** Public Inspection Copy **

Return of Organization Exempt From Income Tax Form

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.

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

and ending

Room/suite

527

OMB No. 1545-0047 Open to Public Inspection

25,214,387.

Yes

Yes X No

No

D Employer identification number

41-0972476

763-786-8334

for subordinates?

H(c) Group exemption number

POTENTIAL AND OPEN DOORS

L Year of formation: 1971 M State of legal domicile: MN

If "No," attach a list. See instructions

E Telephone number

H(a) Is this a group return

H(b) Are all subordinates included?

G Gross receipts \$

Department of the Treasury Internal Revenue Service			Go to ww	w.irs.gov/F	orm990 for	instructions	and the
A For the	2020 calend	ar year, or tax	year beginr	ning		а	nd end
B Check if applicable:	C Name of	organization					
Address change	RISE	INCORPO	ORATED				
Name change	Doing b	usiness as					
Initial return Final return/	Number 8406	and street (or SUNSET			ered to street	address)	Roo
termin- ated Amende return		own, state or p NG LAKE	rovince, cou PARK ,		P or foreign	postal code	
Applica tion pending	F Name a	nd address of p AS C ABC		er: LYNN	NOREN		
I Tax-exe	npt status:	X 501(c)(3)	501(c)	()<	(insert no.)	4947(a)	(1) or
J Website	: 🕨 WWW 🔒	RISE.ORC	3				
K Form of a	organization:	X Corporation	Trust	Asso	ociation	Other 🕨	
Part I	Summary						
		e the organizat ESS FOR			0		JOCK OR
vernance 8 2 3 9 4	heck this bo	x 🕨 ift	he organizat	ion disconti	nued its ope	erations or dis	posed (
§ 3 ⊾	lumber of vot	ing members o	· ·		•		

nce		TO SUCCESS FOR PEOPLE WITH DISABILITIES OR OT	THER CHALLENGES	5 THROUGH
overnance	2	Check this box I if the organization discontinued its operations or disposed of m	nore than 25% of its net asse	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		14
ۍ «	4	Number of independent voting members of the governing body (Part VI, line 1b)		14
-	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		1306
vitie	6	Total number of volunteers (estimate if necessary)		97
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	326,549.	8,832,808.
evenue	9	Program service revenue (Part VIII, line 2g)	32,346,781.	12,230,150.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	289,237.	801,898.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,898.	144,127.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,159,465.	22,008,983.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	218,700.	179,163.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,883,190.	16,867,504.
penses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	34,965.	0.
ed X	b	Total fundraising expenses (Part IX, column (D), line 25) 249,691.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,723,791.	4,958,387.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,860,646.	22,005,054.
	19	Revenue less expenses. Subtract line 18 from line 12	298,819.	3,929.
or			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	24,894,197.	25,133,833.
t As.	21	Total liabilities (Part X, line 26)	4,457,163.	4,480,698.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	20,437,034.	20,653,135.

Part II Signature Block

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

Sign Here	Signature of officer LYNN NOREN, PRESIDE Type or print name and title	NT	Date			
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	RACHEL FLANDERS	RACHEL FLANDERS	11/02/21	self-employed ${f P}$	01591790	1
Preparer	Firm's name CLIFTONLARSON	IALLEN LLP	Firm's	EIN ▶ 41-	0746749	
Use Only	Firm's address 🕨 220 S 6TH STR	EET, SUITE 300				
	MINNEAPOLIS,	MN 55402	Phone	no.612-3	76-4500	
May the I	RS discuss this return with the preparer show	wn above? See instructions			X Yes	No
032001 12-2	23-20 LHA For Paperwork Reduction Ac	t Notice, see the separate instructions.			Form 990 (2	020)
5	SEE SCHEDULE O FOR ORGA	NIZATION MISSION STATE	MENT CONTI	NUATION		
2111102	131839 053-192760-00	2020.05000 RISH	E INCORPORA	TED	053	3-1921

		ORPORATED	41-0972476	Page
Par	t III Statement of Program Serv			X
4		oonse or note to any line in this Part III		[A
	Briefly describe the organization's mission	L AND OPENS DOORS TO SUC	CESS FOR DEODLE WITH	
		CHALLENGES THROUGH CREA		
		CHALLENGES INKOUGH CREA	ATTVE SOLUTIONS AND	
	CUSTOMIZED SUPPORT.			
2	Did the organization undertake any signific	cant program services during the year which we	ere not listed on the	
		1 5 5 7		XN
	If "Yes," describe these new services on S			
		make significant changes in how it conducts, a	any program services? X Yes	No
	If "Yes," describe these changes on Sche			
	-	ce accomplishments for each of its three largest	t program services, as measured by expenses	
		ons are required to report the amount of grants a		d
	revenue, if any, for each program service	· · · ·		iu iu
	(Code:) (Expenses \$18 , 7	13,362. including grants of \$1	79,163.) (Revenue \$ 12,230,1	150.
40		RISE SUPPORTS PEOPLE WH		130.
	· · · · · ·	FER THE PEOPLE WE SERVE		
		TEGRATION AND A WIDE RAN		70
		THEIR GOALS IN THE AREA		
	AND PERSONAL GROWTH.	INCIR GOALS IN THE AREA	AS OF EMPLOIMENT, HOUSING	3
	AND PERSONAL GROWTH.			
	MICCION, DICE UNLOCKO	POTENTIAL AND OPENS DOC	DE MO CHICCECC EOR DEODI	2
				2
		OTHER CHALLENGES THROUGH	CREATIVE SOLUTIONS AND	
	CUSTOMIZED SUPPORT.			
		PROGRESSIVE, SUPPORTIVE		~
	ENVIRONMENT THAT FOST	ERS MEANINGFUL GROWTH AN	D PROVIDES OPPORTUNITIE;	5
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4d	Other program services (Describe on Sche	edule O.)		
		including grants of \$	(Revenue \$	
4e	Total program service expenses 🕨	18,713,362.		
				90 (202)
32002	12-23-20	SEE SCHEDULE O FOR COL	NTINUATION (S)	
	02 131839 053-192760-	8		053-

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 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		X
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
2	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<i>''</i>		<u> </u>
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
13		10		x
20-	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21		21	х	
020000	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>			l (2020)
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			v
	any tax-exempt bonds?	24c		X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0 4	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
•••	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		•		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
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	10			()

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Form	990 (2020) RISE INCORPORATED 41-0972	476	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1306			
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 <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_ <u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	7a	х	
	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	- 11	
C	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	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 10a			
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		Δ
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		- 23

Form **990** (2020)

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Form 99	0 (2020)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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.

10		1.1				Yes	N
Ia	Enter the number of voting members of the governing body at the end of the tax year	1 a		14	<u>l</u>		
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14	Ŀ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
~	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1.0		
a	The governing body?	-	-		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
ы 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						+
9					9		X
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Z
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (Code.)				T
~						Yes	
	Did the organization have local chapters, branches, or affiliates?				<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the	form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	icts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	Yes," de	escribe				
	in Schedule O how this was done				12c	Х	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a				
	taxable entity during the year?				16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				100		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•				
	exempt status with respect to such arrangements?				16b		
ier	tion C. Disclosure					1	1
	List the states with which a copy of this Form 990 is required to be filed						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar			F01(-)/0			
7		na 990-	I (Section	501(C)(3)s oniy)	avalla	apie
7							
7	for public inspection. Indicate how you made these available. Check all that apply.						
7 8	for public inspection. Indicate how you made these available. Check all that apply.	n on Sci	,				
7 8	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the section of the se	n on Sci	,	olicy, an	d finan	cial	
7 8 9	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	n on Sci onflict o	f interest p		d finan	cial	
7 8	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boot	n on Sci onflict o	f interest p		d finan	cial	
7 8 9	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's box TOM HAGLUND 763-786-8334	n on Sci onflict o	f interest p		d finan	cial	
7 8 9	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boot	n on Sci onflict o	f interest p			cial	

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Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
E	Employees, and Independent Contractors		
C	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 v	vith or within the organization	s tax year.
 List all 	of the organization's current officers, directors, trustees (whether individuals or organizations), reg	ardless of amount of compens	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week			uau		1/ ii usi		from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mpen				and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	sst co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C
(1) LYNN NOREN	40.00									
PRESIDENT				Х				235,385.	0.	38,058.
(2) TIM DICKIE	40.00									
CHIEF PROGRAM OFFICER				Х				130,976.	0.	44,080.
(3) TOM HAGLUND	40.00									
CFO				Х				129,458.	0.	44,001.
(4) NOEL MCCORMICK	40.00									
VICE PRESIDENT OF ADVANCEM						Х		100,265.	0.	22,083.
(5) TOM KETTLESON	1.00									
FORMER BOARD CHAIR		Х		Х				0.	0.	0.
(6) KATHY KLANG	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(7) ANDREA MURPHY	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) RACHAEL SMITH	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(9) SHERRY ROBINSON	1.00									-
FORMER SECRETARY	1	Х		Х				0.	0.	0.
(10) MANFRED TATZMAN	1.00								•	•
VICE CHAIR	1 00	X		Х				0.	0.	0.
(11) SHEILA MINSKE	1.00								0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(12) JON GRUNEWALD	1.00	37						•	0	0
BOARD MEMBER (13) BLAKE ELLIOTT	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(14) LAURI HOPKINS	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) MARK BERGMANN	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(16) KRISTIN HANGEBRAUCK	1.00	Λ						0.	0.	0.
BOARD MEMBER	<u> </u>	х						0.	0.	0.
(17) PATRICK DEEG	1.00	~						0.	0.	0.
BOARD MEMBER	<u> </u>	х						0.	0.	0.
032007 12-23-20	1	- 22			I	I		0.	0.	Form 990 (2020)
032007 12-23-20					1					(2020)

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Form 990 (2020) RISE INCO									41-09	724	76	Page 8
Part VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C		s (continued)			
(A) Name and title	(B) Average	(do		(C Posi heck r	ition		one	(D) Reportable	(E) Reportable		(F Estim	
	hours per week			ss per Id a di				compensation from	compensation from related		amou oth	
	(list any	ctor						the	organizations		compe	
	hours for related	or dire	9			ated		organization	(W-2/1099-MISC)	from	
	organizations	rustee	l truste		ee	npens		(W-2/1099-MISC)			organi and re	
	below	Individual trustee or director	Institutional trustee	er	<ey employee<="" td=""><td>Highest compensated employee</td><td>ner</td><td></td><td></td><td></td><td>organiz</td><td></td></ey>	Highest compensated employee	ner				organiz	
	line)	Indiv	Insti	Officer	Key e	High emp	Former			\perp		
(18) SUE LANGFELDT	1.00	v						0				0
BOARD MEMBER (19) KELLY STEFFENS	1.00	Х						0.).		0.
BOARD MEMBER	1.00	x						0.	().		0.
(20) ANNE HOLLOCH	1.00											
BOARD MEMBER		х						0.	().		0.
										+		
		-										
										+		
										\rightarrow		
										+		
1b Subtotal								596,084.			148,	222.
c Total from continuation sheets to Part VI								0.).	1.1.0	0.
d Total (add lines 1b and 1c)								596,084.).	148,	222.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100,	JUU of reportable			4
											Ye	-
3 Did the organization list any former officer,	director, truste	ee, k	ey e	emple	oyee	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									. L	3	<u> </u>
4 For any individual listed on line 1a, is the su	-							-	-			7
and related organizations greater than \$150	,		•							-	4 X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	-				-			-			5	x
Section B. Independent Contractors		- 0 /	<u>JI 31</u>		10/30	<u>.</u>				<u>· </u>	•	
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	nsatic	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng wi	ith o	or wit	hin	the organization's tax y	ear.			
(A) Name and business	address							(B) Description of s	envices	Co	(C) mpensa	ation
TEAM PERSONNEL SERVICES I								TEMP LABOR A			mpense	
259 UNIVERSITY AVE W, ST.		MN	5	51(03			TRAINING			107,	288.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	e list	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation 🕨				1	-						_

032008 12-23-20

		Check if Schedule O					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
ŝ	1 a	Federated campaigns		1a						
no	b	Membership dues		1b						
Ĕ	с	Fundraising events		1c		97,954.				
and Other Similar Amounts		Related organizations								
Ē	е	Government grants (contr	ibutio	ons) 1e		7,800,780.				
S	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	e 1f		934,074.				
0 D	g	Noncash contributions included in	lines 1	a-1f 1g	\$	6,289.				
an	h	Total. Add lines 1a-1f				►	8,832,808.			
						Business Code				
	2 a	PROGRAM SERVICE FEES	S			900099	6,229,209.	6,229,209.		
đ	b	SALES TO PUBLIC				900099	3,233,095.	3,233,095.		
ň	с	TRANSPORTATION INCOM	МЕ			900099	2,756,046.	2,756,046.		
eve	d	CLIENT HOUSING				900099	11,800.	11,800.		
Revenue	е									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f				►	12,230,150.			
	3	Investment income (includ								
		other similar amounts)				►	176,686.			176,6
	4	Income from investment of	of tax	-exempt b	ond p	oroceeds 🕨 🕨				
	5	Royalties				►				
				(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)			🕨				
		Gross amount from sales of		(i) Secu	rities	(ii) Other				
		assets other than inventory	7a	3,804	,467.					
		Less: cost or other basis								
2		and sales expenses	7b							
	с	Gain or (loss)	7c	625	,212.					
2	d	Net gain or (loss)			···· <u>····</u>	►	625,212.			625,2
	8 a	Gross income from fundraisi	ng eve	ents (not						
5		including \$	97,	954. of						
		contributions reported on		,						
		Part IV, line 18								
		Less: direct expenses				26,149.				
		Net income or (loss) from				····· ►	-17,624.			-17,6
	9 a	Gross income from gamin								
		Part IV, line 19								
		Less: direct expenses				└───┤				
		Net income or (loss) from			es	····· ►				
	10 a	Gross sales of inventory, I								
		and allowances								
		Less: cost of goods sold								
+	С	Net income or (loss) from	sales	of invent	ory					
		WT 6677 1	_			Business Code				
Revenue		MISCELLANEOUS INCOM	ы			624310	161,751.			161,7
ent	b					├ ──── ↓				
Sev	С									
٦		All other revenue								
	е	Total. Add lines 11a-11d					161,751.			
	12	Total revenue. See instruction	ons				22,008,983.	12,230,150.	0.	946,0

Form 990 (2020) RISE INCORPORATED
Part VIII Statement of Revenue

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Form 990 (2020) RISE INCORPORATED
Part IX Statement of Functional Expenses

	t IX Statement of Functional Expens				
Secti	on 501(c)(3) and 501(c)(4) organizations must com			nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in		(0)	
	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	25,902.	25,902.		
2	Grants and other assistance to domestic	152 261	152 261		
•	individuals. See Part IV, line 22	153,261.	153,261.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	600,326.		573,352.	26,974.
6	Compensation not included above to disqualified	000,5200		3,3,321	20,9,1
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,264,842.	10,783,407.	1,337,652.	143,783.
8	Pension plan accruals and contributions (include			, ,	
-	section 401(k) and 403(b) employer contributions)	181,163.	181,163.		
9	Other employee benefits	1,385,570.	1,232,689.	137,826.	15,055.
10	Payroll taxes	2,435,603.	2,027,477.	371,298.	36,828.
11	Fees for services (nonemployees):				
а	Management				
	Legal	11,162.		11,162.	
	Accounting	43,825.		43,825.	
	Lobbying	4,275.		4,275.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	38,162.		38,162.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	342,606.	277,017.	56,161.	9,428.
12	Advertising and promotion	62,653.	12,476.	50,131.	46.
13	Office expenses	474,232.	337,269.	124,402.	12,561.
14	Information technology	225,566.	177,308.	47,305.	953.
15	Royalties	1 0 2 0 2 0 2	1 010 644		
16	Occupancy	1,039,383.	1,010,644.	28,506.	233.
17	Travel	295,523.	290,959.	4,261.	303.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	95,261.	81,693.	13,114.	454.
19 20	Conferences, conventions, and meetings	42,447.	42,447.	,¥•	404.
20 21	Payments to affiliates	74,74/•	74,44/•		
21 22	Depreciation, depletion, and amortization	1,112,462.	1,043,321.	68,049.	1,092.
22 23	Insurance	98,488.	85,105.	13,383.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT RENTAL AND MA	631,371.	625,648.	5,534.	189.
b	PRODUCTION PARTS & MATE	271,994.	271,994.	·	
c	BAD DEBT EXPENSE	67,587.		67,587.	
d	DUES, MEMBERSHIP, & LIS	66,911.	28,431.	37,334.	1,146.
е	All other expenses	34,479.	25,151.	8,682.	646.
25	Total functional expenses. Add lines 1 through 24e	22,005,054.	18,713,362.	3,042,001.	249,691.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
		1	1		

032010 12-23-20

Check here

if following SOP 98-2 (ASC 958-720)

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RISE INCORPORATED Part X Balance Sheet

Form 990 (2020)

	17	Dalance Sheet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,243,963.	1	2,567,333.
	2	Savings and temporary cash investments			771,075.	2	1,789,176.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,901,473.	4	3,119,039.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9				474,677.	9	552,351.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	19,239,068.			
	b	Less: accumulated depreciation	9,007,812.	10c	8,589,408.		
	11	Investments - publicly traded securities		6,700,271.	11	7,660,314.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		794,926.	15	856,212.	
	16	Total assets. Add lines 1 through 15 (must equa			24,894,197.	16	25,133,833.
	17	Accounts payable and accrued expenses	2,487,162.	17	2,373,206.		
	18	Grants payable		18			
	19	Deferred revenue			122,486.	19	210,506.
	20	Tax-exempt bond liabilities			1,429,866.	20	1,320,551.
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrelate	ted thir	Г		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			417,649.	25	576,435.
	26	Total liabilities. Add lines 17 through 25			4,457,163.	26	4,480,698.
		Organizations that follow FASB ASC 958, check	ck here	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			19,982,391.	27	20,168,618.
Ba	28	Net assets with donor restrictions			454,643.	28	484,517.
pu		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🗌			
Ľ.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmen	it fund		30	
: As	31	Retained earnings, endowment, accumulated inc	come, c	or other funds		31	
Net	32	Total net assets or fund balances			20,437,034.	32	20,653,135.
	33	Total liabilities and net assets/fund balances			24,894,197.	33	25,133,833.

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Form 990 (2020)

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	990 (2020) RISE INCORPORATED	41-0	0972476	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,00				
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,00	-			
3	Revenue less expenses. Subtract line 2 from line 1	3		3,9			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,43		<u>34.</u> 72.		
5	Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			0.		
9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	20,65	3,1	35.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a	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			x		
	Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						
			Голт	ggn /	(วกวก)		

Form **990** (2020)

032012 12-23-20

SCH	IEDL	JLE	Α
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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.

l	OMB No. 1545-0047
	2020
	Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	lame of the organization Employer identification numbers of the organization										
			INCORPORA						1-0972476		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The o	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only (one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b) (1	I)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in		
		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	•					-	-		
		activities related to its exem							-		
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	Inter June 30, 1975.		
11		See section 509(a)(2). (Con	. ,	volute test for public est	intu Soo	oootion E(O(a)(4)				
12		An organization organized a An organization organized a	-	•	•			rny out the	nurnoses of one or		
12			-	•				•			
		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.									
а		Type I. A supporting orga	• •					-	aivina		
		the supported organization	-	-	• • • •	-					
		organization. You must o									
b		Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s). bv hav	vina		
		control or management o	-				-		-		
		organization(s). You mus			·						
с] Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution rec	quirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .				
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.					
		er the number of supported o	•								
g		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monoton	(vi) Amount of other		
	,	organization		(described on lines 1-10	(iv) Is the orga in your governi		support (see ir	,	support (see instructions)		
				above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,		
Tota											
									•		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 19

Schedule A (Form 990 or 990 EZ) 2020 RISE INCORPORATED

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5554524.	5516339.	5696391.	6576378.	8832808.	32176440.
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 \dots						
4	Total. Add lines 1 through 3	5554524.	5516339.	5696391.	6576378.	8832808.	32176440.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						32176440.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	5554524.	5516339.	5696391.	6576378.	8832808.	32176440.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	157,213.	150,491.	232,591.	231,655.	176,686.	948,636.
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.)	76,490.	86,910.	130,451.	235,398.	161,751.	691,000.
11	Total support. Add lines 7 through 10						33816076.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 100	,969,917.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>95.15 %</u>
	Public support percentage from 2019					15	46.35 %
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►
					Sche	dule A (Form 990) or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 RISE INCORPORATED

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

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(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 ye	ear (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	D (f) Total
1 Gifts,	grants, contributions, and						
	bership fees received. (Do not						
	de any "unusual grants.")						
merch forme any a	s receipts from admissions, handise sold or services per- ed, or facilities furnished in ctivity that is related to the nization's tax-exempt purpose						
	s receipts from activities that ot an unrelated trade or bus-						
iness	under section 513						
izatio	evenues levied for the organ- n's benefit and either paid to pended on its behalf						
	alue of services or facilities hed by a governmental unit to						
	rganization without charge						
	Add lines 1 through 5						
	unts included on lines 1, 2, and						
3 rece	eived from disqualified persons						
from ot exceed	ts included on lines 2 and 3 received her than disqualified persons that the greater of \$5,000 or 1% of the t on line 13 for the year						
c Add li	ines 7a and 7b						
8 Publi	c support. (Subtract line 7c from line 6.)						
	B. Total Support						
	ear (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	D (f) Total
	unts from line 6						
divide	s income from interest, ends, payments received on ities loans, rents, royalties, ncome from similar sources						
b Unrela	ted business taxable income						
(less s	section 511 taxes) from businesses						
acquir	ed after June 30, 1975						
c Add li	ines 10a and 10b						
activit wheth	ncome from unrelated business ties not included in line 10b, ner or not the business is arly carried on						
or los	r income. Do not include gain is from the sale of capital s (Explain in Part VI.)						
	SUPPORT. (Add lines 9, 10c, 11, and 12.)						
14 First	5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
check	this box and stop here	-					
Section	C. Computation of Publi	c Support Per	centage				
15 Public	c support percentage for 2020 (li	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	c support percentage from 2019					16	%
Section	D. Computation of Inves	tment Income	e Percentage				
17 Invest	tment income percentage for 20)20 (line 10c, colur	nn (f), divided by	ine 13, column (f))		17	%
	tment income percentage from 2					18	%
	3% support tests - 2020. If the						line 17 is not
	than 33 1/3%, check this box ar	-	•	• •	•••		>
	3% support tests - 2019. If the						
	8 is not more than 33 1/3%, che						
	te foundation. If the organizatio	n ula not check a	box on line 14, 19	a, or 190, check t			PL
032023 01-25	-21		21		Sch	equie A (FOr	m 990 or 990-EZ) 2020

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Yes No

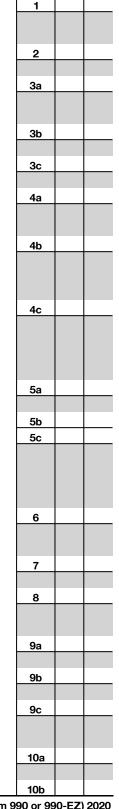
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

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			-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	_		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If</i> the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			

	5 5 5
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
	the organization maintained a close and continuous working relationship with the supported organization(s).
2	By reason of the relationship described in line 2, shown did the organization's supported organizations have a

organization's governing documents in effect on the date of potification, to the extent not previously provided?

3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	ne organization used to satisi	fv the Integral Part Test dur	ing the year (see instructions)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governme	ental entity (see instruction <u>s).</u>
---	--	---	-------------------------	--------------------------	--

23

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

1

Schedule A (Form 990 or 990-EZ) 2020 RISE INCORPORATED Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrate	d Type III supporting orga	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 RISE INCORPORATED

Par	t V Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

032028 01-25-21 111102 131839 053-1	.92760-00	26 2020.05000 RISE		053-19
032028 01-25-21			Schedule A (Form 990 or 99	0-EZ) 2020
2020 AMOUNT: \$ 1	161,751.			
	C 010			
2016 AMOUNT: \$ 7	76,490.			
MISCELLANEOUS				
FREIGHT INCOME				
SPECIAL EVENTS				

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

2020

Employer identification number

41-0972476

RISE	INCORPORATED
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o <i>n</i> (
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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		\$ <u>1,096,039.</u>	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		\$288,945.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$325,607.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>859,247.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,313,943.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$434,154.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

23 2020.05000 RISE INCORPORATED

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

41-0972476

RISE INCORPORATED

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 581,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 X Person Payroll 636,824. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 485,202. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 614,094. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

12111102 131839 053-192760-00

023452 11-25-20

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Name of organization

Page **3**

Employer identification number

41-0972476

RISE INCORPORATED

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

artii	Noncash Froperty (see instructions). Use duplicate copies of Part in	li 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
		_	

12111102 131839 053-192760-00

2020.05000 RISE INCORPORATED

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Page 4

ame of or	rganization		Employe	r identification numbe
ISE]	INCORPORATED		41-	0972476
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or I	tion 501(c)(7), (8), or (10) that total mo	
a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
	 	(e) Transfer of gift		
-	Transferee's name, address, a		Relationship of transferor to	transferee
a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, a		Relationship of transferor to	transferee
3454 11-25-	-20	26	Schedule B (Form 99	0, 990-EZ, or 990-PF) (20

12111102 131839 053-192760-00

2020.05000 RISE INCORPORATED

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

2U20 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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga	anization				Employ	er identification r	number
	RISE IN	CORPORATED				41-097247	6
Part I-A	Complete if the org	janization is exempt under	section 501(c) or	r is a section 52	7 orga	nization.	
2 Political	campaign activity expendit	ration's direct and indirect political rures ign activities					
Part I-B	Complete if the ord	anization is exempt under	section 501(c)(3)				
 Enter the Enter the If the org 4a Was a c 	e amount of any excise tax e amount of any excise tax ganization incurred a sectio	incurred by the organization under incurred by organization managers n 4955 tax, did it file Form 4720 fo	section 4955s under section 4955 r this year?		▶\$_	Yes	No No
		anization is exempt under	section 501(c), e	xcept section 5	01(c)(3	3).	
 Enter the exempt Total exempt Total exempt Total exempt Did the formation of the participation of the partipatio	e amount directly expended e amount of the filing organ function activities empt function expenditures filing organization file Form e names, addresses and en ayments. For each organiza itions received that were pro-	d by the filing organization for secti ization's funds contributed to othe s. Add lines 1 and 2. Enter here and	on 527 exempt functio r organizations for sec d on Form 1120-POL, of all section 527 polit rom the filing organiza separate political organ	n activities tion 527 ical organizations to tion's funds. Also ent ization, such as a sep	\$ \$ which the arrow of the	Yes The filing organization mount of political	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's C	(e) Amount of po contributions recei- promptly and din delivered to a sep political organiza If none, enter	ved and rectly parate ation.
			1				

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 RI)972476 Page 2
Part II-A Complete if the organ	ization is exen	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).	bolongs to an affi	iatod group (and list ir	n Part IV each affiliated	aroup mombor's nam	
expenses, and share o	-	• • •	TT art TV each anniateu	group member s nam	
B Check ► □ if the filing organization	, ,	. ,	ovisions apply.		
	n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
		- 		101013	
1a Total lobbying expenditures to influenceb Total lobbying expenditures to influence					
 c I otal lobbying expenditures (add lines d Other exempt purpose expenditures 					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter th			h columns		
If the amount on line 1e, column (a) or (b		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,00		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,		0 plus 10% of the exc			
Over \$1,500,000 but not over \$1,500,		0 plus 5% of the exce	· · · · · ·		
Over \$17,000,000	\$1,000,	•	.33 0/01 \$1,000,000.		
	φ1,000,	500.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero or	,				
i Subtract line 1f from line 1c. If zero or	lana amtau O				
j If there is an amount other than zero of	,				
reporting section 4911 tax for this yea	0				Yes No
		eraging Period Under			
(Some organizations that	made a section 50	01(h) election do not	have to complete all o	f the five columns b	elow.
	See the separa	ate instructions for li	nes 2a through 2f.)		
	Lobbying Exper	ditures During 4-Ye	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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) 2020

032042 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 RISE INCORPORATED

41-0972476 Page 3

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	unt	
1 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			<u>,275.</u>	
j Total. Add lines 1c through 1i			4	,275.	
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	on 501(c)(5	5), or sec	tion		
501(c)(6).			T		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?			⊢−−−−		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	⊢		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th			<u>ц</u>		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				0 :-	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"NO" UR	(b) Part I	II-A, line	3, IS	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cai				
expenses for which the section 527(f) tax was paid).		0			
a Current year					
b Carryover from last year					
c Total					
		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (See instructions)		5			
		A 11-1-1			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) list); Part II-	A, lines 1 ai	na 2 (See		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
RISE, INC. IS A MEMBER OF AN INDUSTRY ASSOCIATION CALL	LED MOH	<u>IR THA'</u>	<u>r</u>		
PARTICIPATES IN LOBBYING ACTIVITIES TO SUPPORT THE IN	DUSTRY	AND			
LEGISLATIVE UPDATES, PAYMENTS COVER ANNUAL DUES AND CO	NFEREN	ICES.			

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

Department of the Treasury

(Form 99	0)	
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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	e latest information.



Internal Revenue Service Name of the organization

Employer identification number

	RISE INCORPORATED			41-0972476
Par		d Funds or Other Similar Funds or	Accour	
	organization answered "Yes" on Form 990, Part IV, line	e 6.		·
		(a) Donor advised funds	(b) Fur	nds 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 v	vriting that the assets held in donor advised	funds	
-	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
•	for charitable purposes and not for the benefit of the donor or	0 0	,	
			0	
Par				
1	Purpose(s) of conservation easements held by the organization		,	•
•	Preservation of land for public use (for example, recreat		historically	important land area
	Protection of natural habitat	Preservation of a		•
	Preservation of open space			
0		ind concentration contribution in the form of	0000000	tion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified us of the tax year			Held at the End of the Tax Year
-	day of the tax year.		00	Held at the Elid of the Tax Year
	Total number of conservation easements			
b		ante una la charada da (c.)		
с	Number of conservation easements on a certified historic stru		<u>2c</u>	
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization	during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conser-	ation ease	ements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easemen	ts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement ar	nd
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	s that des	cribes the
D	organization's accounting for conservation easements.		0	
Par			er Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and	balance s	heet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	erance of	public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and bal	ance shee	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of pu	blic 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 trea	asures, or other similar assets for financial ga	ain, provid	e
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		►	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
032051	12-01-20			-

12111102 131839 053-192760-00

30 2020.05000 RISE INCORPORATED

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	Sche	dule D (Form 990) 2020 RISE IN	CORPORATED				41-	-097	2476	Pa	age 2
collecton lems (check all that apply): a b <td>Par</td> <td>t III Organizations Maintaining C</td> <td>ollections of Art,</td> <td>Historical Tre</td> <td>asures, or C</td> <td>Other S</td> <td>Similar As</td> <td>sets</td> <td>(contin</td> <td>ued)</td> <td></td>	Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or C	Other S	Similar As	sets	(contin	ued)	
a Public exhibition definition definition definition of the organization is collection? a Provide a description of the organization is collection and explain how they further the organization's exempt purpose in Part XIII. b During they are, did the organization societ or receive donations of art, historical treasures, or other similar assets b De sold to raise funds rather than to be mantaned as part of the organization's collection? b Preservation to future generations b Part VI Excove and CutoSolial Arrangements. Complete the organization answerd 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. b Berginsing balance b If 'Yes,' explain the arrangement in Part XIII and complete the following table: b If 'Yes,' explain the arrangement in Part XIII and complete the following table: b If 'Yes,' explain the arrangement in Part XIII and complete the following table: b If 'Yes,' explain the arrangement in Part XIII and complete the following table: b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII b If 'Yes' is organization angent. If Part XIII. Check here if the explanation has been provided on Part XII b If 'Yes' is organization angent. If Part XIII. Check here if the explanation has been provided on Part XII b Contributors c No b If 'Yes' is organization answered 'Yes' in Form 990, Part X, line 10. b If 'Yes' in Part XIII and losses c 12, 826, 877, 538, 871, 447, 054, 351, 832, 632, 633, -111, 924, 91, 837, 552, 222, 633, -111, 924, 91, 837, 552, 222, 634, 634, 940, 526, 877, 538,	3	Using the organization's acquisition, accession	on, and other records,	check any of the f	ollowing that m	ake sigr	nificant use c	of its			
b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization's collections and explain how they further the organization answered "Yes" on Form 900, Part X, line 9, or resported an amount on form 900, Part X, line 21. Test for the organization answered "Yes" on Form 900, Part X, line 9, or resported an amount on form 900, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1 1 c Beginning balance 1 <td< td=""><td></td><td>collection items (check all that apply):</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		collection items (check all that apply):									
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1, 325, 012. 1, 325, 012. b Buildings 10, 599, 514. 6, 548, 479. 4, 051, 035. c Leasehold improvements 7, 314, 542. 4, 101, 181. 3, 213, 361. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8, 589, 408.	С		· -								
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(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,325,012. 1,325,012. b Buildings 10,599,514. 6,548,479. 4,051,035. c Leasehold improvements 7,314,542. 4,101,181. 3,213,361. e Other 8,589,408.		-								res	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,325,012. 1,325,012. b Buildings 10,599,514. 6,548,479. 4,051,035. c Leasehold improvements 7,314,542. 4,101,181. 3,213,361. e Other 8,589,408.											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land 1,325,012. b Buildings 10,599,514. 6,548,479. c Leasehold improvements 7,314,542. 4,101,181. d Equipment 7,314,542. 4,101,181. e Other 8,589,408.	b										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,325,012. 1,325,012. 1,325,012. b Buildings 10,599,514. 6,548,479. 4,051,035. c Leasehold improvements 7,314,542. 4,101,181. 3,213,361. e Other 6 58,589,408.									30		L
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,325,012. 1,325,012. 1,325,012. b Buildings 10,599,514. 6,548,479. 4,051,035. c Leasehold improvements 7,314,542. 4,101,181. 3,213,361. e Other 1 1 10,000,000,000,000,000,000,000,000,000,			<u>u</u>	ment lunus.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,325,012. 1,325,012. 1,325,012. b Buildings 10,599,514. 6,548,479. 4,051,035. c Leasehold improvements 7,314,542. 4,101,181. 3,213,361. e Other 7 8,589,408.				Part IV line 11a S	ee Form 990 P	art X lir	ne 10				
basis (investment) basis (other) depreciation 1a Land 1,325,012. 1,325,012. b Buildings 10,599,514. 6,548,479. 4,051,035. c Leasehold improvements										valu	
1a Land 1,325,012. 1,325,012. b Buildings 10,599,514. 6,548,479. 4,051,035. c Leasehold improvements		Description of property		()		. ,		'		valu	0
b Buildings 10,599,514. 6,548,479. 4,051,035. c Leasehold improvements	1a	land		,		1		1	.,325	5,0	12.
c Leasehold improvements 7,314,542.4,101,181.3,213,361. e Other 7 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 8,589,408.						6.5	48,479.				
d Equipment 7,314,542. 4,101,181. 3,213,361. e Other 7 7 7 7 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) ▶ 8,589,408.				,		- , -	-,		,	,	
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 8,589,408.				7.31	4,542.	4.1	01.181.	3	3,21	3,3	61.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				.,	_,	- / -	,_0_,		,	,	
				column (R) line 1)c)		•	8	,589	,4	08.
			and on our all A								

Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION			576,435.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 25.)</u>		576,435.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements the	nat reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to 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 ... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 RISE INCORPORATED			41-	0972476 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With			
	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	22,182,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	212,172.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	212,172.
3	Subtract line 2e from line 1			3	21,970,821.
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	38,162.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	38,162.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	22,008,983.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	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	21,966,892.
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	21,966,892.
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	38,162.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	38,162.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	22,005,054.
Pa	rt XIII Supplemental Information.				

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE ESTABLISHED TO SUPPORT GENERAL OPERATIONS AND ENSURE

FINANCIAL SUSTAINABILITY.

PART X, LINE 2:

RISE, INC. HAS TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE. THE ORGANIZATION HAS ADOPTED THE INCOME TAX STANDARD

REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE

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.

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Part XIII Supplemental Information (continued)
Schedule D (Form 990) 202

032055 12-01-20

Organization entered more than \$15,000 on Form 990-EZ. Inie 6a. Attach to Form 990 or Form 990-EZ. To or ownwike.gov/Form990 for instructions and the latest information. Employer identification number 1	SCHEDULE G	HEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047		
Autoritation Tames in the transmission in the latest information.	(Form 990 or 990-EZ)		or if the	2020							
be determined theorem Indexection Indexection	Department of the Treasury	-		Open to Public							
RISE INCORPORATED Part Fundarialization activities. Complete if the organization answered 'Yes' on Form 990, Pat IV, ine 17. Form 990 EZ files are not required to complete the part. 1 Indicate whether the organization raised thus through any of the following activities. Check all that apply. 1 Indicate whether the organization raised thus through any of the following activities. Check all that apply. 1 Indicate whether the organization raised thus through any of the following activities. Check all that apply. 2 Image: Check all that apply. 3 Internation and anal solicitations 3 Internation of government grants 3 Image: Check all that apply. 4 Image: Check all that apply. 4 Image: Check all that apply. 5 Image: Check all that apply. 5 Image: Check all that apply. 6 Image: Check all that apply. 7 Image: Check all that apply. 9 Special Indratasing services? 9 Special Indratasing services? 10 Image: Check all that apply. 11 Image: Check all that apply. <t< td=""><td>Internal Revenue Service</td><td colspan="7">► Go to www.irs.gov/Form990 for instructions and the latest information.</td><td>•</td></t<>	Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							•		
Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 930, Part IV, line 17. Form 930-EZ filers are not incident to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations a b Indicate whether the organization raised funds through any of the following activities. Check all that apply. b a B B Indicate whether the organization raised funds through any of the following activities. Check all that apply. B a B B B B B B b Indicate whether the organization have a written or on lagreement with my individual (including offices, directors, trustees, or key employees listed in form 30, Part VII) or entity in connection with the ordanisers in to be compensated at least \$5,000 by the organization. f(i) Annount paid to (or retained by including offices, directors, trustees, or including offices of individual (in) Activity f(ii) Activity f(iii) Activity f(iiii) Activity f(iii) Activity f(iiii) Activity f(iiii) Activity f(iiii) Activity f(iiii) Activity f(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Name of the organization										
	Part I Fundrais			ered "Y	es" or	n Form 990, Part IV, I	ine 1				
A Mail solicitations A Additions Addition Additions Additions Additio					,						
b Internet and email solicitations f Solicitation of government grants c Imperson solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or law enables listed in Form 300, Part VI) or entity in connection with professional fundraising services? Imperson solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or law enables listed in Form 300, Part VI) or entity in connection with professional fundraising services? Imperson solicitations (i) Name and address of individual or entities (undraisers) (iii) Activity (iii) Dec trustees of the organization (iv) Gross receipts (iv) Amount paid for (or relained by for analtivity for relained by for organization (ii) Name and address of individual or entities (undraisers) (iv) Activity (iv) Amount paid for organization (iv) Amount paid for organization (iv) Amount paid for organization (iii) Name (iv) Activity (iv) Activity (iv) Amount paid for organization (iv) Amount paid for organization (iv) Name (iv) Activity (iv) Activity (iv) Activity (iv) Amount paid for organization (iv) Name (iv) Activity (iv) Activity (iv) Activity (iv) Activit											
d in precess oscillations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraisers) pursuant to agreements under which the fundraiser is to be organization. (ii) Name and address of individual or entity (fundraisers) (iii) Activity Ves No <					•	•					
2 a Did the organization have a written or corel agreement with any individual (notuding officers, directors, trustees, or hey employees listed in Form 390, Part VIII) or entity in connection with professional fundraising services? Yes No b II *Yes, 'Isite the Dinghese paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Professional fundraiser) (iv) Arround paid or entities (fundraiser) (v) Arround pai	c 📃 Phone solici	tations	g 📃 Special	fundra	ising	events					
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yee No b If "Yee," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least 55,000 by the organization. Image: Second	•				. ,	····					
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity light organization is result to a greements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual (ii) Activity light organization is result to a greement to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							tees,				
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to for retained by organization Ves No Image: State Stat			, , ,			•	he fur				
(i) Name and address of individual or entity (fundraiser) (ii) Activity Individual part (iii) for activity (iii) Activity Individual part (iii) for activity (iii) (fundraise of part (iii) for activity) (iii) (fundraise of part (iiii) for activity) (iii) (fundraise of part (iiii) for activity) (iii) (fundraise of part (iiii) for activity) (iii) (fundraise of part (iii) for activity) (iiii) (fundraise of part (iii) for acti	compensated at le	ast \$5,000 by the	organization.								
Image: Second				(iii)	Did	(1) Q			(vi) Amount paid		
Ves No Instead in col. (i) Organization Ves No Image: Imag	.,		(ii) Activity			• •		to (or retained by)			
Image: Second				contrib	utions?		listed in col. (i)		organization		
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.				Yes	No	-					
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.											
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.											
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.											
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.											
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.											
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.											
or licensing.				contrib		or has been notified	itis	exempt from r	registration		
HA For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-F7 Schedule G (Form 990 or 990-F7) 2020								skempt norm			
HA For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-F7 Schedule G (Form 990 or 990-F7) 2020											
HA For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-F7 Schedule G (Form 990 or 990-F7) 2020											
HA For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-FZ Schedule G (Form 990 or 990-FZ) 2020											
HA For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-F7 Schedule G (Form 990 or 990-F7) 2020											
HA For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-FZ Schedule G (Form 990 or 990-FZ) 2020											
HA For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-F7 Schedule G (Form 990 or 990-F7) 2020											
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7 Schedule G (Form 990 or 990-F7) 2020											
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7 Schedule G (Form 990 or 990-F7) 2020											
	LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2020		

Schedule G (Form 990 or 990-EZ) 2020 RISE INCORPORATED

41-0972476 Page 2

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

 (a) Event #1
 (b) Event #2
 (c) Other events

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			VIRTUAL GALA (event type)	(event type)	(total number)	col. (c))
anu				(ovoni typo)	(total hamboly	
Revenue	1	Gross receipts	106,479.			106,479.
	2	Less: Contributions	97,954.			97,954.
	3	Gross income (line 1 minus line 2)	8,525.			8,525.
	4	Cash prizes				
<i>(</i> 0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E>	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	0 0 1 4 0			26,149.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	26,149.
	11 Irt I	Net income summary. Subtract line 10 from li				-17,624.
FC	ITLI	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	└── Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming ac No," explain:				
~						
	_					
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						
b) If "	Yes," explain:				
0320	32 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990 EZ) 2020 RISE INCORPORATED	41-0972476 Page 3
11 Does the organization conduct gaming activities with nonmembers?12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
Name	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the a of gaming revenue retained by the third party ► \$	imount
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or specific distributed to other exempt organizations organizatio	
organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v): and Part III lines 9, 9b, 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v), and Fart III, lines 9, 90, 100,
	ulo C (Eorm 000 or 000 E7) 0000
032083 11-25-20 Sched 37	ule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ	

12111102 131839 053-192760-00

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		2020
Department of the Treasury Internal Revenue Service	Comp		Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization RISE IN	CORPORATED	-					Employer identification number $41 - 0972476$
Part I General Information on Gran							
1 Does the organization maintain reco criteria used to award the grants or	assistance?				•	•	
2 Describe in Part IV the organization'	•	<u>u</u> <u>u</u>					
Part II Grants and Other Assistance recipient that received more that	-					′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LIFETRACK RESOURCES 709 UNIVERSITY AVE W	41-0874507	E01/(C)/(2)	25,002		NT / 2	N / 3	RISE IS THE PRIMARY ADMIN ON A MEC GRANT AND PAYS FOR SERVICES FROM LIFE
ST. PAUL, MN 55104	41-08/450/	501(0)(3)	25,902.	0.	N/A	N/A	TRACK SUCH AS OFFICE
2 Enter total number of section 501(c)	(3) and government or	, ganizations listed in the	e line 1 table			•	······ •
3 Enter total number of other organiza		-					
LHA For Paperwork Reduction Act No. SEE PAR	tice, see the Instructi T IV FOR CO		SCRIPTIONS	5			Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

RISE INCORPORATED

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIRECT TRANSPORTATION AND EMPLOYMENT ASSISTANCE					
- WELFARE-TO-WORK.	129	53,828.	0.	N/A	N/A
INDIRECT HOUSING ASSISTANCE	105	93,795.	0.	N/A	N/A
		,			
INDIRECT GENERAL ASSISTANCE	29	5,638.	0.	N/A	N/A

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

PART I, LINE 2:

RISE USES AN AUTOMATED ACCOUNTING SYSTEM WITH INTERNAL CONTROLS AND

POLICIES AND PROCEDURES TO MONITOR THE USE OF GRANT FUNDS BY PROGRAM. RISE

GRANT MANAGERS PROVIDE PROGRAM AND ADMINISTRATIVE OVERSIGHT AND ENSURE

COMPLIANCE WITH APPLICABLE REGULATIONS.

RISE PROVIDES TRANSPORTATION AND EMPLOYMENT ASSISTANCE INDIRECTLY TO

INDIVIDUALS ELIGIBLE FOR THE WELFARE-TO-WORK PROGRAM SUCH AS BUS TOKENS,

WORK CLOTHING, AND VEHICLE REPAIRS WITHIN PROGRAM GUIDELINES.

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)

032291 04-01-20

SC	HEDULE J	Compensation Info	rmation	1	OMB No. 1	1545-004	17	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key			20	20		
		Compensated Employe Complete if the organization answered "Yes" or			20	ZU)	
Depa	tment of the Treasury	Attach to Form 990.	r Form 550, Fait IV, ine 23.		Open to		ic	
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions	and the latest information.		Inspe			
Nam	e of the organization			Employer i			nber	
D		RISE INCORPORATED		41-0	97247	6		
Ра	rt I Question	s Regarding Compensation						
						Yes	No	
1a		ate box(es) if the organization provided any of the following to		990,				
		line 1a. Complete Part III to provide any relevant information re	• •					
	First-class or c		owance or residence for perso					
	Travel for com		or business use of personal re					
			ocial club dues or initiation fee					
		pending account Personal se	rvices (such as maid, chauffeu	ir, chef)				
ι.	If any of the house		liou vo goveline recurst statu					
b	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							
~					<u>1b</u>			
2	•	n require substantiation prior to reimbursing or allowing expension	•					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items of			2			
2	Indianta which if a	w of the following the organization used to establish the comm	opportion of the organization's					
3		iy, of the following the organization used to establish the comp ctor. Check all that apply. Do not check any boxes for method	v					
			is used by a related organization					
	·	tion of the CEO/Executive Director, but explain in Part III.	lourmont contract					
	Compensation		ployment contract ion survey or study					
	X Form 990 of o		the board or compensation c	ommittoo				
			The board or compensation c	ommittee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with	th respect to the filing					
-	organization or a re	•••	an respect to the ming					
а	-	-			4a		x	
b		eive payment from a supplemental nonqualified retirement pla				Х		
c	•	eive payment from an equity-based compensation arrangemen					x	
•	-	es 4a-c, list the persons and provide the applicable amounts for						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete	lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization p		n				
	contingent on the r							
а	•						X	
b	Any related organiz	ation?					X	
		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization p	ay or accrue any compensatio	n				
	contingent on the r	et earnings of:						
а	The organization?	-			. 6a		X	
		ation?					X	
		r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization p	rovide any nonfixed payments					
	not described on lir	es 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 o	contract that was subject to th	e				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes	," describe in Part III		8		X	
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption proc	edure described in					
	Regulations section	53.4958-6(c)?			9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forn	n 990)	2020	

032111 12-07-20

41-0972476

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 of	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	Denents	(6)(()-(0)	reported as deferred on prior Form 990
(1) LYNN NOREN	(i)	195,385.	40,000.	0.	19,538.	18,520.	273,443.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIM DICKIE	(i)	126,544.	4,432.	0.	12,654.	31,426.	175,056.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TOM HAGLUND	(i)	125,054.	4,404.	0.	12,505.	31,496.	173,459.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 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 -19,538

TIM DICKIE - 457(F) AMOUNT - 12,654

TOM HAGLUND - 457(F) AMOUNT - 12,505

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.

2020 Open to Public Inspection

Employer identification number

41-0972476

OMB No. 1545-0047

Name of the organization

RISE INCORPORATED

Part I Bond Issues											-		
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Descriptio	n of purpose	(a) De	feased	(h) ()n	hehalf	(i) Po	oled
		(0) 00011 1	(u) Date looded	(0) 1000		(i) Descriptio		(9) 00	100000	of is:			ncing
								Yes	No	Yes	No		No
CITY OF COTTAGE GROVE,					C	CONSTRUCT	OFFICE						
A MN	41-6008286	NONE	05/19/05	853	,000.E	BUILDING			x		х		x
							IMPROVE						(
B WASHINGTON COUNTY, MN	41-6005919	NONE	04/05/16	500	,000.0	FFICE BU	ILDING		х		Х		Х
					C	CONSTRUCT	OFFICE						
<u>c CITY OF NEW RICHMOND, WI</u>	39-6005554	NONE	08/04/16	850	<u>,000.</u> E	BUILDING			Х		Х		X
													ĺ
D													
Part II Proceeds													
			A			B	C				D		
1 Amount of bonds retired			612	2,641.		87,336.	125,	669	•				
2 Amount of bonds legally defeased													
3 Total proceeds of issue			853	3,000.	5	500,000.	850,	000	•				
4 Gross proceeds in reserve funds									_				
5 Capitalized interest from proceeds									_				
									_				
			52	2,715.		30,900.	52,	530	•				
· · · · · · · · ·									_				
9 Working capital expenditures from proceeds							0.5.0	000	_				
			85.	3,000.	5	500,000.	850,	000	•				
11 Other spent proceeds									_				
· · · ·		<u></u>		005		2016	201	6	_				
13 Year of substantial completion									_				
		anda (au	Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	-			х		x		x					
if issued prior to 2018, a current refunding issu 15 Were the bonds issued as part of a refunding				Δ				Λ					
				х		x		х					
issued prior to 2018, an advance refunding iss 16 Has the final allocation of proceeds been mad			X		x		x				-		
10 Has the infai allocation of proceeds been mad17 Does the organization maintain adequate bool		nort tha	🏠			+ +							
e i			x		x		x						
final allocation of proceeds?			23			1	21		<u> </u>				

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

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020 RISE INCORPORATED

41-0972476

Page **2**

				5572470				i age
Part III Private Business Use								
		Α		B		ç		P I
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?		X		X		X		
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X		X		X		
3a 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?								
c 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		%		%		%		9
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		%		%		%		9
6 Total of lines 4 and 5		%		%		%		9
7 Does the bond issue meet the private security or payment test?		X		X		X		/
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				- 21		21		
		07		0/		0/		0
disposed of		%		%		%		9
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		
Part IV Arbitrage								
		A		B		Ç		D I aa
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?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?	Х		Х		Х			
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?	Х		Х		Х			

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Schedule K (Form 990) 2020

Schedule K (Form 990) 2020 RISE INCORPORATED

41-0972476

Page 3

Part IV Arbitrage (continued)			1					
		<u> </u>		<u>B</u>	(r	<u>,</u>
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)?		X		X		X		
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?		X		X		Х		
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X		X		X		
Part V Procedures To Undertake Corrective Action		•	·	·			·	-
		A		В))
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		x		X		x		
Part VI Supplemental Information. Provide additional information for responses to question	ons on Schedule	e K. See instr	uctions.		1		•	
CHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
A) ISSUER NAME: CITY OF COTTAGE GROVE, MN								
DATE THE REBATE COMPUTATION WAS PERFORMED: 1	12/31/20	20						
A) ISSUER NAME: WASHINGTON COUNTY, MN								
DATE THE REBATE COMPUTATION WAS PERFORMED: 1	12/31/20	20						
		_ •						
(A) ISSUER NAME: CITY OF NEW RICHMOND, WI								
DATE THE REBATE COMPUTATION WAS PERFORMED: 1	12/31/20	20						
		_ •						

SCHEDULE L	٦	Fransactio	ns V	Vith	Inte	erested	Ρ	ersons			ON	/IB No.	1545-00)47
(Form 990 or 990-EZ)	Complete if t	he organization an 28b, or 28c,				orm 990, Par art V, line 38a			6, 27,	28a,		2	02	20
Department of the Treasury						Form 990-EZ		at information				pen T spect		olic
Internal Revenue Service Name of the organization	► Go	o to www.irs.gov/F	orm99	U TOP II	nstruc	tions and the	late	est information.	Em	nlove	r ident			mber
Nume of the organization	RISE IN	CORPORATED)								724			inibei
Part I Excess Be		actions (section 5		s), sect	ion 50 ⁻	1(c)(4), and see	ctio	n 501(c)(29) orgai						
		answered "Yes" on												
1 (a) Name of disqualifie	ed person	(b) Relationship bet			lified	(0	c) D	escription of tran	sactic	n				ected?
		person and o	rganiza	ation		(-						<u> </u>	es	No
												-	-+	
2 Enter the amount of ta section 4958	,	8	U			•	0	,		•				
3 Enter the amount of ta		e 2. above. reimburs								► \$				
	a, a,	,,			gainiaa					•				
Part II Loans to a	nd/or From	Interested Per	sons.	•										
	•	answered "Yes" on			, Part \	/, line 38a or F	orm	n 990, Part IV, lin	e 26; (or if th	e orga	nizatio	on	
		990, Part X, line 5, ship (c) Purpose		2. Dan to or	1	1 Original			1.0	N In	(h) Ap	oroved	(3)	Vritten
(a) Name of interested person	(b) Relation with organiz		fron	n the ization?		e) Original pipal amount	(1) Balance due) In ault?	by bo	ard or	(1)	ement?
				From	1				Yes	No	Yes	No	Yes	No
				1 IOIII					100		1.00			
			+				-							
			+											
			1											
Total			<u>-</u>			🕨 \$								
		Benefiting Inter												
	-	answered "Yes" on						(-1) T			1.1			,
(a) Name of intereste	ea person	(b) Relationship interested per the organiz	son an			c) Amount of assistance		(d) Type assistan			• •) Purp assist		or
		-												
		1												
		<u> </u>					_							
LHA For Paperwork Red	uction Act Not	ice, see the Instruc	tions f	for For	m 990	or 990-EZ.		Sch	edule	L (Fo	rm 990	or 99	90-ЕZ	2020

032131 12-09-20

|--|

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction (d) Description of transaction		(e) Sha organiz reven	aring of zation's uues?
				Yes	No
TOM KETTLESON, WINTHROP &	BUSINESS TRANSACTIO	1,081.	LAW FIRM SE		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TOM KETTLESON, WINTHROP & WEINSTINE, PA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS TRANSACTION

(D) DESCRIPTION OF TRANSACTION: LAW FIRM SERVICES PAID

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



RISE INCORPORATED

41-0972476

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREATIVE SOLUTIONS AND CUSTOMIZED SUPPORT.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DUE TO THE COVID-19 PANDEMIC, THE ORGANIZATIONS SERVICES WERE SUSPENDED

MARCH-JUNE, 2020, THEN REOPENED AT 50% CAPACITY.

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 COUNTY, INCLUDING CENTER-BASED SERVICES AND LIFE ENRICHMENT PROGRAMMING.

IN 2020, RISE SUPPORTED 3294 PEOPLE THROUGH EMPLOYMENT SUPPORTS AND OTHER ACTIVITIES THAT ASSIST PEOPLE IN OVERCOMING OBSTACLES TO ACHIEVING THEIR GOALS. DESPITE ITS LONG HISTORY AS A DISABILITY SERVICE PROVIDER, RISE PROVIDES SUPPORTS FOR MANY DIFFERENT GROUPS: PEOPLE WITH SERIOUS MENTAL ILLNESS (33%); PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (48%); PEOPLE WITH HEARING DISABILITIES (7%); PEOPLE WITH BRAIN INJURIES (4%); PEOPLE WITH PHYSICAL DISABILITIES (4%) AND OTHER GROUPS (4%), 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) 2020 Name of the organization

RISE INCORPORATED

POPULATIONS AND PEOPLE REENTERING SOCIETY AFTER INCARCERATION.

DEMOGRAPHICALLY, 31% OF PEOPLE THAT RISE SUPPORTS ARE PEOPLE OF COLOR.

ABOUT 10% OF PEOPLE SUPPORTED ARE YOUNG ADULTS (18-24 YEARS OLD); 20%

ARE OLDER ADULTS. GEOGRAPHICALLY, 77% PEOPLE LIVE IN THE SEVEN COUNTY

TWIN CITIES METRO. 33% LIVE IN GREATER MINNESOTA. 30% FROM CENTRAL

MINNESOTA, AND 3% IN OTHER PARTS OF GREATER MINNESOTA).

RISE PROGRAMS HAVE MADE SIGNIFICANT SHIFTS IN RESPONSE TO SEVERAL

EXTERNAL FACTORS. THE COVID-19 PANDEMIC DESPITE CAUSING HUGE

INTERRUPTIONS IN OPERATIONS - HAS EXPANDED RISE'S SERVICE DELIVERY

MODEL FOR THE FORESEEABLE FUTURE. FOR THE FIRST TIME, RISE NOW OFFERS

REMOTE SERVICES, WHICH ALLOW FOR GREATER FLEXIBILITY AND CUSTOMIZATION

FOR PERSONS SERVED IN RECREATION AND LEISURE PROGRAMMING. REMOTE

SERVICES ALSO ALLOW ACCESS TO DAY PROGRAMMING FOR PEOPLE WITH

DISABILITIES WHO WERE PREVIOUSLY EXCLUDED DUE TO GEOGRAPHIC BARRIERS OR

DUE TO MEDICAL VULNERABILITIES.

IN OUR OTHER VOCATIONAL PROGRAMS, THE TRANSITION TO REMOTE SERVICES VIA PHONE OR VIDEOCONFERENCING HAS ALLOWED PEOPLE TO RECEIVE PERSON-CENTERED EMPLOYMENT AND MENTAL HEALTH SUPPORTS MORE EFFICIENTLY THAN EVER WHILE ALSO REDUCING BARRIERS TO ACCESS. ON THE ADMINISTRATIVE SIDE, RISE HAS EMBRACED THE VIABILITY OF REMOTE WORK AND HAS REEVALUATED REAL ESTATE HOLDINGS TO REDUCE OVERHEAD AND INCREASE STAFF COMPENSATION, LEADING TO BETTER SERVICE DELIVERY FOR THE PEOPLE WE SUPPORT.

 OUTSIDE OF THE PANDEMIC, THE FEDERAL AND STATE GOVERNMENTS HAVE

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SIGNALED A SLOW PHASE-OUT OF CENTER-BASED WORK. RISE HAS A	LSO CHOSEN TO							
EMBRACE THESE COMING CHANGES AND IS UNDERTAKING STEPS TO O	FFER ROBUST							
COMMUNITY-BASED EMPLOYMENT OPTIONS AND EMPLOYMENT EXPLORATION								
PROGRAMMING FOR PEOPLE WHO HAVE NOT YET HELD A COMMUNITY-BASED JOB.								
THIS INCLUDES PROGRAM DEVELOPMENT, SPACE PLANNING AND RENOVATION, AND								
OTHER ACTIVITIES. 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.								

BECAUSE OF ITS REPUTATION FOR QUALITY AND PERSON-CENTEREDNESS, RISE OFTEN TAKES ON SPECIAL PROJECTS RELATED TO COMMUNITY EMPLOYMENT AND DISABILITY SERVICE TO BETTER SUPPORT OUR COMMUNITY. 2020 WAS NO DIFFERENT. RISE PARTICIPATED IN A PROGRAM THAT ENSURING PEOPLE WITH DISABILITIES WERE COUNTED IN THE CENSUS, WHICH PLAYED A ROLE IN MINNESOTA HAVING THE HIGHEST CENSUS PARTICIPATION RATE IN THE COUNTRY.

RISE ALSO SHARED ITS 50 YEARS OF KNOWLEDGE WITH NEW PARTNER ORGANIZATIONS, BECOMING A FISCAL SPONSOR AND ORGANIZATIONAL MENTOR FOR MINNESOTA DEAF MUSLIM COMMUNITY AS THEY GROW THEIR ADMINISTRATIVE CAPACITY.

WHILE DELIVERING CUTTING-EDGE SERVICES, RISE ENSURES THAT PROGRAMS ARE SUCCESSFUL AND MEET THE NEEDS, INTERESTS AND DESIRES OF INDIVIDUALS. DESPITE ALL THE CHALLENGES CAUSED BY THE PANDEMIC, RISE STILL PLACED 420 PEOPLE INTO NEW JOBS IN THE OPEN LABOR MARKET IN 2020 AND SUPPORTED HUNDREDS MORE WITH THEIR EXISTING EMPLOYMENT. OVERALL, 95% OF PEOPLE ARE SATISFIED WITH THEIR SERVICES FROM RISE. A PERSON RECEIVING 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

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SERVICES SAID THIS ABOUT RISE:

"IT'S HARD FOR ME TO BELIEVE HOW HELPFUL AND ACCOMMODATING RISE HAS BEEN. I'M SO GRATEFUL FOR THIS PROGRAM, ALL RISE MEMBERS INVOLVED HAVE TREATED ME WITH SUCH KINDNESS AND FOR THIS PROGRAM, ALL RISE MEMBERS INVOLVED HAVE TREATED ME WITH SUCH KINDNESS AND SUPPORT."

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

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

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WHETHER THE RELATIONSHIP IS AN ACCEPTABLE ONE.

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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, 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 15: 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.

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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

CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED FROM THE PRIOR YEAR.