PEOPLE WITH DISABILITIES THROUGHOUT THE UNITED STATES HAD FEW CHOICES: STAY HOME ALL DAY, MOVE TO AN INSTITUTION, OR ATTEND ONE OF THE FEW WORKSHOPS PROVIDING PRODUCTION-LIKE JOBS. THE GOAL OF THE RISE FOUNDERS WAS TO GIVE PEOPLE WITH DISABILITIES A GREATER RANGE OF CHOICES THROUGH TAILORED VOCATIONAL REHABILITATION SERVICES IN ANOKA COUNTYBOTH CENTER-BASED SERVICES FOR THOSE WHO WANTED OR NEEDED A MORE STRUCTURED AND SUPPORTIVE ENVIRONMENT AND JOB TRAINING AND PLACEMENT FOR THOSE WHO WANTED TO WORK IN COMMUNITY THE VOCATIONAL SKILL TRAINING AND PLACEMENT PROGRAMS SETTINGS. ESTABLISHED IN RISE'S EARLIEST YEARS WERE AMONG THE FIRST COMMUNITY-BASED EMPLOYMENT PROGRAMS FOR INDIVIDUALS WITH DISABILITIES IN THE UNITED STATES.

RISE OPERATES 29 SITES ACROSS MINNESOTA AND WESTERN WISCONSIN, SUPPORTING NEARLY 3,500 PEOPLE ANNUALLY IN EMPLOYMENT, HOUSING, AND LIFE ENRICHMENT PROGRAMMING. ACROSS THESE PROGRAMS, RISE PROVIDES SUPPORTS FOR MANY DIFFERENT GROUPS: PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (46%); PEOPLE WITH SERIOUS AND PERSISTENT MENTAL ILLNESS (33%); PEOPLE WITH SENSORY DISABILITIES (8%); PEOPLE

WITH BRAIN INJURIES (4%); AND OTHER GROUPS (9%), WHICH INCLUDE REFUGEE

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Employer identification number Name of the organization 41-0972476 RISE INCORPORATED POPULATIONS AND PEOPLE REENTERING SOCIETY AFTER INCARCERATION. ABOUT 40% OF PEOPLE THAT RISE SUPPORTS ARE PEOPLE OF COLOR. ONE QUARTER OF PEOPLE SUPPORTED ARE YOUNG ADULTS (18-29 YEARS OLD). IN ADDITION TO AN EXPANDING SERVICE POPULATION, RISE PROGRAMS ARE SHIFTING AND DEVELOPING IN RESPONSE TO A NUMBER OF FACTORS. INDEED, RECENT YEARS HAVE BROUGHT UNPRECEDENTED CHANGE IN TERMS OF BEHAVIORAL HEALTH BREAKTHROUGHS AND PUBLIC POLICIES RELATED TO SUPPORTS FOR PEOPLE WITH DISABILITIES. NEVERTHELESS, THE PIONEERING APPROACH WITH WHICH RISE WAS FOUNDED CONTINUES TO CHARACTERIZE THE AGENCY TO THIS DAY, SPURRING US TO ENSURE THE GREATEST POSSIBLE LEVEL OF PERSONAL SATISFACTION AND CHOICE FOR EVERYONE. THE ARRAY OF PROGRAMS RISE PROVIDES IS DESIGNED TO HELP EVERYONE OVERCOME THE UNIQUE SET OF OBSTACLES THEY FACE, ACHIEVE THEIR GOALS, AND REACH THEIR FULL POTENTIAL. WHILE DELIVERING CUTTING-EDGE SERVICES, RISE ENSURES THAT PROGRAMS ARE SUCCESSFUL AND MEET THE NEEDS, INTERESTS AND DESIRES OF INDIVIDUALS. IN 2019, RISE PLACED 714 PEOPLE INTO NEW JOBS IN THE OPEN LABOR MARKET AND SUPPORTED HUNDREDS MORE WITH THEIR EXISTING EMPLOYMENT. OVERALL, 95% OF PEOPLE ARE SATISFIED WITH THEIR SERVICES FROM RISE. A PERSON RECEIVING SERVICES SAID THIS ABOUT RISE: "I'M SO GRATEFUL FOR THIS SKILLED & COMPASSIONATE HELP. I'VE BEEN WORKING AT THE SAME COMPANY FOR MORE THAN TWO YEARS NOW! I FEEL MORE CONFIDENT NOW."

FORM 990, PART VI, SECTION A, LINE 1:

Name of the organization RISE INCORPORATED

Employer identification number 41-0972476

THE FINANCE COMMITTEE HAS THE AUTHORITY TO REVIEW AND APPROVE THE FISCAL

PROCEDURES, FUNDRAISING PLANS, ANNUAL BUDGETS, AND ANNUAL TAX RETURNS. THE

FINANCE COMMITTEE CONSISTS OF THE TREASURER AS THE CHAIR AND THREE OTHER

BOARD MEMBERS (MORE OR LESS MEMBERS AS MAY BE NEEDED). THE FINANCE

COMMITTEE HAS NO OTHER AUTHORITY ON BEHALF OF THE FULL BOARD.

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

A COPY IS PROVIDED TO THE FINANCE COMMITTEE WHERE THE 990 WILL BE REVIEWED

AND APPROVED PRIOR TO SUBMISSION. A COPY IS ALSO PROVIDED TO THE BOARD

PRIOR TO SUBMISSION.

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

CONFLICT OF INTEREST FOR BOARD MEMBERS IS COMPLETED ANNUALLY AND DISCLOSURE

IS PART OF THE MONITORING PROCESS. KEY EMPLOYEES AND OFFICERS UPDATE CODE

OF CONDUCT ANNUALLY.

IT IS THE RESPONSIBILITY OF THE INDIVIDUAL BOARD MEMBER WHO PERCEIVES ANY

POTENTIAL CONFLICT OF INTEREST TO BRING SUCH CONFLICT TO THE ATTENTION OF

THE BOARD OF DIRECTORS. THE BOARD WILL REVIEW THE MATTER AND DETERMINE

WHETHER THE RELATIONSHIP IS AN ACCEPTABLE ONE.

THE ACTION OF THE BOARD OF DIRECTORS SHOULD CLEARLY BE REFLECTED IN THE
MINUTES OF THE COMMITTEE AND/OR THE BOARD MEETING IN WHICH THE SITUATION
WAS REVIEWED. INDIVIDUAL BOARD MEMBERS WILL BE EXPECTED TO ABSTAIN FROM
VOTES ON BOARD MATTERS IN WHICH BOARD ACTION WOULD HAVE FINANCIAL IMPACT ON
THEM OR THE FIRM THEY REPRESENT. INDIVIDUAL BOARD MEMBERS WILL ALSO BE
EXPECTED TO ADHERE TO THE ORGANIZATION'S CODE OF CONDUCT AND ANY

PROFESSIONAL STANDARDS APPLICABLE TO THE ORGANIZATION WHICH THEY REPRESENT,

Schedule O (Form 990 or 990-EZ) (2019) Page 2 **Employer identification number** Name of the organization 41-0972476 RISE INCORPORATED WHEN THOSE RESTRICTIONS WOULD BE MORE STRINGENT THAN THE REQUIREMENTS OUTLINED HEREIN. KEY EMPLOYEES AND OFFICERS REVIEW THE ORGANIZATION'S CODE OF CONDUCT ANNUALLY. IF A PROPOSED TRANSACTION OR SITUATION RAISES ANY QUESTIONS OR DOUBTS WITH RESPECT TO A POTENTIAL CONFLICT OF INTEREST, EMPLOYEES ARE REQUIRED TO DISCUSS THE FACTS WITH THEIR MANAGER OR SOMEONE IN THE HUMAN RESOURCES DEPARTMENT BEFORE ENTERING INTO THE RELATIONSHIP OR SITUATION IN **QUESTION.** FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION FOR THE PRESIDENT IS REVIEWED BY SELECT BOARD MEMBERS ASSIGNED TO THE TASK TO GATHER COMPARABLE DATA FROM FORM 990 AND SALARY SURVEY INFORMATION FOR OUR GEOGRAPHIC LOCATION AND COMPLEXITY OF OPERATIONS. THEN THE BOARD WILL DOCUMENT THE PROCESS CONTEMPORANEOUSLY, INCLUDING THE TERMS OF THE TRANSACTION, DATE OF APPROVAL, VOTING MEMBERS PRESENT, AND ANY CONFLICT OF INTEREST. THE DOCUMENTATION WILL INCLUDE THE BASIS FOR DETERMINING THE COMPENSATION, INCLUDING THE COMPARABILITY DATA OBTAINED AND RELIED UPON. THIS PROCESS WAS LAST COMPLETED IN 2019. THE PRESIDENT CONDUCTS ANNUAL PERFORMANCE EVALUATIONS FOR OTHER OFFICERS AND EMPLOYEES. THE PRESIDENT INCORPORATES FORM 990 DATA AND SALARY SURVEY

INFORMATION FOR OUR GEOGRAPHIC LOCATION AND COMPLEXITY OF OPERATIONS AND DOCUMENTS ADJUSTMENTS IN HUMAN RESOURCES FILES. THIS PROCESS WAS LAST PERFORMED IN 2018.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization RISE INCORPORATED	Employer identification number 41-0972476
CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.	
CONTINUE OF INTERNET FORCE AVAILABLE OF ON KENNETS	