Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. d the latest info ...

Open to Public Inspection

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| 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 1,136 15 Printing, publications, postage, and shipping 15 4,328 16 Other expenses (describe in Schedule O). 16 9,117 17 Total expenses. Add lines 10 through 16. 17 14,581 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,395 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum) 19 16,362 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 21,757 21 21,757 For Paperwork Reduction Act Notice, see the separate instructions. | | 10 | Grants and s | imilar amounts paid (list in Schedule O) | | | 10 | |
| 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 1,136 15 Printing, publications, postage, and shipping 15 4,328 16 Other expenses (describe in Schedule O). 16 9,117 17 Total expenses. Add lines 10 through 16. 17 14 14,581 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,395 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum) 19 16,362 20 Other changes in net assets or fund balances (explain in Schedule O). 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 21,757 For Paperwork Reduction Act Notice, see the separate instructions. | | 11 | Benefits paid | to or for members | | | 11 | |
| 16 Other expenses (describe in Schedule O). 16 9,117 17 Total expenses. Add lines 10 through 16. 17 14,581 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,395 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum) 19 16,362 20 Other changes in net assets or fund balances (explain in Schedule O). 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 21,757 For Paperwork Reduction Act Notice, see the separate instructions. | (0 | 12 | Salaries, oth | er compensation, and employee benefits | | | 12 | |
| 16 Other expenses (describe in Schedule O). 16 9,117 17 Total expenses. Add lines 10 through 16. 17 14,581 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,395 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum) 19 16,362 20 Other changes in net assets or fund balances (explain in Schedule O). 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 21,757 For Paperwork Reduction Act Notice, see the separate instructions. |)Se: | 13 | Professional | fees and other payments to independent contractors $\ldots \ldots \ldots \ldots$ | | | 13 | |
| 16 Other expenses (describe in Schedule O). 16 9,117 17 Total expenses. Add lines 10 through 16. 17 14,581 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,395 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum) 19 16,362 20 Other changes in net assets or fund balances (explain in Schedule O). 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 21,757 For Paperwork Reduction Act Notice, see the separate instructions. | per | 14 | Occupancy, | rent, utilities, and maintenance | | | 14 | 1,136 |
| 17 Total expenses. Add lines 10 through 16 | Щ | 15 | Printing, pub | lications, postage, and shipping | | | 15 | 4,328 |
| 17 Total expenses. Add lines 10 through 16 | | 16 | Other expension | ses (describe in Schedule O) | | | 16 | 9,117 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,395 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum) 19 16,362 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 21 21,757 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2019) | _ | 17 | Total expen | ses. Add lines 10 through 16 | | <mark></mark> .► | 17 | 14,581 |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's retum) | | 18 | | | | | 18 | 5,395 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 21,757 For Paperwork Reduction Act Notice, see the separate instructions. 21 21,757 | ets | 19 | | | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 21,757 For Paperwork Reduction Act Notice, see the separate instructions. 21 21,757 | Ass | | | | | | 19 | 16,362 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 21,757 For Paperwork Reduction Act Notice, see the separate instructions. 21 21,757 | et / | 20 | - | | | | 20 | • • |
| For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2019) | z | | - | | | | | 21,757 |
| | | r Paperw | | | | | | |

| Form 990-EZ (2019) RISE ABOVE POVERTY | INC | | 82-5 | 1697 | 63 Page 2 |
|--|-----------------------------|---------------------------------------|--|--------|--|
| Part II Balance Sheets (see the instructions for Pa | , | | | | |
| Check if the organization used Schedule O | to respond to any qu | estion in this Part II | | | <u> []</u> |
| | | | (A) Beginning of year | | (B) End of year |
| 22 Cash, savings, and investments | | | 16,362 | 22 | 21,757 |
| 23 Land and buildings | | | 0 | 23 | 0 |
| 24 Other assets (describe in Schedule O) | | | 0 | 24 | 0 |
| 25 Total assets | | | 16,362 | 25 | 21,757 |
| 26 Total liabilities (describe in Schedule O) | | | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must | agree with line 21) | | 16,362 | 27 | 21,757 |
| Part III Statement of Program Service Accompl | | | · | | Expenses |
| Check if the organization used Schedule C |) to respond to any q | uestion in this Part | [] | (Requ | lired for section |
| What is the organization's primary exempt purpose? BRING | AWARENESS TO HO | MELESSNESS POV | ERTY | · · |)(3) and 501(c)(4) |
| Describe the organization's program service accomplishments | for each of its three large | est program services, | | | izations; optional for |
| as measured by expenses. In a clear and concise manner, desc persons benefited, and other relevant information for each progr | cribe the services provid | | | others | |
| 28 REMOVE THE STIGMA AND SHAME ATTACHED | | ARE | | | |
| HOMELESS AND LIVE IN POVERTY. | | | | | |
| | | | | | |
| | ount includes foreign gra | ants, check here | <u></u> ▶ ∐ | 28a | 0 |
| 29 | | | | | |
| | | | | | |
| (Grants \$) If this am | ount includes foreign gra | nts shock horo | ⊾ □ | 29a | |
| 30 | ount includes foreign gra | | · · · · · · • | 29a | |
| | | | | | |
| | | | | | |
| (Grants \$) If this am | ount includes foreign gra | ants check here | ▶ □ | 30a | |
| 31 Other program services (describe in Schedule O) | | | | | |
| | ount includes foreign gra | | _ | 31a | |
| 32 Total program service expenses (add lines 28a through | | | | 32 | 0 |
| Part IV List of Officers, Directors, Trustees, and Key | | | | uction | s for Part IV) |
| Check if the organization used Schedule O to res | spond to any question in | this Part IV | | | <u></u> |
| | (b) Average | (c) Reportable | (d) Health benefits, | 6 |) Estimated amount of |
| (a) Name and title | hours per week | compensation (Forms W-2/1099-MISC) | contributions to employe benefit plans, and | e (e |) Estimated amount of other compensation |
| | devoted to position | (if not paid, enter -0-) | deferred compensation | | |
| REGGIE KELLEY | | | | | |
| PRESIDENT | 30.00 | 0 | 0 | | 0 |
| TASHIKA LEWIS | | | | | |
| TREASURER | 15.00 | 0 | 0 | | 0 |
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| Form 9 | 90-EZ (2019) RISE ABOVE POVERTY INC 82-5169' | 763 | F | Page 3 |
|--------|--|------|-----|--------|
| Pa | t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the | | | |
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V | | | . 🗌 |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | |
| | detailed description of each activity in Schedule O | 33 | | x |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| | change on Schedule O. See instructions | 34 | | x |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | x |
| h | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q | 35b | | |
| с С | Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, | | | |
| U | | 35c | | v |
| 26 | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. | 350 | | x |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| ~- | during the year? If "Yes," complete applicable parts of Schedule N. | 36 | | x |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | x |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | х |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | _ | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on line 9 | _ | | |
| b | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 ► ; section 4912 ► ; section 4955 ► | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I | 40b | | x |
| с | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | | | |
| | on organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | | |
| | 40c reimbursed by the organization | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| Ŭ | transaction? If "Yes," complete Form 8886-T | 40e | | x |
| 41 | | 400 | | л |
| | List the states with which a copy of this return is filed The organization's books are in care of TASHIKA LEWIS Telephone no. 315-8 | 62 6 | 106 | |
| 42 a | | | 490 | |
| h | | | Vac | No |
| D | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 401- | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | x |
| | If "Yes," enter the name of the foreign country | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | |
| | Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | х |
| | If "Yes," enter the name of the foreign country | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here. | ••• | ► | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44a | | х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44b | | x |
| с | Did the organization receive any payments for indoor tanning services during the year? | 44c | | x |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | _ |
| - | explanation in Schedule O. | 44d | | |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | x |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | | - |
| J | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |
| | | 45b | | v |
| | Form 990-EZ. See instructions | 400 | | х |

Form 990-EZ (2019)

| Form 9 | 990-EZ (20 | (19) RISE ABOVE POVER | TY INC | | | | 82-5 | 16976 | 53 | F | Page 4 |
|---------|------------|--|---------------------------------|------------------|-----------------|----------------|--------------------------|----------|---------------|---------|--------|
| | | | | | | | | Г | | Yes | No |
| 46 | | e organization engage, directly or indirectly, in | | | | | | | | | |
| Der | | didates for public office? If "Yes," complete S | | | | | | •• | 46 | | x |
| Par | t VI | Section 501(c)(3) Organizations All section 501(c)(3) organizations | | one 17 - 1 | 0h and 50 |) and cor | onloto tha | tablac | for | linos | |
| | | 50 and 51. | inusi answer questi | 0115 47 - 4 | 30 anu 32 | 2, and cor | | labies | | 11163 |) |
| | | Check if the organization used Sch | edule O to respond | to any que | estion in t | his Part V | 'I | | | | |
| | | | | to any qu | | | | | | Yes | No |
| 47 | Did the | e organization engage in lobbying activities o | r have a section 501(h) e | lection in effe | ect during the | e tax | | Γ | | | |
| | | If "Yes," complete Schedule C, Part II | | | - | | | | 47 | | x |
| 48 | Is the o | organization a school as described in section | 170(b)(1)(A)(ii)? If "Yes," | ' complete S | chedule E. | | | [| 48 | | х |
| 49a | Did the | e organization make any transfers to an exem | pt non-charitable related | organization | ? | | | [| 49a | | х |
| b | lf "Yes | ," was the related organization a section 527 | organization? | | | | | | 49b | | |
| 50 | Comple | ete this table for the organization's five highes | t compensated employees | s (other than | officers, dire | ctors, truste | es and key | | | | |
| | employ | vees) who each received more than \$100,000 |) of compensation from the | e organizatio | n. If there is | s none, enter | "None." | | | | |
| | | | (b) Average | (c) Re | portable | (d) Health | benefits, to employee | (e) Es | stimate | d amoui | nt of |
| | | (a) Name and title of each employee | hours per week | | ensation | benefit plans, | and deferred | • • • | | npensat | |
| | | | devoted to position | (Forms W-2/ | 1099-MISC) | compe | insation | | | | |
| | _ | | | | | | | | | | |
| NONI | E | | | | | | | | | | |
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| | | | | | | | | | | | |
| f | Total n | number of other employees paid over \$100,00 | 0▶ | | | | | | | | |
| 51 | Comple | ete this table for the organization's five highes | t compensated independe | ent contractor | s who each | received mo | ore than | | | | |
| | \$100,0 | 000 of compensation from the organization. If | there is none, enter "Non | e." | | | | | | | |
| | (a |) Name and business address of each independent contra | ctor | (b) | Type of service | Э | (0 | :) Compe | ensatior | ı | |
| | - | | | | | | - | | | | |
| NON | | | | | | | | | | | |
| NONI | 6 | | | | | | | | | | |
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| | | | | | | | | | | | |
| d | | number of other independent contractors each | 0 | | | | | | | | |
| 52 | | e organization complete Schedule A? Note: | | | | | | | | | |
| | | eted Schedule A | | | | | | ×X | Yes | | No |
| | • | s of perjury, I declare that I have examined this retu | , , , , , | | , | | , | dge and | l belief | , it is | |
| true, c | correct, a | nd complete. Declaration of preparer (other than o | fficer) is based on all informa | ation of which p | preparer has a | iny knowledge | | | | | |
| Sig | n | REGGIE KELLY Signature of officer | | | | Date | 09-08- | -2020 | | | |
| Her | | | | | | Duto | | | | | |
| TICI | | REGGIE KELLY, PRESIDENT Type or print name and title | | | | | | | | | |
| | | | Preparer's signature | | Date | | Check X if | PTIN | | | |
| Paid | k | Lorena Anoceto L | orena Anoceto | | 09-06-20 | | self-employed | P000 | 5066 | 79 | |
| | parer | Firm's name Anoceto Tax & Fi | | | | Firm's I | EIN 🕨 | | | - | |
| | Only | Firm's address ► 8314 Doreen Ave | | | | | | | | | |
| _ | - | Cicero NY 13039 | | | | Phone | no. 315- | 506-0 |) <u>1</u> 85 | | |
| May | the IRS | discuss this return with the preparer shown a | bove? See instructions | | | | | x | Yes | | No |
| EEA | | | | | | | | Foi | rm 99 | 0-EZ | (2019) |
| | | | | | | | | | | | |

| | | | Public Char | ity Status and F | Public (| Support | . L | OMB No. 1545-0047 |
|--------|--|-----------------------------|----------------------------|--|---------------|-----------------------------|--|--------------------------------------|
| SCH | EDULE A | | | 501(c)(3) organization or a | | | | 2019 |
| • | 990 or 990-EZ) | | | ich to Form 990 or Forn | | , (u)(1) 11011 | | Open to Public |
| • | ent of the Treasury Revenue Service | ▶ | | ov/Form990 for instruct | | the latest in | formation. | Inspection |
| - | the organization | | | | | | Employer identification | on number |
| RISE | ABOVE POVER | ATY INC | | | | | 82-5169763 | |
| Part | I Reason | for Public Charit | y Status (All or | rganizations must c | omplete | this part.) | See instructions. | |
| The or | ganization is not a | private foundation bec | ause it is: (For line | s 1 through 12, check onl | y one box. |) | | |
| 1 [| A church, con | vention of churches, or | association of chu | urches described in sect | ion 170(b) | (1)(A)(i). | | |
| 2 | A school desc | ribed in section 170(b |)(1)(A)(ii). (Attach | Schedule E (Form 990 d | or 990-EZ). | .) | | |
| 3 | A hospital or a | a cooperative hospital | service organizatio | n described in section 1 | 70(b)(1)(A | .)(iii). | | |
| 4 | A medical res | earch organization ope | rated in conjunctio | on with a hospital describ | ed in sect | ion 170(b)(1 |)(A)(iii). Enter the | |
| | hospital's nam | e, city, and state: | | | | | | |
| 5 | An organizatio | on operated for the ben | efit of a college or | university owned or operation | ated by a g | jovernmental | unit described in | |
| | section 170(b |)(1)(A)(iv). (Complete | Part II.) | | | | | |
| 6 | A federal, stat | e, or local government | or governmental u | init described in section | 170(b)(1) | (A)(v). | | |
| 7 | An organizatio | on that normally receive | s a substantial part | t of its support from a gov | vernmental | unit or from | the general public | |
| | described in s | ection 170(b)(1)(A)(vi |). (Complete Part | II.) | | | | |
| 8 | A community | trust described in sect | ion 170(b)(1)(A)(v | i). (Complete Part II.) | | | | |
| 9 | An agricultura | I research organizatior | n described in sect | i on 170(b)(1)(A)(ix) ope | erated in co | njunction wi | th a land-grant college | Э |
| | or university o | r a non-land-grant colle | ege of agriculture (| see instructions). Enter th | e name, cit | ty, and state | of the college or | |
| _ | university: | | | | | | | |
| 10 | X An organization | on that normally receive | s: (1) more than 33 | 3 1/3% of its support from | n contributi | ons, membei | rship fees, and gross | |
| | receipts from a | activities related to its e | exempt functions - : | subject to certain excepti | ons, and (2 | 2) no more th | nan 33 1/3% of its | |
| | support from g | ross investment incom | e and unrelated bu | siness taxable income (le | ess sectior | n 511 tax) fro | m businesses | |
| - | acquired by th | e organization after Ju | ne 30, 1975. See | section 509(a)(2). (Com | plete Part | III.) | | |
| 11 | An organizatio | on organized and operation | ated exclusively to | test for public safety. Se | e section | 509(a)(4). | | |
| 12 | | • | | the benefit of, to perform | | | | |
| | | | - | bed in section 509(a)(1) | | | | • |
| | | - | | ne type of supporting org | | - | | - |
| i | | | | vised, or controlled by its | | • | | J |
| | | • | | / appoint or elect a major | rity of the c | lirectors or tr | ustees of the | |
| | | • | | IV, Sections A and B. | | | | |
| | | | • | ontrolled in connection w | | • | ., | |
| | | • | | on vested in the same pe | rsons that (| control or ma | anage the supported | |
| | _ • | on(s). You must com | | | | | | |
| 0 | | | | anization operated in co | | | | า, |
| | | • • • • • | , | u must complete Part I | | | | |
| (| | | | g organization operated i | | | | (S) |
| | | | • | generally must satisfy a d | | • | and an attentiveness | |
| | | | - | e Part IV, Sections A a | | | | |
| 0 | | - | | determination from the If | | сатурет, ту | ре п, туре п | |
| | | | | ntegrated supporting org | | | | |
| | | ber of supported organ | | | | • • • • • • | | ••• |
| | | lowing information abo | | | (ha) ha tha a | | | (-1) A |
| | (i) Name of supported | d organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the o | rganization ir governing | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | above (see instructions)) | docum | • • | instructions) | instructions) |
| | | | | | Vac | Ne | | |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| | | | | | | + | | |
| (B) | | | | | | | | |
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| (C) | | | | | | | | |
| | | | | | | | | |
| (D) | | | | | | | | |

(E)

| 1 Gits, grans, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | E POVERTY | | | | 82-516976 | |
|---|-----|---|------------------|------------------|-----------------|------------------|---------------------|------------------|
| Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in)- include any 'unusual grants.") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) To' include any 'unusual grants.") 1 Gifts, grants, contributions, and membership foes received. OD not include any 'unusual grants.") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) To' include any 'unusual grants.") 3 The value of services or facilities furrished by a governmental unit to the organization without charge (a) 2016 (c) 2017 (d) 2018 (e) 2019 (f) To' include any 'unusual grants.") 4 Total, Add lines 1 through 3 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) To' include any constraints in include do interest, advised on interest, dividends, payments received on securities loans, rents, royalities and income from similar sources (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) To' include any constraints in terest, dividends, payments received on securities loans, rents, royalities and income from similar sources (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) To' include any constraints is regulary carried on income from similar sources. 1 Total support Section Interest, dividends, p | Pa | | | | | | | |
| Section A. Public Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tor I Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tor I Tax revenues levied for the organization without charge (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tor 3 Thay alue of sanvices or facilities furnished by a governmental unit to the organization without charge (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tor 4 Total. Add lines 1 through 3 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tor 5 The value organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tor 7 Amounts from line 4 (f) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tor 7 Amounts from line 4 (f) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tor 7 Amounts from line 4 (f) 2016 (c) 2017 (d) 2018 (e) | | | | | | | | fy under |
| Calendar year (or fiscal year beginning in)- 1 Gifts, grants, contributions, and membership fees received. (D on ot include any "unusual grants.") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) To' 1 Gifts, grants, contributions, and membership fees received. (D on ot include any "unusual grants.") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) To' 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | o qualify unde | er the tests lis | sted below, pl | lease comple | te Part III.) | |
| 1 Gitts, grans, contributions, and membership fees received. (Oo not include any 'unusual grants.') | | ** | 1 | 1 | 1 | 1 | 1 | |
| membership fees received. (Do not include any "unusual grants.") | Cal | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| include any 'unusual grants') | 1 | | | | | | | |
| 2 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf | | | | | | | | |
| or expended on its behalf | | include any "unusual grants.") | | | | | | |
| to re expended on its behalf | 2 | Tax revenues levied for the | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | • | | | | | | |
| furnished by a governmental unit to the organization without charge | | - | | | | | | |
| a Total. Add lines 1 through 3 | 3 | The value of services or facilities | | | | | | |
| 4 Total. Add lines 1 through 3 | | furnished by a governmental unit to the | | | | | | |
| 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 (1) | | | | | | | | |
| 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 (1) | 4 | - | | | | | | |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column (f) 6 Public support. Subtract line 5 from line 4 Image: Column (f) Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tot 7 Amounts from line 4 Image: Column (f) Image: Column (f) Image: Column (f) Image: Column (f) 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Image: Column (f) Image: Column | 5 | | | | | | | |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | each person (other than a | | | | | | |
| line 1 that exceeds 2% of the amount shown on line 11, column (f) | | governmental unit or publicly | | | | | | |
| shown on line 11, column (f) Image: Section B. Total Support Calendar year (or fiscal year beginning in)- (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tot 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tot 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tot 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources (a) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tot 9 Net income from unrelated business activities, whether or not the business is regularly carried on (b) 100 (c) 100 | | supported organization) included on | | | | | | |
| 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) + 7 Amounts from line 4 | | line 1 that exceeds 2% of the amount | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) • (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tot 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 9 Net income from unrelated business activities, whether or not the business is regularly carried on 9 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 14 Public support percentage from 2018 Schedule A, Part II, line 14 | | shown on line 11, column (f) | | | | | | |
| Calendar year (or fiscal year beginning in) + (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tor A mounts from line 4 | | | | | | | | |
| 7 Amounts from line 4 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Image: Source of Sou | | | 1 | 1 | 1 | 1 | <u> </u> | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Image: Context in the image: C | | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| payments received on securities loans, rents, royalties and income from similar sources Image: Sources | 7 | | | | | | | |
| rents, royalties and income from similar sources Image: Sources in the sources is regularly carried on income from unrelated business activities, whether or not the business is regularly carried on income is regularly carried on its regular carried on its regularization regularization regularization on ite regularization on iter regularization is regularization in the organization meets the "facts-and-circumstances" test, check this box and stop here. 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 114 115 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 114 11 | 8 | Gross income from interest, dividends, | | | | | | |
| similar sources image: similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | rents, royalties and income from | | | | | | |
| activities, whether or not the business is regularly carried on | | similar sources | | | | | | |
| is regularly carried on | 9 | Net income from unrelated business | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: Computation of Public Support Percentage 11 Total support percentage from 2018 Schedule A, Part II, line 14 Image: Computation of Computation of Computation did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circum | | activities, whether or not the business | | | | | | |
| loss from the sale of capital assets (Explain in Part VI.) Image: Computation of Public Support Parcentage 11 Total support. Add lines 7 through 10 Image: Computation of Public Support Percentage 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Image: Computation of Public Support Percentage 14 Public support percentage from 2018 Schedule A, Part II, line 14 Image: Computation of Public Support Percentage 14 Public support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Computation - Computation - Computation qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization Image: Computation - Computation - Computation - Computation - Computation meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Image: Computation - Comparizat | | is regularly carried on | | | | | | |
| (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 12 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage form 2018 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | 10 | Other income. Do not include gain or | | | | | | |
| 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 12 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 13 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. | | loss from the sale of capital assets | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 13 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 14 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 14 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and lin | | (Explain in Part VI.) | | | | | | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 Public support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16a 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly support test. The organization genere. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization for the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. | 11 | Total support. Add lines 7 through 10 | | | | | | |
| organization, check this box and stop here | 12 | Gross receipts from related activities, etc. (s | ee instructions | s) | | | 12 | |
| Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 13 | - | • | | | • | • • • | • • |
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | | | | <u></u> ► 🗌 |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | Se | | | | | | <u> </u> | |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | 14 | | | - | | | | % |
| box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. | - | | | | | | | % |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | 16a | | | | | | | |
| this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | |
| 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | k | | | | | | | |
| 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | · · · | - | | - | | | |
| Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | 17a | | - | | | | | |
| organization | | - | | | | | | |
| b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. | | ÷ | | | - | | | |
| 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. | | | | | | | | |
| | k | | | | | | | ne |
| | | - | | | | | - | |
| Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly | | Explain in Part VI how the organization meet | ts the "facts-ar | nd-circumstanc | es" test. The c | organization qu | alifies as a public | cly |
| supported organization | | | | | | | | · · · ▶ □ |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | 18 | Private foundation. If the organization did r | not check a bo | x on line 13, 16 | 6a, 16b, 17a, o | or 17b, check th | nis box and see | |
| | | instructions | <u></u> | | | | | <u> ► </u> |

| Sche | dule A (Form 990 or 990-EZ) 2019 RISE ABOV | E POVERTY : | INC | | | 82-516976 | 3 Page 3 |
|----------|--|-----------------|------------------|------------------|------------------|-----------------|------------------------|
| Pa | rt III Support Schedule for Organiz | ations Desc | ribed in Sec | tion 509(a)(2 | 2) | | |
| | (Complete only if you checked t | he box on lin | e 10 of Part I | or if the orga | inization failed | to qualify un | der Part II. |
| | If the organization fails to qualify | | | | | | |
| Sec | ction A. Public Support | | | | • | | |
| | endar year (or fiscal year beginning in)► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | (, | (, | (0) = 0 = 0 | | (0) = 0.0 | (1) |
| • | received. (Do not include any "unusual grants.") | | | | 34,111 | 24,950 | 59,061 |
| 2 | Gross receipts from admissions, merchandise | | | | 51/111 | 21,7500 | 557001 |
| - | sold or services performed, 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 | | | | | | |
| J | unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| - | organization's benefit and either paid to | | | | | | |
| | | | | | | | |
| F | or expended on its behalf The value of services or facilities | | | | | | |
| 5 | | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| - | organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | 34,111 | 24,950 | 59,061 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 59,061 |
| Sec | ction B. Total Support | | | | | | |
| Cal | endar year (or fiscal year beginning in)► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | 34,111 | 24,950 | 59,061 |
| 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 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| •• | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| . ~ | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 12 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 15 | and 12.) | | | | 24 111 | 24 050 | E0 0C1 |
| 11 | First five years. If the Form 990 is for the or | (| | rd fourth or fit | 0 34,111 | 24,950 | 59,061 |
| 14 | | | | | | | |
| <u> </u> | organization, check this box and stop here | | | | | | · · · · ► 🗋 |
| _ | ction C. Computation of Public Suppor | | | | | 45 | 0/ |
| | Public support percentage for 2019 (line 8, c | | - | | | 15 | 100.00 % |
| _ | Public support percentage from 2018 Sched | | | | | 16 | 100.00 % |
| Sec | ction D. Computation of Investment Inc | | | | (0.) | | |
| 17 | 1 5 | | ••••••• | | | 17 | 0.00 % |
| 18 | Investment income percentage from 2018 So | | | | | 18 | 0.00 % |
| 19a | 33 1/3% support tests - 2019. If the organiz | | | | | | |
| | 17 is not more than 33 1/3%, check this box | | | | | | |
| b | 33 1/3% support tests - 2018. If the organiz | | | | | | |
| | line 18 is not more than 33 1/3%, check this | | | | | | |
| 20 | Private foundation. If the organization did n | ot check a bo | x on line 14, 19 | a, or 19b, che | ck this box and | see instruction | s 🕨 🗌 |

| art | IV Supporting Organizations | | | |
|-----|--|---------|-----|---|
| | (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete | | | |
| | and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co | - | ; | |
| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P | art V.) | | |
| ct | ion A. All Supporting Organizations | | | |
| | | | Yes | N |
| | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | • | | |
| _ | organization was described in section $509(a)(1)$ or (2). | 2 | | |
| а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | 20 | | |
| L. | (b) and (c) below. Did the extrapization confirm that each supported extrapization qualified under section $E(1/c)(4)$ (E) or (6) and | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and set infinite support tasts under section $500(c)(2)$. If "Yes," describe in Part II when and how the | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| • | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | 30 | | |
| C | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| а | | 00 | | |
| ~ | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| с | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | 4c | | |
| а | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | 6 | | |
| | 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 | 7 | | |
| | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | 7 | | |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| а | Was the organization controlled directly or indirectly at any time during the tax year by one or more | 0 | | |
| a | 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 . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | Ja | | |
| - | the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| с | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | | | |
| - | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
|)a | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer 10b below. | 10a | | |
| 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.) | 10b | | |

| Sched | Bule A (Form 990 or 990-EZ) 2019 RISE ABOVE POVERTY INC | 82-5169763 | | Pa | age 5 |
|-------|---|-------------------|----|----|-------|
| Pa | rt IV Supporting Organizations (continued) | | | | |
| | | | Ye | es | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) an | d (c) | | | |
| | below, the governing body of a supported organization? | 11 | a | | |
| b | A family member of a person described in (a) above? | 11 | b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail | il in Part VI. 11 | c | | |
| Sec | ction B. Type I Supporting Organizations | | | | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | • | Ye | es | No |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times dur | | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervi | - | | | |
| | controlled the organization's activities. If the organization had more than one supported organization | | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the s | | | | |
| | | | | | |
| | 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 | n in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operate | ed, | | | |
| | supervised, or controlled the supporting organization. | 2 | | | |
| Sec | ction C. Type II Supporting Organizations | | | | |
| | | | Ye | es | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the d | lirectors | | | |
| | 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 ma | anaged | | | |
| | the supported organization(s). | 1 | | | |
| Sec | ction D. All Type III Supporting Organizations | | | | |

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | 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? <i>If "No," explain in Part VI how</i> | | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), 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 investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the or | 2 | | |
| | 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 organization used to satisfy the Integral Part Test during the year (see instructions).
- a D 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 government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) 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 (a) and (b) 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? *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.*

2a

2b

3a

Yes

No

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | | | |
|---|---------|--------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | trust o | on Nov. 20, 1970 (expla | in in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organiz | zation | s must complete Section | ns A through E. |
| Section 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | 0 | | Current Year |
| 4 Adjusted not income for prior year (from Castien A line C. Calumn A) | 4 | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally | integr | ated Type III supporting | g organization (see |
| instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

RISE ABOVE POVERTY INC

Schedule A (Form 990 or 990-EZ) 2019

82-5169763

Page 6

| Schedu | le A (Form 990 or 990-EZ) 2019 RISE ABOVE POVERTY INC | | 82-516 | 9763 Page 7 |
|--------|--|-----------------------------|--|---|
| Par | t V Type III Non-Functionally Integrated 509(a)(3 | B) Supporting Organiz | zations (continued) | |
| Sec | tion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | npt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizat | ions | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is respons | sive | |
| | (provide details in Part VI). See instructions. | | | |
| | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| s | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| - | Excess distributions carryover, if any, to 2019 | | | |
| | From 2014 | | | |
| | From 2015 | | | |
| | From 2016 | | | |
| | From 2017 | | | |
| | From 2018 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| _j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ | | | |
| - | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| e | Excess from 2019 | | | |
| EEA | | | Schedu | ule A (Form 990 or 990-EZ) 2019 |

| Schedule A (Fo | m 990 or 990-EZ) 2019 Page 8 |
|----------------|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RISE ABOVE POVERTY INC

82-5169763

Employer identification number

01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT MEMBERSHIP FEES 119 INSURANCE 884 TRAVEL & MEETINGS 948 CLOTHING/ESSENTIALS 2,530 100 STAFF DEVELOPMENT FUNDRAISING FEES 3,778 758 SUPPLIES

| RISE ABOVE POVERTY INC 82-5169763 Description Amount CORPORATIONS \$ 7,53 RELIGIOUS INSTITUTIONS 3,79 SCHOOL CONTRIBUTIONS 17 INDIVIDUAL CONTRIBUTIONS 8,46 Total: \$ 19,97 Description Amount TelePHONE \$ 1,13 Description \$ 1,13 Description \$ 1,13 Description \$ 4,02 PRINTING \$ 4,02 PRINTING 25 | 990 Overflow Stateme | |
|---|---|----------------------------------|
| CORPORATIONS \$ 7,53 RELIGIOUS INSTITUTIONS 3,79 SCHOOL CONTRIBUTIONS 17 INDIVIDUAL CONTRIBUTIONS 8,46 Total: \$ 19,97 Description Amount Telephone \$ 1,13 Description \$ 1,13 MarketING \$ 4,02 PRINTING \$ 4,02 POSTAGE 5 | Name(s) as shown on return RISE ABOVE POVERTY INC | FEIN 82-5169763 |
| CORPORATIONS \$ 7,53 RELIGIOUS INSTITUTIONS 3,79 SCHOOL CONTRIBUTIONS 17 INDIVIDUAL CONTRIBUTIONS 8,46 Total: \$ 19,97 Description Amount Telephone \$ 1,13 Description \$ 1,13 MarketING \$ 4,02 PRINTING \$ 4,02 POSTAGE 5 | | |
| RELIGIOUS INSTITUTIONS 3,79 SCHOOL CONTRIBUTIONS 17 INDIVIDUAL CONTRIBUTIONS 8,46 Total: \$ 19,97 Description Amount Telephone \$ 1,13 Description \$ 1,13 Total: \$ 1,13 Description \$ 4,02 PRINTING \$ 4,02 POSTAGE 5 | Description | Amount |
| SCHOOL CONTRIBUTIONS 17 INDIVIDUAL CONTRIBUTIONS 8,46 Total: 19,97 Description Amount TelePHONE \$ 1,13 Total: \$ 1,13 Description \$ 1,13 Marketing \$ 4,02 PRINTING \$ 4,02 POSTAGE 5 | CORPORATIONS RELIGIOUS INSTITUTIONS | \$7,538 3.796 |
| Description Amount TELEPHONE \$ 1,13 Total: \$ 1,13 Description Amount MARKETING \$ 4,02 PRINTING \$ 25 POSTAGE 5 | SCHOOL CONTRIBUTIONS | 179 |
| TELEPHONE \$ 1,13 Total: \$ 1,13 Description Amount MARKETING \$ 4,02 PRINTING 25 POSTAGE 5 | INDIVIDUAL CONTRIBUTIONS | 8,463 Total: \$ <u>19,976</u> |
| TELEPHONE \$ 1,13 Total: \$ 1,13 Description Amount MARKETING \$ 4,02 PRINTING 25 POSTAGE 5 | | |
| TELEPHONE \$ 1,13 Total: \$ 1,13 Description Amount MARKETING \$ 4,02 PRINTING 25 POSTAGE 5 | Description | Amount |
| DescriptionAmountMARKETING\$4,02PRINTING25POSTAGE5 | TELEPHONE | \$ 1,136 |
| MARKETING \$ 4,02 PRINTING 25 POSTAGE 5 | | Total: \$ <u>1,136</u> |
| MARKETING \$ 4,02 PRINTING 25 POSTAGE 5 | | |
| PRINTING 25 POSTAGE5 | | |
| DOSTAGE5 Total: \$4,32 | PRINTING | 250 |
| 10041. \$¥,32 | POSTAGE | 57 Totale 4 329 |
| | | 10tal: 34,320 |
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