Form	aan
Form	330

Department of the Treasury Internal Revenue Service

T.

## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AF	or th	e 2021 calendar year, or tax year beginning and	ending					
B C	heck if oplicab	e: C Name of organization		D Employer identific	ation number			
	Addre	RISE COMMUNITY DEVELOPMENT						
	Name chang			43-1611669				
	Initial return		Room/suite	E Telephone number				
	]Final return			314-231-9				
	termin ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	1,180,020.			
	Amen return	SAINI LOUIS, MO 05105		H(a) Is this a group re				
	Applie tion pendi	F Name and address of principal officer: I EKKEDD CARTER		for subordinates?				
		SAME AS C ABUVE		H(b) Are all subordinates ind				
		empt status: $X = 501(c)(3) = 501(c) ( ) $ (insert no.) $4947(a)(1) c$	or 527	1 '	list. See instructions			
_		te: ► WWW.RISESTL.ORG		H(c) Group exemption	· · · · ·			
	orm o	f organization: X Corporation Trust Association Other >	<b>L</b> Year	of formation: 1992 M	State of legal domicile: MO			
Га		Summary	ODING					
e	1	Briefly describe the organization's mission or most significant activities: <u>DEVEI</u> COMMUNITIES BY PROVIDING HOUSING DEVELOPM			neming			
Governance	2	Check this box			oto			
verr	2				19			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)			19			
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		·····	0			
Activities &	6	Total number of volunteers (estimate if necessary)			25			
ctiv	- 7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		446,426.	571,246.			
Revenue	9	Program service revenue (Part VIII, line 2g)		567,750.	540,524.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1.	0.			
ж	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		143.	-2,951.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,014,320.	1,108,819.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,320,251.	1,343,487.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
žp		Total fundraising expenses (Part IX, column (D), line 25)  113,46		474,174.	342,262.			
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,794,425.	1,685,749.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-780,105.	-576,930.			
ي _ د	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year				
sts o	20	Total assots (Part V lina 16)		226,667.	End of Year 56,423.			
Asse Bala	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,108,812.	1,035,844.			
Net Assets or und Balances	21	Net assets or fund balances. Subtract line 21 from line 20		-882,145.	-979,421.			
	rt II	Signature Block		000/1100	5,5,121.			

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	Signature of officer		Date					
Here	TERRELL CARTER, PRESIDE	INT						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	KIMBERLY A RYAN			self-employed P00829977				
Preparer	Firm's name 🕒 RUBINBROWN LLP		Firm	's EIN ▶ 43-0765316				
Use Only Firm's address 7676 FORSYTH BLVD, SUITE 2100								
	SAINT LOUIS, MO	Pho	ne no. (314) 290-3300					
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	32001       12-09-21       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2021)							

	990 (2021) RISE COMMUNITY DEVELOPMENT	43-1611669	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEE SCHEDULE O	<u></u>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	rs, the total expenses, a	ind
4a	(Code:) (Expenses \$591,739. including grants of \$) (Rever	nue\$378,	738.
	AFFORDABLE AND MIXED-INCOME HOUSING/MIXED-USE REAL ESTAT		IT :
	RISE DEVELOPS AFFORDABLE AND MIXED-INCOME HOUSING AND MI		
	PROPERTIES IN HISTORICALLY UNDERINVESTED AREAS OF THE ST WE ALSO PROVIDE AFFORDABLE HOUSING DEVELOPMENT CONSULTAN		
	NONPROFIT AND OTHERS PARTNERS ENGAGED IN COMMUNITY DEVEL		
	ST. LOUIS METROPOLITAN AREA. THE DEVELOPMENT OF AFFORDAB		
	MARKET-RATE HOUSING IN THESE AREAS ENERGIZES THE LOCAL E		ICES
	CRIME, IMPROVES THE COMMUNITY'S QUALITY OF LIFE AND CREA		
	ATMOSPHERE THAT SUPPORTS THE EMOTIONAL AND INTELLECTUAL ITS CHILDREN. THROUGH THIS WORK, WE AIM TO INSPIRE CONFI		OF
	PRIVATE MARKET FORCES TO THEN FOLLOW WITH FURTHER INVEST		
4b	(Code:) (Expenses \$ 263,342. including grants of \$) (Rever         COMMUNITY DEVELOPMENT TECHNICAL ASSISTANCE: RISE'S COMMUNITY		786.
	DEVELOPMENT TECHNICAL ASSISTANCE PROGRAM PROVIDES TECHNI	-	
	TO ST. LOUIS AREA COMMUNITY DEVELOPMENT CORPORATIONS (CD THEIR STRENGTH AND FOCUS IN NEIGHBORHOODS THAT WANT TO S	•	ICE
	CHANGES. OUR SPECIALIZED AREAS OF TECHNICAL ASSISTANCE		
	ORGANIZATIONAL ASSESSMENTS, BOARD TRAINING AND DEVELOPME		Y
	ASSESSMENTS, ORGANIZATIONAL STRATEGIC PLANNING, ORGANIZA		
	FINANCIAL MANAGEMENT, RESOURCE DEVELOPMENT, COMMUNITY PL		
	ENGAGEMENT, PROJECT PLANNING, PROGRAM PLANNING AND DEVEL AND IMPACT MEASUREMENT AND ANALYSIS, HOME AND CDBG TRAIN		OME
	CERTIFICATIONS, AND GIS DATABASES AND MAPPING.	ING, CHDO	
4c			
	PREDEVELOPMENT LOAN PROGRAM: RISE PROVIDES A SOURCE OF F		
	NEIGHBORHOOD-BASED NOT-FOR-PROFIT ORGANIZATIONS TO PAY C IN THE EARLY STAGES OF THEIR REAL ESTATE DEVELOPMENT PRO		:D
	CONVENTIONAL FINANCING WOULD NOT BE ABLE TO BE OBTAINED		JPS.
<u> </u>			
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$	١	
4e	Total program service expenses ► 1,080,695.		
		Form	<b>990</b> (2021
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12300921 132842 02508.0000

Form 990 (				DEVELOPMENT
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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		v
~	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			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			- 23
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	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			
	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,			<u>-</u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
32003	12-09-21	Form	330	(2021)

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				_ <u></u>
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	~~~		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<b> </b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x
26	Schedule L, Part I	25b		
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%			1
	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,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>
132004	¥ 12-09-21	Form	220	(2021)

Form	990 (2021) RISE COMMUNITY DEVELOPMENT 43-1611	.669	P	age <b>5</b>
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	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	0		х
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7		70		х
a h	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		<u></u>
		41		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		- 23
		7e		х
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization life of one of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U		8		
9	Sponsoring organization have excess business holdings at any time during the year?			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	5	Γ	000	(0001)

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Form 990	(2021)
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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.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

000	tion A. doverning body and Management					
		Ι.	10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	19	-		
	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.		19			
b	Enter the number of voting members included on line 1a, above, who are independent			-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					v
•	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the					v
			a filod0	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant during the organization is a significant during the organization is a significant during the prior form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					<u></u>
7a				70		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, si			<u>7a</u>		
b				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
				80	х	
a b				8a 8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				- 23	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Cada	5		
	The main and the section brequests information about policies not required by the internal Re	venue	COUE.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
-			,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		5			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "/					
	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	d finano	cial	

-				-
statements available to the public	during th	ne tax	year.	

20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>&gt;</b>
	TERRELL CARTER - 314-333-7000	

6

1627	WASHINGTON	AVENUE,	SAINT	LOUIS,	MO	63103

132006 12-09-21

2021.04021 RISE COMMUNITY DEVELOPMEN 02508.01

Form **990** (2021)

Form 990 (20	0E 1/ =		OMMUNITY			43-
Part VII	Compensation of	of Office	rs, Directors,	Trustees, Key	y Employees,	Highest Compensated

#### Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and tile         Average hours per list any bolics and identify used on the sector states bolics and identify used bolics and identify	(A)	(B)			(0				(D)	(E)	(F)
hours per veek (list any hours per veek (list an	Name and title	Average	Position		Reportable	Reportable	Estimated				
Week (list ary burs for related organizations line)         Work (list ary burs for line)         Inon (list ary burs for (list ary burs for line)         Inon (list ary burs for line)         Inon (li		hours per	box	, unles	ss per	son i	s both	n an	compensation	•	
(1)         MARK STROKER         40.00         x         95,594.         0.         31,677.           VICE PRESIDENT         2.00         x         95,594.         0.         31,677.           (2)         PETER KAISER         40.00         x         97,199.         0.         22,671.           (3)         TERASURER         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         59,956.         0.         21,969.           (5)         STEPHEN ACREE         40.00         x         70,819.         0.         7,459.           (6)         MARY CAMPBELL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBEL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBELS         2.000         x         x         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.000         x         x         0.         0.         0.         0.				cer an	a a a	recto	r/trus	tee)			
(1)         MARK STROKER         40.00         x         95,594.         0.         31,677.           VICE PRESIDENT         2.00         x         95,594.         0.         31,677.           (2)         PERK KAISER         40.00         x         97,199.         0.         22,671.           (3)         TERREL CARTER         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         59,956.         0.         21,969.           (5)         STEPHEN ACREE         40.00         x         70,819.         0.         7,459.           (6)         MARY CAMPBELL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBEL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBELS         2.000         x         x         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.000         x         x         0.         0.         0.			recto							J.	
(1)         MARK STROKER         40.00         x         95,594.         0.         31,677.           VICE PRESIDENT         2.00         x         95,594.         0.         31,677.           (2)         PERK KAISER         40.00         x         97,199.         0.         22,671.           (3)         TERREL CARTER         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         59,956.         0.         21,969.           (5)         STEPHEN ACREE         40.00         x         70,819.         0.         7,459.           (6)         MARY CAMPBELL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBEL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBELS         2.000         x         x         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.000         x         x         0.         0.         0.			or di	ee			sated		-	•	
(1)         MARK STROKER         40.00         x         95,594.         0.         31,677.           VICE PRESIDENT         2.00         x         95,594.         0.         31,677.           (2)         PETER KAISER         40.00         x         97,199.         0.         22,671.           (3)         TERASURER         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         59,956.         0.         21,969.           (5)         STEPHEN ACREE         40.00         x         70,819.         0.         7,459.           (6)         MARY CAMPBELL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBEL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBELS         2.000         x         x         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.000         x         x         0.         0.         0.         0.			ustee	trust		ee	npens			1099-NEC)	, v
(1)         MARK STROKER         40.00         x         95,594.         0.         31,677.           VICE PRESIDENT         2.00         x         95,594.         0.         31,677.           (2)         PETER KAISER         40.00         x         97,199.         0.         22,671.           (3)         TERASURER         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINSBURY         40.00         x         59,956.         0.         21,969.           (5)         STEPHEN ACREE         40.00         x         70,819.         0.         7,459.           (6)         MARY CAMPBELL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBEL         2.000         x         x         0.         0.         0.           (6)         MARY CAMPBELS         2.000         x         x         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.000         x         x         0.         0.         0.         0.			lual ti	tiona		nploy	st cor yee	-	1000 NEO)		
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(2)         PETER KAISER         40.00         x         97,199.         0.         22,671.           TREASURER         40.00         x         99,376.         0.         7,159.           (3)         TERRELL CARTER         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINGEBURY         40.00         x         99,376.         0.         7,159.           (4)         KATHERINE KINGEBURY         1.00         x         59,956.         0.         21,969.           (5)         STEPHEN ACREE         40.00         x         70,819.         0.         7,459.           (6)         MARY CAMPBELL         2.00         x         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.00         x         0.         0.         0.           (9)         JAMI COX         2.00         x         0.         0.         0.           (9)         JAMI COX         2.00         x         0.         0.         0.           (10)         JONATIKAN GOLDSTEIN         2.00         x         0.         0.         0.           (9)         JAMI COX         2.00         x	(1) MARK STROKER	40.00									
(2) PETER KAISER         40.00         x         97,199.         0.         22,671.           TREASURER         2.00         x         99,376.         0.         7,159.           (3) TERRELL CARTER         40.00         x         99,376.         0.         7,159.           (4) KATHERINE KINGSBURY         40.00         x         99,376.         0.         7,159.           (4) KATHERINE KINGSBURY         40.00         x         59,956.         0.         21,969.           (5) STEPHEN ACREE         40.00         x         70,819.         0.         7,459.           (6) MARY CAMPBELL         2.00         x         0.         0.         0.           (6) MARY CAMPBELL         2.00         x         0.         0.         0.           (7) JONATHAN GOLDSTEIN         2.00         x         0.         0.         0.           (7) JAMI COX         2.00         x         x         0.         0.         0.           (9) JAMI COX         2.00         x         0.         0.         0.         0.           (10) JOHN DUBINSKY         2.00         x         0.         0.         0.         0.           DIRECTOR         X <t< td=""><td>VICE PRESIDENT</td><td>2.00</td><td></td><td></td><td>х</td><td></td><td></td><td></td><td>95,594.</td><td>Ο.</td><td>31,677.</td></t<>	VICE PRESIDENT	2.00			х				95,594.	Ο.	31,677.
(3)         TERRELL CARTER         40.00         X         99,376.         0.         7,159.           (4)         KATHERINE KINGSBURY         40.00         X         59,956.         0.         21,969.           (5)         STERHEIN AKINGSBURY         1.00         X         59,956.         0.         21,969.           (5)         STEPHEN ACREE         40.00         X         59,956.         0.         21,969.           (6)         MARY CAMPBEL         2.00         X         70,819.         0.         7,459.           (6)         MARY CAMPBEL         2.00         X         0.         0.         0.           CO-CHAIR         1.00         X         X         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.00         X         X         0.         0.         0.           (8)         W. THOMAS REEVES         2.00         X         X         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.         0.           DIR	(2) PETER KAISER	40.00									
PRESIDENT AND EXECUTIVE DIRECTOR         2.00         X         99,376.         0.         7,159.           (4)         KATHBRINE KINGSBURY         40.00         X         59,956.         0.         21,969.           SECRETARY         1.00         X         59,956.         0.         21,969.           (5)         STEPHEN ACREE         40.00         X         70,819.         0.         7,459.           (6)         MARY CAMPBELL         2.00         X         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.00         X         0.         0.         0.           (8)         W. THOMAS REEVES         2.00         X         0.         0.         0.           (9)         JAMI COX         2.00         X         0.         0.         0.           (10)         JOIN DUBINSKY         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10)         JOIN DUBINSKY         2.000         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.	TREASURER	2.00			Х				97,199.	0.	22,671.
(4)         KATHERINE KINGSBURY         40.00         X         59,956.         0.         21,969.           (5)         STEPHEN ACREE         40.00         X         70,819.         0.         7,459.           (6)         MARY CAMPBELL         2.00         X         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.00         X         X         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.00         X         X         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.00         X         X         0.         0.         0.           (8)         W. THOMAS REEVES         2.00         X         X         0.         0.         0.           (9)         JAMI COX         2.00         X         0.         0.         0.         0.           (10)         JOHN DUBINSKY         2.00         X         0.         0.         0.         0.           JIRECTOR         X         0.         0.         0.         0.         0.         0.           (11)         MICABEL HOLMES         2.00         X         0.         0. <td< td=""><td>(3) TERRELL CARTER</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(3) TERRELL CARTER										
SECRETARY         1.00         X         59,956.         0.         21,969.           (5) STEPHEN ACREE         40.00         X         70,819.         0.         7,459.           (6) MAN CAMPEEL         2.00         X         0.         0.         7,459.           (6) MAN CAMPELL         2.00         X         0.         0.         0.           CO-CHAIR         1.00         X         X         0.         0.         0.           (7) JONATHAN GOLDSTEIN         2.00         X         0.         0.         0.         0.           VICE CHAIR         1.00         X         X         0.         0.         0.         0.           VICE CHAIR         1.00         X         X         0.         0.         0.         0.           VICE CHAIR         1.00         X         X         0.         0.         0.         0.           (10) JANI COX         2.000         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) MICHAEL HOLMES         2.00         X         0.         0.	PRESIDENT AND EXECUTIVE DIRECTOR				Х				99,376.	0.	7,159.
(5)         STEPHEN ACREE         40.00         X         70,819.         0.         7,459.           (6)         MARY CAMPBELL         2.00         X         0.         0.         0.         7,459.           (6)         MARY CAMPBELL         2.00         X         0.         0.         0.         0.           (7)         JONATHAN GOLDSTEIN         2.00         X         X         0.         0.         0.           (8)         W. THOMAS REEVES         2.00         X         X         0.         0.         0.           (9)         JAMI COX         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	(4) KATHERINE KINGSBURY										
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(7) JONATHAN GOLDSTEIN       2.00       X       X       X       0.       0.       0.         (8) W. THOMAS REEVES       2.00       X       X       0.       0.       0.         VICE CHAIR       1.00       X       X       0.       0.       0.         (9) JAMI COX       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (10) JOHN DUBINSKY       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) MICHAEL HOLMES       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) ALLAN D. IVIE, IV       2.00       X       0.       0.       0.         DIRECTOR       X       0.0       0.       0.       0.       0.         (13) JENNIFER KELLY-SAEGER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.0       0.       0.       0.       0.       0.         (14) ABBY KEPPLE <td></td>											
CO-CHAIR         X         X         X         X         0.         0.         0.           (8) W. THOMAS REEVES         2.00         X         X         X         0.         0.         0.           VICE CHAIR         1.00         X         X         0.         0.         0.         0.           (9) JAMI COX         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11) MICHAEL HOLMES         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (12) ALLAN D. IVIE, IV         2.00         X         0.         0.         0.         0.           (13) JENNIFER KELLY-SAEGER         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.			Х		Х				0.	0.	0.
(8) W. THOMAS REEVES       2.00       X       X       0.       0.       0.         VICE CHAIR       1.00       X       X       0.       0.       0.       0.         (9) JAMI COX       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (10) JOHN DUBINSKY       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (11) MICHAEL HOLMES       2.00       X       0.       0		2.00									
VICE CHAIR         1.00         X         X         0.			Х		Х				0.	0.	0.
(9) JAMI COX       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) JOHN DUBINSKY       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) MICHAEL HOLMES       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) ALLAN D. IVIE, IV       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) JENNIFER KELLY-SAEGER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) ABBY KEPPLE       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) STEVE KRAMER       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.											
DIRECTOR         X         0         0.         0.         0.           (10) JOHN DUBINSKY         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (11) MICHAEL HOLMES         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (12) ALLAN D. IVIE, IV         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (13) JENNIFER KELLY-SAEGER         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (14) ABBY KEPPLE         2.00         X         0.         0.         0.         0.           (15) STEVE KRAMER         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (15) STEVE KRAMER         2.00         X         0.         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х		Х				0.	0.	0.
(10) JOHN DUBINSKY         2.00         X         0. <td></td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(11) MICHAEL HOLMES       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (12) ALLAN D. IVIE, IV       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) JENNIFER KELLY-SAEGER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR <t< td=""><td></td><td>2.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		2.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(12) ALLAN D. IVIE, IV       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) JENNIFER KELLY-SAEGER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) ABBY KEPPLE       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) STEVE KRAMER       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) PHIL KRULL       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         UPARATION       2.00       X       0.       0.       0.       0.       0.    <		2.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(13) JENNIFER KELLY-SAEGER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) ABBY KEPPLE       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) STEVE KRAMER       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.       0.		2.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(14) ABBY KEPPLE       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (15) STEVE KRAMER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.		2.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(15) STEVE KRAMER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) PHIL KRULL       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (17) DAVID C. MASON       2.00       X       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.		2.00									
DIRECTOR         X         0.         0.         0.           (16) PHIL KRULL         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (17) DAVID C. MASON         2.00         X         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.			Х						0.	0.	0.
(16) PHIL KRULL       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) DAVID C. MASON       2.00       X       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.		2.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(17) DAVID C. MASON         2.00         X         0. <td></td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td>•</td> <td></td>		2.00							_	•	
DIRECTOR 2.00 X 0. 0. 0.		0.00	X						0.	0.	<u> </u>
										•	
		∠.00	X						0.	υ.	

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43-1611669

Form 990 (2021) RISE COMM	IUNITY D	)EV	ΈI	νOΡ	ME	NT			43-161	1669	) F	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Posi heck r ss per nd a di	ition more rson i	than o s both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F)</b> Estimat amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or	mpens from th ganiza nd rela ganizat	ation ne tion ted
(18) MICHAEL MCMILLAN	2.00							0	0			0
DIRECTOR	2 00	Х						0.	0	·		0.
(19) THOMAS J. PICKEL DIRECTOR	2.00	x						0.	0			0.
(20) STEVEN REYNOLDS	2.00							0.	0	<u>'</u>		0.
DIRECTOR		x						0.	0			0.
(21) REGINALD SCOTT	2.00									+		
DIRECTOR		Х						0.	0	•		0.
(22) HENRY (HANK) S. WEBBER	2.00											
DIRECTOR	1.00	Х						0.	0	•		0.
(23) ELIZABETH WRIGHT DIRECTOR	2.00	x						0.	0			Ο.
(24) HILLARY ZIMMERMAN	2.00	^						0.	0	·		0.
DIRECTOR		x						0.	0			0.
										+		
1b Subtotal								422,944.	0		90,9	35.
c Total from continuation sheets to Part VII	, Section A							0. 422,944.	0		90,9	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not</li> </ul>							o re	· · ·		• -	, , , ,	55.
compensation from the organization		000	note			,					Yes	0 No
<b>3</b> Did the organization list any <b>former</b> officer,	-			•							103	
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>										3		X
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or a	-				-			-		-	-	v
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sı	ıch r	oers	on .			<u></u>	5		X
1 Complete this table for your five highest cor	npensated ind	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100.000 of compens	ation f	rom	
the organization. Report compensation for t												
(A) Name and business	address	NTC	זזאר	2				(B) Description of s	ervices		( <b>C)</b> ensatio	מר
		INC	ONE	2								
2 Total number of independent contractors (ir	•	ot lin	nited	d to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation 🗩				(	,						

Form 990 (2021)

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Ра	πν	111								
			Check if Schedule O c	contains a respo	nse	or note to any lin	e in this Part VIII (A)	(B)	(C)	[D]
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
o o	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts				1b						
٦Ğ			Fundraising events			175,830.				
ifts, A			Related organizations							
a, Big			Government grants (contri			244,910.				
ŝ			All other contributions, gifts, g							
her			similar amounts not included			150,506.				
Ē		g	Noncash contributions included in I		6					
aŭ		h	Total. Add lines 1a-1f			►	571,246.			
						Business Code				
ø	2	а	REAL EST. DEV	ELOPMENT		541900	378,738.	378,738.		
e vic		b	REAL EST. ASS	ISTANCE		541900	161,786.	161,786.		
Se		с								
am eve		d								
Program Service Revenue		е								
д		f	All other program service r	revenue						
		g	Total. Add lines 2a-2f			►	540,524.			
	3		Investment income (includ	•						
			other similar amounts)							
	4		Income from investment o			-				
	5		Royalties							
			_	(i) Rea		(ii) Personal				
			Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)	(i) Securit	 ioc	(ii) Other				
	'	а	Gross amount from sales of		103					
		h	assets other than inventory Less: cost or other basis	7a						
e		D	and sales expenses	7b						
Revenue		~		70 7c						
Seve			Net gain or (loss)	· · · · ·						
P			Gross income from fundraisin		· · · · · ·					
Ğ	Ŭ		including \$ 175							
•			contributions reported on							
			Part IV, line 18		8a	68,250.				
		b	Less: direct expenses		8b					
			Net income or (loss) from f		nts	►	-2,951.			-2,951.
	9	а	Gross income from gaming	g activities. See						
			Part IV, line 19	-	9a					
		b	Less: direct expenses		9b					
		с	Net income or (loss) from g	gaming activitie	s	►				
	10	а	Gross sales of inventory, le	ess returns						
			and allowances		10a					
		b	Less: cost of goods sold		10b					
		с	Net income or (loss) from s	sales of invento	у	►				
s						Business Code				
Miscellaneous Revenue	11	а								
ellaneo evenue		b								
Scell		С								
Mis			All other revenue							
			Total. Add lines 11a-11d				1 100 010			0.051
	12		Total revenue. See instructio	ons		►	1,108,819.	540,524.	0.	-2,951.
13200	9 12-	09-	21							Form <b>990</b> (2021)

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Form 990 (2021)

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43-1611669

RISE COMMUNITY DEVELOPMENT Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F12 070	220 400		1 7 4 2 4
	trustees, and key employees	513,879.	220,460.	275,985.	17,434.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	560,143.	470,821.	20 425	60 007
7	Other salaries and wages		4/U,041.	28,425.	60,897.
8	Pension plan accruals and contributions (include	25,135.	21,311.	1,026.	0 7 0 0
~	section 401(k) and 403(b) employer contributions)	140,110.	107,060.	19,127.	<u>2,798</u> . 13,923.
9 10	Other employee benefits	104,220.	68,931.	27,295.	7,994.
10 11	Payroll taxes Fees for services (nonemployees):	104,220.	00,951.	41,433.	1,334.
11					
a h	Management	19,960.		19,960.	
b	F	50,000.		50,000.	
c c		50,000.			
d e					
f	Investment management fees				
' g					
9	column (A), amount, list line 11g expenses on Sch 0.)	26,452.		26,452.	
12	Advertising and promotion	15,932.	4,629.	10,496.	807.
13	Office expenses	51,271.	33,918.	13,423.	3,930.
14	Information technology				-,
15	Royalties				
16	Occupancy	76,213.	52,420.	18,404.	5,389.
17	Travel	61.	40.	16.	5.
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	57,259.	57,259.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,745.	2,477.	981.	287.
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.) PROGRAM EXPENSES	25,000.	25,000.		
a h	TAXES AND LICENSES	16,369.	16,369.		
ы С		±0,305•			
d					
a e	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	1,685,749.	1,080,695.	491,590.	113,464.
2 <u>5</u> 26	<b>Joint costs.</b> Complete this line only if the organization	_,,	_,,		
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

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	RISE	COMMUNITY	DEVELOPMENT
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		l Ohaali Koahaali la Ohaantaina amaanaanaa amaat					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			189,294.	1	34,383.
	2	Savings and temporary cash investments			25,513.	2	6,680.
	3				25,515.	2	0,000.
	4	Pledges and grants receivable, net				4	
	5	Loans and other receivables from any current or		officor director		4	
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualit	•			5	
		under section 4958(f)(1)), and persons described	•			6	
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ass	9	<b>B</b>				9	
		Land, buildings, and equipment: cost or other	I I			, , , , , , , , , , , , , , , , , , ,	
	100	basis. Complete Part VI of Schedule D	10a	35,272			
	Ь	Less: accumulated depreciation	10b	35,272.	0.	10c	0.
	11	Investments - publicly traded securities			•••	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	11,860.	15	15,360.		
	16	Total assets. Add lines 1 through 15 (must equa		226,667.	16	56,423.	
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
ß	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
lide		controlled entity or family member of any of thes	se perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir		1,108,812.	23	1,035,844.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,108,812.	26	1,035,844.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			-1,623,482.	27	-979,421.
Ba	28	Net assets with donor restrictions			741,337.	28	0.
pur		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.					
0 N	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	luipmen	t fund		30	
t As	31	Retained earnings, endowment, accumulated in		······		31	
Nei	32	Total net assets or fund balances			-882,145.	32	-979,421.
	33	Total liabilities and net assets/fund balances			226,667.	33	56,423.

Form **990** (2021)

# Part X Balance Sheet

Low	000	10001
FOUL	990	(2021)

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1       Total revenue (must equal Part VIII, column (A), line 12)       1       1,108,819         2       Total expenses (must equal Part IX, column (A), line 25)       2       1,685,749         3       Revenue less expenses. Subtract line 2 from line 1       3       -576,930         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -882,145         5       Net unrealized gains (losses) on investments       5       6         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       -979,421       10       -979,421         Part XII       Financial Statements and Reporting       1       Accrual       X       Other       Yes       N         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0       1         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0       1       Invest		1990 (2021) RISE COMMUNITY DEVELOPMENT	43-1	1611669	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1,108,819         2       Total expenses (must equal Part IX, column (A), line 25)       2       1,685,749         3       Revenue less expenses. Subtract line 2 from line 1       3       -576,930         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -882,145         5       6       7       6       7         6       7       Investment expenses       6       7         7       8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       restasts or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -979,421         Part XII         Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE <td< th=""><th>Par</th><th>rt XI Reconciliation of Net Assets</th><th></th><th></th><th></th><th></th></td<>	Par	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,685,749         3       Revenue less expenses. Subtract line 2 from line 1       3       -576,930         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -882,145         5       Net unrealized gains (losses) on investments       5       6         6       0       7       6         7       1       Net assets or fund balances (explain on Schedule O)       9       479,654         9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       -979,421       10       -979,421         Yes         Yes <td< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part XI</th><th></th><th></th><th></th><th>X</th></td<>		Check if Schedule O contains a response or note to any line in this Part XI				X
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,685,749         3       Revenue less expenses. Subtract line 2 from line 1       3       -576,930         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -882,145         5       Net unrealized gains (losses) on investments       5       6         6       0       7       6         7       1       Net assets or fund balances (explain on Schedule O)       9       479,654         9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       -979,421       10       -979,421         Yes         Yes <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th></td<>						
3       Revenue less expenses. Subtract line 2 from line 1       3       -576,930         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -882,145         5       Net unrealized gains (losses) on investments       5       6         6       Donated services and use of facilities       6       6         7       Investment expenses       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -979,421         Part XIII       Financial Statements and Reporting       10       -979,421         Check if Schedule O contains a response or note to any line in this Part XII       10       -979,421         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other, " explain on Schedule O.       2a       2a<	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -882,145         5       5         6       Donated services and use of facilities       6         7       1       6         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -979,421         Part XII       Financial Statements and Reporting       1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       2a       2       2         2a       Vere the organization's financial statements compiled or reviewed by an independent accountant?       2a       2       2       2         3a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a <td< th=""><th>2</th><td>Total expenses (must equal Part IX, column (A), line 25)</td><td>2</td><td>1,685</td><td>5,7·</td><td><u>49.</u></td></td<>	2	Total expenses (must equal Part IX, column (A), line 25)	2	1,685	5,7·	<u>49.</u>
5       Net unrealized gains (losses) on investments         6       Donated services and use of facilities         7       Investment expenses         8       Prior period adjustments         9       Other changes in net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         10       -979, 421         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: SEE SCH O         1       Accounting method used to prepare the Form 990:       Cash         Accrual       X       Other SEE SCH O         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         2a       Vere the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       2a	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -979,421         Part XII       Financial Statements and Reporting       10       -979,421         Check if Schedule O contains a response or note to any line in this Part XII       X       Other         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other, " explain on Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       2a       2         1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       1       2a       2	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-882	2,1	45.
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -979,421         Part XII       Financial Statements and Reporting       10       -979,421         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       X       X       X       X	5	Net unrealized gains (losses) on investments	5			
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -979,421         Part XII       Financial Statements and Reporting       10       -979,421         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       X       X       X       X	6	Donated services and use of facilities	6			
9       Other changes in net assets or fund balances (explain on Schedule O)       9       479,654         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -979,421         Part XII       Financial Statements and Reporting       10       -979,421         Check if Schedule O contains a response or note to any line in this Part XII       Yes       N         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -979,421         Part XII Financial Statements and Reporting       Check if Schedule O contains a response or note to any line in this Part XII       10       -979,421         1 Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       0         1f the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       2a </th <th>8</th> <td>Prior period adjustments</td> <td>8</td> <td></td> <td></td> <td></td>	8	Prior period adjustments	8			
column (B))         10       -979,421         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Yes         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       O         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       2a       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	9	Other changes in net assets or fund balances (explain on Schedule O)	9	479	9,6	<u>54.</u>
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Yes         1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       O         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       2a       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Yes N  Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH O  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			10	-979	),4	<u>21.</u>
1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       O         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a	Par	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       Accrual       X       Other       SEE       SCH       O         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       2a       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the year were compiled or reviewed on a       Image: Comparison of the		Check if Schedule O contains a response or note to any line in this Part XII				X
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       a       a					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a       a       a	1	Accounting method used to prepare the Form 990: Cash Cash Corrual X Other SEE SCH	0			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
separate basis, consolidated basis, or both:		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		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	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,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
consolidated basis, or both:						
Separate basis X Consolidated basis Both consolidated and separate basis		Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С					
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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 Single Audit	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
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2021	
Open to Public Inspection	

OMB No. 1545-0047

Name	lame of the organization Employer identification number									
		RISE	COMMUNITY	DEVELOPMENT				4	3-1611669	
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete tł	nis part.) Se	ee instruction	S.		
The o	rgani	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1 [		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).			
2 [		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ו 990).)					
3 [		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(iii	i).			
4 [		A medical research organization	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,	
		city, and state:								
5 [		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental 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	ental unit described in	section 17	′0(b)(1)(A)(	v).			
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
_		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city,	and state of	the college	or	
-		university:								
10		An organization that normal								
		activities related to its exem		•				• •	•	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	fter June 30, 1975.	
г		See section 509(a)(2). (Cor								
<b>11</b>		An organization organized a	•		•					
12 [		An organization organized a	•		•		-	•		
		more publicly supported org	-						Check the box on	
		lines 12a through 12d that o	•••					-		
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-				
		the supported organization			majority c	f the direc	tors or trustee	es of the su	ipporting	
	_	organization. You must c	-							
b		<b>Type II.</b> A supporting orga	-				-		-	
		control or management of			ame perso	ns that cor	ntrol or manag	ge the supp	oorted	
		organization(s). You mus	-							
С		Type III functionally inte	• • •					ly integrate	d with,	
		its supported organization								
d		J Type III non-functionally						-		
		that is not functionally inter-			•	-		an attentiv	reness	
		requirement (see instructi	,	•						
е		Check this box if the orga functionally integrated, or					турет, турет	п, туре п		
f	Ento	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0					
		vide the following information	•	d organization(s)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
				above (see instructions)						
Total										

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

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	582,606.	499,721.	403,533.	446,426.	639,496.	2571782.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	582,606.	499,721.	403,533.	446,426.	639,496.	2571782.		
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)						411,494.		
	Public support. Subtract line 5 from line 4.						2160288.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	582,606.	499,721.	403,533.	446,426.	639,496.	2571782.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$	72.	10.	2.	1.		85.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						2571867.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 3	,022,252.		
13	First 5 years. If the Form 990 is for the	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	ic Support Per	centage			r			
	Public support percentage for 2021 (I		•	.,,		14	84.00 %		
	Public support percentage from 2020					15	77.00 %		
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		-						
b	33 1/3% support test - 2020. 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 thi	is box		
	and stop here. The organization qual		• •						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,		
	and if the organization meets the fact			-	-	VI how the organiz	ation		
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟		
b	10% -facts-and-circumstances test	: - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the			
	organization meets the facts-and-circl		-				▶∐		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a				
						Schedule A	(Form 990) 2021		

132022 01-04-22

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
~	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>o</b>						
	<b>Total.</b> Add lines 1 through 5						
18	3 received from disgualified persons						
Ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	L	rot accord third i	fourth or fifth tox y	l	01(a)(2) organizatio	
14	check this box and stop here	•					·
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020					16	<u>%</u>
	tion D. Computation of Invest						20
17	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	23 01-04-22			,, encert un			(Form 990) 2021
			15				. ,

<sup>2021.04021</sup> RISE COMMUNITY DEVELOPMEN 02508.01

1

Yes No

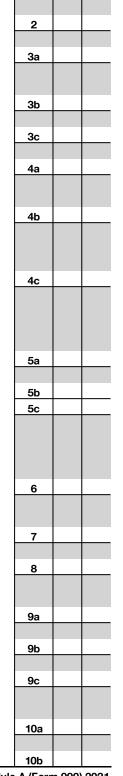
### Part IV Supporting Organizations

(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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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) 2021

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#### orm 990) 2021 RISE COMMUNITY DEVELOPMENT

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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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. Section 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		

Section D	. All Type III	Supporting	<b>Organizations</b>

			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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a 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.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
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- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 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.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 R.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
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	ion 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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

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) 2021

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Schedule A (Form 990) 2021

RISE COMMUNITY DEVELOPMENT

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RISE COMMUNITY DEVELOPMENT Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	RISE	COMMUNITY	DEVELOP	MENT		43-1611669	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. , 2, 3b, 3c, lines 2 and	Provide the explana 4b, 4c, 5a, 6, 9a, 9l 3; Part IV, Section	ations required b b, 9c, 11a, 11b, E, lines 1c, 2a, 2	by Part II, line 10; Pa and 11c; Part IV, Se 2b, 3a, and 3b; Part	ection B, lines 1 a V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Sectior Section B, line 1e; Pa	n C.
	(See instructions.)	o, and r an			p			
							<u> </u>	
132028 01-04-2	2			20			Schedule A (Form 9	990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

43-161166	9
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Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

RISE COMMUNITY DEVELOPMENT

#### **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), 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  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Name of organization

Employ

43-1611669

## RISE COMMUNITY DEVELOPMENT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$244,910.	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		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	Page <b>2</b>	
yer	identification number	

Name of organization

Employer identification number

43-1611669

## RISE COMMUNITY DEVELOPMENT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of organization

Page 3

Employer identification number

43-1611669

#### RISE COMMUNITY DEVELOPMENT

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

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

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Schedule B (Form 990) (2021)

## 12300921 132842 02508.0000

Name of or	rganization		Employer identification number				
RISE (	COMMUNITY DEVELOPMENT		43-1611669				
Part III	Exclusively religious, charitable, etc., contributor, complete columns	(a) through (e) and the following line er	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additiona	, charitable, etc., contributions of <b>\$1,000 or</b> al space is needed.	rr less for the year. (Enter this info. once.) ► \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	ift				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			[ ]				
-		(e) Transfer of gi					
	Transferee's name, address,	Relationship of transferor to transferee					
	Hansieree 3 name, address,						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
ŀ	in ansieree's name, address,	anu ZIF + +	Relationship of transferor to transferee				
123454 11-11-	-21		Schedule B (Form 990) (202				

Department of the Treasury

Internal Revenue Service

(Form	990)
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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.

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

43-1611669

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

#### Name of the organization

#### RISE COMMUNITY DEVELOPMENT

Par			nds or Acc	ounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line				
		(a) Donor advised funds	(b)	Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	-			
_	are the organization's property, subject to the organization's e				No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
Par	impermissible private benefit?				No
			90, Part IV, III	ie 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreati			cally important land area	
	Preservation of open space		on of a certine	a historic structure	
0	Complete lines 2a through 2d if the organization held a qualifie	d concernation contribution in the f	orm of a cons	oriation accoment on the last	
2	day of the tax year.			Held at the End of the Tax Y	ear
2	Total number of conservation easements		- E	2a	
				2a2b	
b	Number of conservation easements on a certified historic structure	ature included in (a)		20 2c	
	Number of conservation easements included in (c) acquired af			20	
u	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
U	year	ased, extinguished, or terminated by	and organiza		
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period		1 of		
•	violations, and enforcement of the conservation easements it l			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
•	►				
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing cons	ervation ease	ments during the year	
	► \$			0 7	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial sta	tements that	describes the	
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Sin	nilar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue stateme	ent and balan	ce sheet works	
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research	in furtherance	e of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	items.		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement a	and balance s	heet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance o	f public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
				▶ \$	
2	If the organization received or held works of art, historical trea		ncial gain, pro	ovide	
	the following amounts required to be reported under FASB AS	-			
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	for Form 990.		Schedule D (Form 990) 2	021
132051	10-28-21	26			
		20			

Sche		MMUNITY DEV						161166		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Other S	Similar Ass	ets <sub>(contil</sub>	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, checł	k any of the f	following that	make sigr	nificant use of	its		
	collection items (check all that apply):				-	-				
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	e			515					
c	Preservation for future generations	·								
4	Provide a description of the organization's co	allections and explain	bow th	av furthar th	ne organizatio	n's avomr	t purpose in F	Part XIII		
5	During the year, did the organization solicit c			-	-	-		art An.		
5					-					
Dai	to be sold to raise funds rather than to be matter to be							Yes		<u>No</u>
1 0	reported an amount on Form 990, Pa		ete ir the	e organizatio	n answered	Yes" on F	orm 990, Part	IV, line 9, or		
10	Is the organization an agent, trustee, custodi		ion, for	contribution	s or other ass	ote not inc	ludod			
Id										
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:				۸	+	
								Amoun	L	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						lf			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial accou	unt liability	?	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (c	I) Three years ba	ack 🛛 (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
C										
4										
	Administrative expenses									
g	End of year balance		/!:		 					
2	Provide the estimated percentage of the curr		e (line T	g, column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	at are held ar	nd administer	ed for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on S	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990	), Part I\	V, line 11a. S	See Form 990	, Part X, Iir	ie 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	umulated	(d) Boo	k valu	ie
		basis (investn	nent)	. ,	(other)	• •	eciation			
1a	Land	``````````````````````````````````````								
	Buildings			1						
	Leasehold improvements									
				2	5,272.		35,272.			0.
	Equipment				5,212.		55,212.			0.
<u>e</u>	Other			L						0
Iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part J	X, colur	<u>nn (B), line 1</u>	0c.)					0.
							Scheo	dule D (Forn	n 990	) 2021

Schedule D (Form 990) 2021 RISE COMMUNITY DEVELOR	PMEN'	Г
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#### Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12

complete in the organization anothered in the										
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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" 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-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1) DUE FROM	AFFILIATES	3,165.
(2) DUE FROM	RELATED PARTNERSHIPS	12,195.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	equal Form 990, Part X, col. (B) line 15.)	15,360.
Part X Other Li	abilities.	
Complete	f the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Federal income	taxes	
(2)		

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 RISE COMMUNITY DEVELOPMENT		43-1611669 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t 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.

132054 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Information Regarding Fundraising or Gaming Activities						
(Form 990)	or if the	2021							
Department of the Treasury		organization entered more than \$15 Attach to Form 990						Open to Public	
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer id	Inspection entification number	
RISE COMMUNITY DEVELOPMENT 43-1611669									
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
a Aail solicitat	b Internet and email solicitations f Solicitation of government grants								
<b>2 a</b> Did the organization key employees list	<ul> <li>d In-person solicitations</li> <li>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? Yes No</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be</li> </ul>								
compensated at le	0	( /1		5					
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No	-				
Total									
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from r	egistration	
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990) 2021									

132081 10-21-21

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>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Hevenue	1	Gross receipts	244,080.			244,080
	2	Less: Contributions	175,830.			175,830
	3	Gross income (line 1 minus line 2)	68,250.			68,250
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,750.			5,750
	7	Food and beverages	16,323.			16,323
Ī		Entertainment				1,650 47,478
		Other direct expenses				47,478
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		🕨	71,201
	11 rt I	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization				-2,951
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue				
2020	2	Cash prizes				
	3	Noncash prizes				
חופרו	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
)	Fnt	er the state(s) in which the organization cond	ucts gaming activities:			
а	ls t	ne organization licensed to conduct gaming a	activities in each of these			Yes N
b	lf "I	No," explain:				
	We	re any of the organization's gaming licenses r			ear?	Yes N
	lf "`	Yes," explain:				
	lf "`	res," explain:				

Sch	edule G (Form 990) 2021	RISE	COMMUNITY	ΥI	DEVELOPMENT	43-1	61166	9 Page 3
11	Does the organization conduct				?		Yes	s 🗌 No
12					nember of a partnership or other entity formed			N
40							Yes	s 🛄 No
	Indicate the percentage of gami						40-	07
							13a 13b	<u>          %</u> %
					ization's gaming/special events books and reco		130	70
14			no prepares the or	nyai	ization's gaming/special events books and reco	105.		
	Name							
	Address 🕨							
15a	Does the organization have a co	ontract with a	a third party from w	whor	n the organization receives gaming revenue?			s 🗌 No
k	If "Yes," enter the amount of ga	ming revenue	e received by the o	orga	nization 🕨 \$ and the am	nount		
	of gaming revenue retained by t							
c	If "Yes," enter name and addres	s of the third	l party:					
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
10	daming manager mormation.							
	Name 🕨							
	· · · · · · · · · · · · · · · · · · ·							
	Gaming manager compensation	▶ \$						
	Description of services provided	▶						
	Director/officer	- Emp	loyee		Independent contractor			
				L				
17	Mandatory distributions:							
		er state law	to make charitable	e dist	ributions from the gaming proceeds to			
	retain the state gaming license?						Yes	s 🗌 No
k	Enter the amount of distribution	s required ur	nder state law to be	be dis	stributed to other exempt organizations or spent	in the		
	organization's own exempt activ							
Ра					ons required by Part I, line 2b, columns (iii) and (v	); and Par	t III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable	e. Also provide any	/ add	litional information. See instructions.			
1320	83 10-21-21					Sched	ule G (For	m 990) 2021
					32			

Part IV Supplemental Information (continued)	
	Schedule G (Form 990)
132084 11 19 21	

132084 11-18-21

SCHEDULE O (Form 990)

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



43-1611669

RISE COMMUNITY DEVELOPMENT

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

RISE PARTNERS WITH COMMUNITIES TO BUILD STRONGER, MORE EQUITABLE ST.

LOUIS AREA NEIGHBORHOODS. WE REDEVELOP AND STRENGTHEN COMMUNITIES BY

PROVIDING HOUSING DEVELOPMENT SERVICES, CAPACITY-BUILDING AND

FINANCING, WITH THE GOAL OF REVITALIZING ST. LOUIS NEIGHBORHOODS.

PART III, LINE 4D, OTHER PROGRAM SERVICES: FORM 990,

ASSET MANAGEMENT: RISE IS THE MANAGING GENERAL PARTNER OF AFFORDABLE

AND MIXED-INCOME HOUSING AND MIXED-USE REAL ESTATE INVESTMENT

PARTNERSHIPS. RISE OVERSEES A PORTFOLIO OF RESIDENTIAL AND MIXED-USE

PROPERTIES THAT ARE DIRECTLY MANAGED ON A DAY TO DAY BASIS BY THIRD

PARTY PROPERTY MANAGEMENT FIRMS, WITH THE EXCEPTION OF UNIVERSITY LOFTS

IN DOWNTOWN ST. LOUIS, WHICH IS MANAGED DIRECTLY BY RISE.

FORM 990, PART V, LINE 2A:

RISE HAS ENTERED INTO A RELATIONSHIP WITH SIMPLOY, A PROFESSIONAL

EMPLOYER ORGANIZATION (PEO). THEREFORE, RISE DOES NOT FILE FORM W-3 AND

NO EMPLOYEES ARE REPORTED DIRECTLY BY RISE. THE PEO FILED ON BEHALF OF

RISE EMPLOYEES DURING THE YEAR.

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

DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE

PRIOR TO FILING. A DRAFT OF THE FORM 990 IS ALSO DISTRIBUTED TO THE FULL

BOARD OF DIRECTORS PRIOR TO ITS FILING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

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

ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST

DISCLOSURE FORM ANNUALLY WHEREIN THEY DISCLOSE POTENTIAL CONFLICTS OF

INTEREST. THESE FORMS ARE THEN REVIEWED BY THE PRESIDENT AS WELL AS

DISTRIBUTED TO ALL BOARD MEMBERS FOR THEIR REVIEW.

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

THE EXECUTIVE DIRECTOR INFORMS THE EXECUTIVE COMMITTEE OF THE RAISE

PERCENTAGES FOR ALL EMPLOYEES. THE CFO VERIFIES THESE PERCENTAGES WITH THE

EXECUTIVE COMMITTEE.

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

RISE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET RECOVERY -WRITE-OFF - DUE TO/DUE FROM BALANCES BETWEEN

RELATED ENTITIES

479,654.

FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:

MODIFIED CASH BASIS

FORM 990, SCHEDULE R:

RISE COMMUNITY DEVELOPMENT (RISE) IS A NOT-FOR-PROFIT CHARITABLE

ORGANIZATION THAT CARRIES OUT ITS MISSION THROUGH SEVERAL RELATED

ENTITIES. TECHNICAL ASSISTANCE CORPORATION (TAC) AND ST. LOUIS PUBLIC

DEVELOPMENT CORPORATION I (PDC I) ARE NOT-FOR-PROFIT AFFILIATES. TAC

CARRIES	OUT	ITS	ORGANIZATIONAL	PURPOSES	PRINCIPALLY	THROUGH	THE	OTHER	

35

132212 11-11-21

Schedule O (Form 990) 2021

12300921 132842 02508.0000

Schedule O (Form 990) 2021 Name of the organization	Employer identification number
RISE COMMUNITY DEVELOPMENT	43-1611669
PDC'S LISTED AND EFFECTIVELY CONTROLS THEIR OPERATIONS.	THESE PDC'S
ARE ORGANIZED UNDER THE MISSOURI NONPROFIT (NONSTOCK) COP	RPORATION ACT,
BUT ARE NOT CLASSIFIED AS TAX EXEMPT UNDER SECTION 501(C)	(3). TAC IS
ALSO THE SOLE OWNER OF GREATER ST. LOUIS LAND DEVELOPMENT	FUND, A
MISSOURI FOR-PROFIT CORPORATION. OLD NORTH ST. LOUIS HOME	ES AND PARK
EAST HOMES ARE FOR-PROFIT ENTITIES WHOLLY OWNED BY RISE.	
	Schedule O (Form 990) 202

;	SCHEDL	JLE	R
(	(Form 99	0)	

#### (101111330)

## **Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

43-1611669

Department of the Treasury Internal Revenue Service

## RISE COMMUNITY DEVELOPMENT

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
ST. LOUIS CHESS POCKET PARK, LLC					
1627 WASHINGTON AVENUE					
ST. LOUIS, MO 63103	COMMUNITY DEVELOPMENT	MISSOURI	0.	0.	RISE

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
TECHNICAL ASSISTANCE CORPORATION (TAC) -	_						
43-1553849, 1627 WASHINGTON AVENUE, ST. LOUIS, MO 63103	DEVELOPMENT	MISSOURI	501(C)(3)	LINE 12A, I	RISE	x	
ST. LOUIS PUBLIC DEV. CORP I - 43-1561434							
1627 WASHINGTON AVENUE							
ST. LOUIS, MO 63103	DEVELOPMENT	MISSOURI	501(C)(3)	LINE 12A, I	TAC	x	
PARK EAST HOMES CORPORATION							
1627 WASHINGTON AVENUE							
ST. LOUIS, MO 63103	DEVELOPMENT	MISSOURI	501(C)(3)	LINE 12A, I	RISE	x	
ST. LOUIS CHESS POCKET PARK, LLC							
1627 WASHINGTON AVENUE							1
ST. LOUIS, MO 63103	DEVELOPMENT	MISSOURI	501(C)(3)	LINE 12A, I	RISE	x	1

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

Schedule R (Form 990) 2021

### Schedule R (Form 990) 2021 RISE COMMUNITY DEVELOPMENT

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

		, 					1		1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General managir	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule	partner	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	<b>D</b>
CROWN VILLAGE ASSOCIATES, LLC											
- 87-0799303, 1627 WASHINGTON											
AVENUE, ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	N/A	N/A	N/A		х	N/A	X	N/A
CROWN VILLAGE DEVELOPMENT,											
LLC - 11-3816440, 1627											
WASHINGTON AVENUE, ST. LOUIS,											
MO 63103	DEVELOPMENT	MO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
OLD NORTH PARK FOREST, LLC -											
04-3819222, 1627 WASHINGTON											
AVENUE, ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
UNIVERSITY LOFTS ASSOCIATES,											
L.P 43-1820798, 1627	]										
WASHINGTON AVENUE, ST. LOUIS,	]										
MO 63103	DEVELOPMENT	MO	N/A	N/A	N/A	N/A		x	N/A	x	N/A

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	(i) ction (b)(13) trolled itity?
		country)		or trusty		233013		Yes	No
OLD NORTH ST. LOUIS HOMES, INC 41-2031802									
1627 WASHINGTON AVE									
ST LOUIS, MO 63103	DEVELOPMENT	MO	RISE	C CORP	0.	730,000.	100%	X	
PARK EAST HOMES CORPORATION - 43-1941121									
1627 WASHINGTON AVENUE									
ST LOUIS, MO 63103	DEVELOPMENT	MO	RISE	C CORP	0.	100,222.	100%	X	
ST LOUIS PUBLIC DEV CORP II - 43-1571194									
1627 WASHINGTON AVENUE									
ST LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		X
ST LOUIS PUBLIC DEV CORP III - 80-0247101									
1627 WASHINGTON AVENUE									
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		X
ST LOUIS PUBLIC DEV CORP IV - 80-0471818									
1627 WASHINGTON AVENUE									
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		x

Schedule R (Form 990) 2021

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		portion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managin	r Percentage ownership
or related organization		(state or foreign country)	entity	excluded from tax under	Income	assets	ate allo	-	20 of Schedule	partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
DICK GREGORY ASSOCIATES L.P.	-										
- 26-3252378, 1627 WASHINGTON	-										
AVENUE, ST. LOUIS, MO 63103	DEVELOPMENT	мо	N/A	N/A	N/A	N/A		x	N/A	x	N/A
AVENDE, SI. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	N/A	N/A	N/A		<u>^</u>	N/A		N/A
	-										
	-										
	-										
										+ $+$	
	-										
	-										
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	1										
	1										
	1										
	1										
	1										
	4										
	4										
	4										
	4										

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	<b>(e)</b> Type of entity	<b>(f)</b> Share of total	(g) Share of	(h) Percentage	512(	(i) ction (b)(13)
of related organization		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	l cont	trolled tity?
ST LOUIS PUBLIC DEV CORP V - 80-0501505								100	
1627 WASHINGTON AVENUE	-								
ST. LOUIS, MO 63103	DEVELOPMENT	мо	N/A	C CORP	N/A	N/A	N/A		x
ST LOUIS PUBLIC DEV CORP VI - 43-1600716									
1627 WASHINGTON AVENUE									
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP VII - 43-1669361									
1627 WASHINGTON AVENUE									
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP VIII (INACTIVE) -									
01-0935618, 1627 WASHINGTON AVENUE, ST.									
LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP IX - 30-0766072									
1627 WASHINGTON AVENUE									
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XII (INACTIVE) -									
43-1713140, 1627 WASHINGTON AVENUE, ST.									
LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		X
ST LOUIS PUBLIC DEV CORP XIV - 43-1733592									
1627 WASHINGTON AVENUE									
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XV - 43-1807683									
1627 WASHINGTON AVENUE									
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		x
ST LOUIS PUBLIC DEV CORP XVI - 43-1798482									$\square$
1627 WASHINGTON AVENUE									
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		X
ST LOUIS PUBLIC DEV CORP XVIII - 43-1807685									
1627 WASHINGTON AVENUE									
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XIX - 43-1854363									
1627 WASHINGTON AVENUE	7								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XX - 43-1903442									
1627 WASHINGTON AVENUE	7								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	<b>(f)</b> Share of total	(g) Share of	(h) Percentage	(i) Sectior 512(b)(1 controlle	13)
of related organization		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	entity?	? No
ST LOUIS PUBLIC DEV CORP XXI - 43-1903444									
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XXII - 43-1945442			· · ·						
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XXIII - 48-1281987									
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		х
ST LOUIS PUBLIC DEV CORP XXIV (INACTIVE) -									
48-1281993, 1627 WASHINGTON AVENUE, ST.	1								
LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XXV - 45-0508993									
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		х
ST LOUIS PUBLIC DEV CORP XXVI - 87-1717246									
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		х
ST LOUIS PUBLIC DEV CORP XXVII - 42-1624115									
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XXVIII - 45-0538352									
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XXIX - 33-1091707									
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
PDC COMMERCIAL, INC 26-1455861									
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A		Х
ST LOUIS PUBLIC DEV CORP XI - 43-1699378									
1627 WASHINGTON AVENUE	1								
ST. LOUIS, MO 63103	DEVELOPMENT	MO	N/A	C CORP	N/A	N/A	N/A	:	Х
	_								

132224 04-01-21

## Schedule R (Form 990) 2021 RISE COMMUNITY DEVELOPMENT

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

_				
Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		X
-				
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

### Schedule R (Form 990) 2021 RISE COMMUNITY DEVELOPMENT

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: <b>Yes</b>	all rs sec. c)(3) s.?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	) ging ter?	<b>(k)</b> Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

Schedule R (Form 990) 2021

Part VII Supplemental Information	1
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru-	Taxpayer identification number (TIN)							
print	RISE COMMUNITY DEVELOPMENT		43-1611669						
File by the due date for filing your	e by the e date for 19 your 1627 WASHTNGTON AVENUE								
return. See instruction		oreign addi	ress, see instructions.						
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)						
Application			Application	Return					
Is For			Is For	Code					
Form 99	00 or Form 990-EZ	01	Form 1041-A	08					
Form 47	720 (individual)	03	Form 4720 (other than individual)	09					
Form 99	90-PF	04	Form 5227	10					
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 99	90-T (trust other than above)	06	Form 8870	12					
Form 99	00-T (corporation) TERRELL CARTER	07							
<ul> <li>If the</li> <li>If this</li> <li>box </li> <li>1</li> <li>In</li> <li>th</li> <li>th</li> </ul>	request an automatic 6-month extension of time until ne organization named above. The extension is for the orgation $\mathbf{X}$ calendar year $2021$ or	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2022</u> , to file return for: d ending	f this is fo all membe	r the whole <u>c</u> ers the exter npt organizat	roup, check this			
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	3a	\$	0.					
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp	3b	\$	0.					
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by									
using EFTPS (Electronic Federal Tax Payment System). See instructions.						0.			
Cautior instruct	<b>n:</b> If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	-TE for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)			