| CI | HANG | E OF | ACCOUNTING PERIOD | _ | | |
|-------------------------------|----------------|----------------|---|--------------------------------|---|----------------------------|
| For | _m 9 | 90 | Return of Organization Exempt From Inco | | | OMB No 1545-0047 2018 |
| | _ | f the Treasury | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except Do not enter social security numbers on this form as it may be m | | | Open to Public |
| Inter | nal Rever | nue Service | ► Go to www irs gov/Form990 for instructions and the latest info | | 191)4 | Inspection |
| <u>A</u> | Forth | | llendar year, or tax year beginning $08/01/18$, and ending $06/30/19$ | | | |
| В | Check if a | pplicable C | Name of organization | | D Employer id | entification number |
| | Address o | change | RISE, COLORADO | | ,_ ,_, | |
| | Name cha | ange 🗀 | Doing business as Number and street (or P O box if mail is not delivered to street address) Roc | om/suite | 47-35 (| |
| | Initial retu | rn | 1595 ELMIRA STREET, SUITE 201 | | | 35-7113 |
| | Final retui | | City or town, state or province, country, and ZIP or foreign postal code | | | |
| | Amended | L | AURORA CO 80010 | | G Gross receipt | <u>s</u> 1,672,530 |
| | | - | Name and address of principal officer | i(a) is this a or | oup return for sub- | ordinates Yes X No |
| | Applicatio | n pending | VERONICA PALMER | • | • | |
| | | | 1000 1111111 111111111 1011111111111111 | | oordinates include " attach a list (se | |
| _ | T | | AURORA CO 80010 X 501(c)(3) 501(c) () ◀ (insert no) ! 4947(a)(1) or 527 | | Citaci a not (se | o mondocario, |
| ÷ | Website. | npt status | | d(c) Group ov | emption number | • |
| <u>у</u> К | | | | formation 2 | | State of legal domicile CO |
| _ | art I | | nmary | | <u> </u> | Charle of regal commone |
| | T | | cribe the organization's mission or most significant activities | | | |
| ē | | WORK | TO EDUCATE, ENGAGE AND EMPOWER LOW INCOME FAMILIES | AND F | AMILIES | OF |
| Governance | | COLOR | R TO END EDUCATIONAL INEQUITY IN OUR PUBLIC SCHOOL | SYSTEM | ļ | |
| Ver | | | | | | |
| | | Check this | | % of its net | | _ |
| Activities & | | | voting members of the governing body (Part VI, line 1a) | | | <u>6</u> |
| iţ; | | | independent voting members of the governing body (Part VI, line 1b) | | | 6 18 |
| ÷ | | | ber of individuals employed in calendar year 2018 (Part V, line 2a) | | | 100 |
| Ă | | | ber of volunteers (estimate if necessary) lated business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| | 1 | | ted business taxable income from Form 990-T, line 38 | | 7b | 0 |
| ર | - | 101 0111 0101 | | Prior Ye | ar | Current Year |
| , e | 8 0 | Contributio | ons and grants (Part VIII, line 1h) | | 0,443 | 1,664,387 |
| Revenue | | - | ervice revenue (Part VIII, line 2g) | 2: | 2,080 | 0 |
| įé | | | t income (Part VIII, column (A), lines 3, 4, and 7d) | | 650 | 1,670 |
| , – | 1 - | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,109 5,282 | 6,473 1,672,530 |
| | | | nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 01. | 0 | 1,072,330 |
| | 1 | | aid to or for members (Part IX, column (A), line 4) | | 0 | 0 |
| Ø | l | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | 56' | 7,777 | 842,436 |
| nse | ŧ . | | al fundraising fees (Part IX, column (A), line 11e) | | 2,000 | 0 |
| Expenses | 1 | | raising expenses (Part IX, column (D), line 25) > 85,330 | " | | |
| ω | 17 0 | Other expe | enses (Part IX, column (A), lines 11a–11d, 11f–24e) | | 3,816 | 279,836 |
| | | | nses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 3,593 | 1,122,272 |
| - 2 | 19 F | Revenue le | ess expenses Subtract line 18 from line 12 | – 20 1 Jinning of Cu | 3,311 | 550,258 End of Year |
| let Assets or und Balances | 20 T | intal asset | ts (Part X, line 16) | | 8,613 | 2,037,457 |
| Ass | 21 7 | | ities (Part X, line 26) | | 0,411 | 468,997 |
| F. Set | 22 N | | or fund balances Subtract line 21 from line 20 | | 3,202 | 1,568,460 |
| P | art II | Sigr | nature Block | | | |
| | | | erjury, I declare that I have examined this return, including accompanying schedules and statement | | | knowledge and belief, it |
| tru | ue, corre | ect, and con | mplete Declaration of preparer (other than officer) is based on all information of which preparer | has any kno | | |
| ۰. | | | Veneral Maria | | 2/7/2 | 020 |
| Siç | | 1 . | nature of officer | | Date | |
| He | re | | VERONICA PALMER CEO se or print name and title | | | |
| | | | Preparer's name | Date | Check | f PTIN |
| Pai | d | | RICKMAN, CPA | | /20 self-emplo | -J., |
| Pre | parer | Firm's name | AT MODITAL ADITAGODA CONTA | | rm's EIN | 46-1335331 |
| Use | Only | 2.10.110 | 4088 WASHTENAW AVE | <u> </u> | | |
| | | Firm's addre | | | hone no 7 | 34-476-3720 |

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions. DAA

X Yes : No Form 990 (2018)

| rm 990 (2018) | RISE COLORADO | | 47-3566342 | Page 2 |
|--------------------------|--------------------------------------|---------------------------------------|---|--------------|
| | tatement of Program Serv | | | |
| | | s a response or note to any li | ne in this Part III | <u> </u> |
| - | cribe the organization's mission | AND ELECTRIC LOW | | ENVILLED OF |
| | | | INCOME FAMILIES AND | |
| COLOR 1 | O END EDUCATIONAL | L INEQUITI IN OUR | PUBLIC SCHOOL SYSTE | м. |
| | | | | |
| Did the orga | anization undertake any significan | t program services during the year w | hich were not listed on the | |
| - | 990 or 990-EZ? | | | Yes 🗓 No |
| if "Yes," de | scribe these new services on Scho | edule O. | | |
| Did the orga | anization cease conducting, or ma | ke significant changes in how it cond | ucts, any program | rai E-a |
| services? | | _ | | Yes X No |
| | scribe these changes on Schedule | | 1 | J L |
| | | | largest program services, as measure | |
| - | penses, and revenue, if any, for ea | - | amount of grants and allocations to other | iers, |
| the total ex | penses, and revenue, it ally, for ea | ach program service reported. | | |
| (Code |) (Expenses \$ 86 | 4,674 including grants of\$ |) (Revenue \$ |) |
| THROUGH | | | VELOPMENT, AND ORGA | NIZING, OUR |
| | | | HEY WILL BECOME ACT | |
| | | • | AND, AND LEAD SYSTE | MATIC CHANGE |
| PRANSFO | ORM OUR PUBLIC SC | HOOLS. | | |
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| (Code |) (Expenses \$ | including grants of\$ |) (Revenue \$ |) |
| I/A | | | | |
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| (Code |) (Expenses \$ | including grants of\$ |) (Revenue \$ |) |
| I/A | | | | |
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| O4h-==== | ann ann an (December of October 199 | | | |
| Other progr (Expenses | ram services (Describe in Schedul | e O.) ding grants of\$ |) (Revenue \$ | , |
| | am service expenses ▶ | 864,674 |) lizesende A | |
| rotal progra | ani service expenses > | 004,0/4 | | |

Part IV . Checklist of Required Schedules

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - 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
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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
- 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
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

| | Yes | No |
|-----------|-----|----------|
| | | |
| 1 2 | X | |
| | | — |
| 3 | | <u>x</u> |
| 4 | | x |
| _5_ | | <u>x</u> |
| 6 | | x |
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| 9 | | X |
| 10 | | x |
| | | |
| 11a | х | |
| 11b | | x |
| 11c | | <u>x</u> |
| 11d | | x |
| 11e | | <u> </u> |
| 11f | | <u>x</u> |
| 12a | х | |
| 406 | | v |
| 12b 13 | | X |
| 14a | | x |
| | | |
| 14b | | <u>x</u> |
| 15 | | <u>x</u> |
| 16 | | x |
| 17 | | <u>x</u> |
| 18 | | <u>x</u> |
| 19 | | <u>x</u> |
| 20a | | X |
| 20b | | |
| 21 | | x |
| Form | 990 | (2018) |

| P | art IV . Checklist of Required Schedules (continued) | | | |
|-----|---|--------------|----------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | i l | |
| | employees? If "Yes," complete Schedule J | 23 | | x |
| 242 | | 123 | \vdash | |
| 248 | 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 | 24- | | v |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | ١ | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | | 24d | | |
| 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 Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| - | Schedule L, Part IV | 28b | | x |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 100 | | |
| · | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive more trial \$25,000 in non-cash contributions? If res, complete scriebile in | 1 | | 42 |
| 30 | conservation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | • | 31 | | X |
| 32 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | \vdash | |
| 32 | | 1 22 | | x |
| 22 | complete Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | ۱., | | 4.5 |
| | or IV, and Part V, line 1 | 34 | | <u> </u> |
| 35a | | 35a | | X |
| 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 1 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u>x</u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | <u> </u> | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Pá | art V Statements Regarding Other IRS Filings and Tax Compliance | | | 1 |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | 1 1 - | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 4 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | 4 | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| | | For | n 990 | (2018) |

| | The state of the s | 1111140 | ,,,, | | Yes | No | | | |
|--------|--|---------|----------------|-----------|--------|----------|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | res | NO | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 18 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax is | | | 2b | x | | | | |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc | | | | | | | | |
| 3a | | , | | 3a | | x | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in School | lule O | | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or ot | | thority over, | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other final | ncial a | ccount)? | 4a | | х | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance | ial Acc | counts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea | دى | | _5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train | nsactio | on? | 5b | | Х | | | |
| Ç | 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 d | id the | | | | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | <u>6a</u> | | <u>x</u> | | | |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contrib | outions | or | | | | | | |
| | gifts were not tax deductible? | | | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly | for god | ods | | | | | | |
| | and services provided to the payor? | | | 7a | | | | | |
| b | ,, , | | | 7b | | | | | |
| С | 3 | it was | | | | | | | |
| _ | required to file Form 8282? | 7d | | 7c | | | | | |
| d | 3, | | | - , | | | | | |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or indirectly, on a personal benefit or indirectly, on a personal benefit or | | | 7e 7f | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| h | If the organization received a contribution of qualified intellectual property, and the organization intellectual property in the organization | | • | 7g 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint | | | | | | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | | oy 1110 | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | 1 | | | | | |
| а | Gross income from members or shareholders | 11a | | 4 | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | | | |
| | against amounts due or received from them.) | 11b | | - . | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F | | 041? | 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. | | | 420 | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | |
| h | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | | | |
| D | the organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | | 13c | | ┥ ! | | | | | |
| l4a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | x | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche | dule C |) | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem | | | | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | x | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | |
| 6 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | nent in | come? | 16 | | X | | | |
| | If "Yes," complete Form 4720, Schedule O | | | | لــــا | | | | |
| | | | | Form | 990 | (2018) | | | |

Form 990 (2018) RISE COLORADO

. 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

| <u>Sec</u> | tion A. Governing Body and Management | | | | | |
|------------|--|----------|-------------------|--------------|-----|----|
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a_ | 6 | | | |
| | 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 in Schedule O | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 6 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6_ | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | |
| | one or more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| | stockholders, or persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the | e year | by the follow | ng | | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | X |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the | Inter | <u>nal Revent</u> | <u>ie Co</u> | | |
| | | | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | ľ | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | filing t | he form? | 11a | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv | e rise 1 | to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | ١ | | |
| | describe in Schedule O how this was done | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 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 approval by | _ | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | on7 | | ١ | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | X | 75 |
| b | Other officers or key employees of the organization | | | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | ـ م | | v |
| | with a taxable entity during the year? | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | ۱.,. | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | |

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website X Another's website X Upon request Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 1595 ELMIRA STREET, SUITE 201

CO 80010

303-835-7113

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for | off | k, unle icer a | Pos check ess pe nd a d | rson irecto | than or is both or/truste | an e) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|---|---|-----------------------------------|-----------------------|----------------------------------|----------------|---------------------------------|----------|--|--|---|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Farmer | (W-2/1099-MISC) | (<u>2</u> 7333337 | organization and related organizations |
| (1) AGENO OTII | | 1 | | | | | | | | |
| | 3.00 | | | | | | | • | • | |
| BOARD CHAIR (2) JOAN SCHUNCK | 0.00 | X | - | X | | ╁ | | 0 | 0 | 0 |
| (2) JOAN SCHONCK | 2.00 | | | | | | | | | |
| TREASURER | 0.00 | x | | \mathbf{x} | | | | 0 | 0 | o |
| (3) JORGE CASTANEDA | | | | | | | | | | |
| | 2.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | | х | | | | 0 | 0 | 0 |
| (4) RUBEN MEDINA | | | | | | 1 | | | | |
| | 2.00 | l | | | | | | | _ | |
| DIRECTOR | 0.00 | X | ⊢ | X | | ╌┼ | | 0 | 0 | 0 |
| (5) MICHELLE CULVER | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | o | o | O |
| (6) WISDOM AMOUZOU | | | | | \vdash | \Box | | | | |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) VERONICA PALMER | | | | | | | | | | |
| | 40.00 | | ŀ | İ | | | | | _ | |
| CEO | 0.00 | ↓ | _ | х | _ | \vdash | | 116,054 | 0 | 7,021 |
| (8) | | | | | | | | | | |
| (9) | | <u> </u> | | | | | | | | : |
| (10) | - | | _ | | | H | | | | |
| (11) | | | _ | | | \square | | | | |
| · · · · | | | | | | | | | | |
| DAA | | | | | | | | · | | Form 990 (2018) |

Form 990 (2018) RISE COLORADO

| <u>Pa</u> | rt VII Section A. Officer | s, Directors, Ti | ruste | ees, | Key | Em | ploy | ees | s, and Highest Compens | ated Employees (contin | ued) | | | |
|-----------|---|---|-----------------------------------|-----------------------|---------------------------------|----------------|---------------------------------|-------------|---|--|-----------|--|--------------------------|----------|
| | (A) Name and title | (B) Average hours per week (list any hours for | bo: off | k, unle icer ai | Pos heck ess pe nd a d | rson irecto | than o | ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | | (F) Estimate amount other compens from the | t of r ation he | |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | | organiza and rela organiza | ited | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | - | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | ., | |
| | | | | | | | | | | | | | | · |
| | Sub-total | 4- 4- D4 \/!! | ۔۔۔ | -4! | | ļ | | > | 116,054 | | | | 7,0 | 021 |
| c d | Total from continuation sho Total (add lines 1b and 1c) | | | | | | | <u> </u> | 116,054 | | | | 7,0 | 021 |
| 2 | Total number of individuals (in reportable compensation from | | | | to th | ose | liste | d ab | oove) who received more t | han \$100,000 of | | | | |
| 3 | Did the organization list any t | former officer, o | lirec | tor, e | or tru | ıste | e, ke | у еп | nployee, or highest compe | ensated | ſ | | Yes | |
| 4 | employee on line 1a? If "Yes For any individual listed on lin organization and related organization | ne 1a, is the sui | n of | repo | rtab | le c | omp | ensa | ation and other compensation | | } | 3 | | <u>x</u> |
| 5 | individual Did any person listed on line | | | | | | | | | on or individual | ł | 4 | | X |
| Sect | for services rendered to the clion B. Independent Contract | | "Ye: | s," co | ompi | ete | Sche | duk | e J for such person | | | 5 | | X |
| 1 | Complete this table for your to compensation from the organ | nization. Report | pen com | sate pen | d inc | lepe n fo | nder r the | nt co | endar year ending with or | within the organization's | tax year. | <u>. </u> | (C) | |
| _ | Name and | (A) I business address | | | | | | | Descrip | (B) vion of services | | Cor | (C) mpensa | tion |
| | | · | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent received more than \$100,000 | | | | | | | | | 0 | | | 000 | |

| , | | | | | e or note to any line (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|----------|--------------|------------|---|--|---|--|
| and Other Similar Amounts and Other Similar Amounts and Other Similar Amounts | Federated campaigns | 1a | | | | | | |
| g b | Membership dues | 1b | | | | | | |
| ₽ c | Fundraising events | 1c | | | | | | |
| <u>a</u> d | Related organizations | 1d | | | | İ | | |
| Ē e | Government grants (contributions) | 1e | | | | | | |
| <u>"</u> 1 | All other contributions, gifts, grants, | | | | | | | |
| Ĕ | and similar amounts not included above | 1f | 1,0 | 664,387 | | , | | |
| g g | Noncash contributions included in lines | 1a-1f \$ | 6 | | | | | |
| <u>a</u> h | Total. Add lines 1a-1f | | | <u> </u> | 1,664,387 | | | |
| | | | | Busn, Code | | | | |
| 2a | l | | | | | | | |
| [b | | | | | | | | |
| c | | | | | | | | |
| [d | | | | | | | | |
| e | | | | - | | | | |
| <u>י</u> | All other program service rev | venue | | | | | | |
| 3 | Total. Add lines 2a-2f Investment income (including | a dwido | nde inter | roct | | | | |
| " | and other similar amounts) | g uivide | ilus, ilitei | resi, | 1,670 | | | 1,670 |
| 4 | Income from investment of ta | 2Y-6Y67 | ant hand | proceed | 1,070 | | | |
| 5 | Royalties | an-CACII | iipt boild | procede | | | | |
| • | (i) Real | | (n) P | ersonal | | | | |
| 6a | _ | | | | | | | |
| b | | | | | | | | |
| C | | | | | | | | |
| d | Net rental income or (loss) | | | • | | | | |
| 7a | Gross amount from (i) Securities | s | (11) | Other | | | | |
| | other than inventory | | | | | | | |
| Ь | Less cost or other | | | | | | | |
| | basis & sales exps | | | | | | | |
| C | Gain or (loss) | | | | | | | |
| d | Net gain or (loss) | _ | | • | | | | |
| 8a | Gross income from fundraising ev | vents | | | | | | |
| Ba Ba | (not including \$ | ŀ | | | | | | |
| | of contributions reported on line 1 | IC) | | | | | | |
| b | See Part IV, line 18 | a | | | | | | |
| i b | Less direct expenses | b | | | | | | |
| 6 | Net income or (loss) from ful | | g events | • | | | | |
| ya | Gross income from gaming activi | | | | | | | |
| _ | See Part IV, line 19 Less direct expenses | a b | | | | | | |
| | Net income or (loss) from ga | | ctivities | — | | | | |
| | Gross sales of inventory, les | | | | | | | |
| ''" | returns and allowances | a | | | | | | |
| ь | Less cost of goods sold | ь | | | | | | |
| | Net income or (loss) from sa | | ventory | — | | | | |
| | Miscellaneous Revenue | | | Busn. Code | | | | |
| 11a | OTHER INCOME | | | | 6,473 | 6,473 | | |
| Ь | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | · | ▶ | 6,473 | | | |
| 12 | Total revenue. See instructi | ions. | | ▶ [| 1,672,530 | 6,473 | 0 | 1,670 |

Form 990 (2018) RISE COLORADO Part IX Statement of Functional Expenses

| | ion 501(c)(3) and 501(c)(4) organizations must | complete all columns All o | | complete column (A) | |
|---------|--|----------------------------|---------------------------------------|---------------------------------|-------------------------|
| <u></u> | . Check if Schedule O contains a respond include amounts reported on lines 6b, | (A) | this Part IX (B) | (c) | (D) |
| | 3b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| • | 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 | | · · · · · · · · · · · · · · · · · · · | | |
| J | organizations, foreign governments, and foreign | | | | |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | · |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | 138,479 | 103,859 | 13,848 | 20,772 |
| 6 | Compensation not included above, to disqualified | | | | |
| • | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 558,701 | 467,829 | 48,898 | 41,974 |
| 8 | Pension plan accruals and contributions (include | | | | |
| • | section 401(k) and 403(b) employer contributions) | 33,538 | 27,502 | 3,018 | 3,018 |
| 9 | Other employee benefits | 47,987 | 39,349 | 4,319 | 4,319 |
| 10 | Payroll taxes | 63,731 | 52,259 | 5,736 | 5,736 |
| 11 | Fees for services (non-employees) | 33,132 | 3-7-3- | | |
| а | Management | | | | |
| | Legal | 8,747 | 1 | 8,222 | 525 |
| | Accounting | 47,398 | | 44,554 | 2,844 |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | 7 | | | - |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| ŭ | (A) amount, list line 11g expenses on Schedule O) | 54,969 | 51,005 | 3,726 | 238 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 13,127 | 3,535 | 7,370 | 2,222 |
| 14 | Information technology | 11,403 | 9,123 | 1,140 | 1,140 |
| 15 | Royalties | • | | | |
| 16 | Occupancy | 19,808 | 17,828 | 990 | 990 |
| 17 | Travel | 8,471 | 8,047 | | 424 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 6,889 | 5,511 | 1,378 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 5,691 | 5,121 | 285 | 285 |
| 23 | Insurance | 13,650 | 6,825 | 6,825 | |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | PROGRAM EXPENSES | 40,608 | 40,608 | | |
| b | PROFESSIONAL DEVELOPMENT | 13,900 | | 13,900 | |
| C | DUES AND SUBSCRIPTIONS | 12,324 | 11,092 | 1,232 | |
| d | REPAIRS & MAINTENANCE | 9,104 | 8,194 | 455 | 455 |
| е | All other expenses | 13,747 | 6,987 | 6,372 | 388 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,122,272 | 864,674 | 172,268 | 85,330 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | ,- | | | |
| DAA | | | | | Form 990 (2018) |

| • | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-----|--------------------|
| -T4 | O | | _ | |
| 1 | Cash—non-interest bearing | 86,311 | 1 | 834,425 678,948 |
| 2 | Savings and temporary cash investments | 839,802 | 2 | 0/0,340 |
| 3 | Pledges and grants receivable, net | 145,000 | _3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. | | _ | |
| | Complete Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a | a | ŀ | |
| | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| ssets 7 | organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | Notes and loans receivable, net | | 7 | |
| 8 | Inventories for sale or use | 7 500 | 8 | |
| 9 | Prepaid expenses and deferred charges | 7,500 | 9 | |
| 10a | Land, buildings, and equipment cost or | | | |
| Ι. | other basis Complete Part VI of Schedule D 10a 529,775 | | | 504 004 |
| | Less accumulated depreciation 10b 5,691 | | 10c | 524,084 |
| 11 | Investments—publicly traded securities | | 11 | |
| 12 | · · · · · · · · · · · · · · · · · · · | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets See Part IV, line 11 | 4 050 640 | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,078,613 | 16 | 2,037,457 |
| 17 | Accounts payable and accrued expenses | 60,411 | 17 | 73,322 |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | | | | |
| ≝ | trustees, key employees, highest compensated employees, and | | | |
| Ē | disqualified persons Complete Part II of Schedule L | | 22 | |
| _ 23 | , | | 23 | 395,675 |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | ĺ | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | 60 444 | 25 | 460 000 |
| 26 | | 60,411 | 26 | 468,997 |
| န္မ | Organizations that follow SFAS 117 (ASC 958), check here ▶X and | | | |
| Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | complete lines 27 through 29, and lines 33 and 34. | 224 522 | | 4 224 500 |
| E 27 | Unrestricted net assets | 821,629 | | 1,331,708 |
| B 28 | · · · · | 196,573 | 28 | 236,752 |
| <u> </u> | · · · · · · · · · · · · · · · · · · · | | 29 | |
| 5 | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and | | | |
| छ | complete lines 30 through 34. | | | |
| 9 30 | | | 30 | |
| ğ 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | Retained earnings, endowment, accumulated income, or other funds | 1 010 000 | 32 | 1 500 400 |
| 33 | Total net assets or fund balances | 1,018,202 | 33 | 1,568,460 |
| 34 | Total liabilities and net assets/fund balances | 1,078,613 | 34 | 2,037,457 |

Form **990** (2018)

| Form 99 | 0 (2018) RISE COLORADO | 47-3566342 | | | Pa | ge 12 |
|---------|---|--|----|------|--------------|--------------|
| Part | XI · Reconciliation of Net Assets | | | | | |
| _ | Check if Schedule O contains a response or note | to any line in this Part XI | | | - | |
| 1 To | stal revenue (must equal Part VIII, column (A), line 12) | | 1 | 1,67 | | |
| 2 To | stal expenses (must equal Part IX, column (A), line 25) | | 2 | 1,12 | 22, | 272 |
| 3 Re | evenue less expenses. Subtract line 2 from line 1 | | 3 | | | <u> 258</u> |
| 4 Ne | et assets or fund balances at beginning of year (must equal Par | t X, line 33, column (A)) | 4 | 1,01 | L 8 , | <u> 202</u> |
| 5 Ne | et unrealized gains (losses) on investments | | 5 | | | |
| 6 Do | onated services and use of facilities | | 6 | | | |
| 7 In | vestment expenses | | 7 | | | |
| 8 Pr | or period adjustments | | 8 | | | |
| 9 Ot | her changes in net assets or fund balances (explain in Schedul | e O) | 9 | | | |
| 10 Ne | et assets or fund balances at end of year. Combine lines 3 throu | igh 9 (must equal Part X, line | | | | |
| | , column (B)) | | 10 | 1,56 | 58, | <u>460</u> |
| Part : | XII Financial Statements and Reporting | | | | | _ |
| | Check if Schedule O contains a response or note | to any line in this Part XII | | | | |
| | | | | | Yes | No |
| 1 Ac | counting method used to prepare the Form 990 🔲 Cash | X Accrual Other | | | | |
| Ìff | he organization changed its method of accounting from a prior | year or checked "Other," explain in | | | | |
| Sc | chedule O | | | | | |
| 2a W | ere the organization's financial statements compiled or reviewe | d by an independent accountant? | | 2a | | X |
| If ' | 'Yes," check a box below to indicate whether the financial state | ments for the year were compiled or | | | | |
| re | viewed on a separate basis, consolidated basis, or both | | | | | |
| L | Separate basis Consolidated basis Both conso | lidated and separate basis | | | | ŀ |
| b W | ere the organization's financial statements audited by an indepe | endent accountant? | | 2b | X | |
| If ' | 'Yes," check a box below to indicate whether the financial state | ments for the year were audited on a | • | | | |
| | parate basis, consolidated basis, or both | | | | | ŀ |
| X | Separate basis Consolidated basis Both conso | lidated and separate basis | | | | |
| c If | 'Yes" to line 2a or 2b, does the organization have a committee t | hat assumes responsibility for oversight | | | | |
| of | the audit, review, or compilation of its financial statements and | selection of an independent accountant? | | 2c | X | <u> </u> |
| lf (| he organization changed either its oversight process or selection | on process during the tax year, explain in | | | | |
| Sc | hedule O | | | 1 | | |
| 3a As | a result of a federal award, was the organization required to ur | ndergo an audit or audits as set forth in | | i | | |
| | e Single Audit Act and OMB Circular A-133? | | | 3a | | X |
| | 'Yes," did the organization undergo the required audit or audits' | | | | | |
| re | quired audit or audits, explain why in Schedule O and describe | any steps taken to undergo such audits | | 3b | | Ц |
| | | | | Forn | · 990 | (2018) |

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support

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

OMB No 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

ation. Inspection
Employer Identification number

| Name | Name of the organization RISE COLORADO | | | | | Employer ider | tification number | |
|------|---|----------------|---|--|------------|-----------------------|---|-------------------------------------|
| P | art | Reas | | / Status (All organization | ns mus | t comp | | |
| | | | | use it is: (For lines 1 through 1 | | | | 4000110. |
| 1 | | | * | ssociation of churches describe | | • | • | Ω |
| 2 | | - | · |)(A)(ii). (Attach Schedule E (F | | | | [] [|
| 3 | | | | vice organization described in | | | • • | |
| 4 | | • | · | ed in conjunction with a hospit | | | | the hospital's name, |
| | | city, and sta | te | • | | | | |
| 5 | | An organiza | tion operated for the benefi | t of a college or university own | ed or ope | erated by | a governmental unit describe | ed in |
| | ر ب , | section 170 | (b)(1)(A)(iv). (Complete Pa | rrt II) | | | | |
| 6 | | | • | governmental unit described ii | | | | |
| 7 | X | • | tion that normally receives a section 170(b)(1)(A)(vi). (| a substantial part of its support Complete Part II.) | t from a g | jovemme | ental unit or from the general | public |
| 8 | | | | 170(b)(1)(A)(vi). (Complete F | - | | | |
| 9 | | _ | _ | escribed in section 170(b)(1)(a e of agriculture (see instruction | | | • | - |
| 10 | [- | • | tion that normally receives | (1) more than 33 1/3% of its si | upport fro | om contri | butions, membership fees, ar | nd gross |
| | ٠ | receipts fron | n activities related to its exe | mpt functions—subject to cert | ain exce | otions, ar | nd (2) no more than 33 1/3% | of its |
| | | | | and unrelated business taxable | | | | s . |
| 11 | 1 | | _ | 30, 1975. See section 509(a) dexclusively to test for public s | | • | • | |
| 12 | \vdash | - | - | d exclusively to test for public s d exclusively for the benefit of, | - | | | nurnoses |
| 12 | لسا | • | | nizations described in section | • | | | • |
| | | | | that describes the type of supp | | | | |
| | а | 1 | | perated, supervised, or control | - | | | y giving |
| | | | | ower to regularly appoint or ele | | ority of th | e directors or trustees of the | |
| | b | 11 | • • | complete Part IV, Sections A supervised or controlled in c | | uth ite eii | nnorted organization(s), by h | avina |
| | D | | | orting organization vested in th | | | • | _ |
| | | | • | te Part IV, Sections A and C. | | | . | • |
| | С | | | supporting organization operal structions) You must complete | | | | ted with, |
| | d | 11 | | ed. A supporting organization (| | | | nization(s) |
| | | | | ne organization generally must | • | | • | tiveness |
| | | · - | | must complete Part IV, Sect | | | | 11 |
| | е | | | ceived a written determination on-functionally integrated supp | | | | ļi. |
| | f | | mber of supported organiza | | | • | | |
| | g | Provide the f | following information about | the supported organization(s). | | | | |
| (i | | e of supported | (ii) EIN | (III) Type of organization | | organization | | (vi) Amount of |
| | org | ganization | | (described on lines 1–10 above (see instructions)) | | ur governing ment? | support (see instructions) | other support (see instructions) |
| | | | | | Yes | No | , | , |
| (A) | | | | | | | | |
| | | | | | | <u> </u> | | |
| (B) | | | | | | | | |
| (C) | | • | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Tota | ıl | | | | | | | |

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.)

| | · Part III. II the Organizatio | ii ialis to quali | iy under the te | sis listed belo | w, piease con | piete Fait III.) | |
|----------|--|---------------------|---------------------|----------------------|---------------------|------------------|------------|
| | tion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 214,000 | 547,064 | 1,219,279 | 590,443 | 1,664,387 | 4,235,173 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 214,000 | 547,064 | 1,219,279 | 590,443 | 1,664,387 | 4,235,173 |
| 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) | | | | | | 1,102,294 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 3,132,879 |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 214,000 | 547,064 | 1,219,279 | 590,443 | 1,664,387 | 4,235,173 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | ١, | 2 | 143 | 650 | 1,670 | 2,465 |
| 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 | | | | | | 4,237,638 |
| 12 | Gross receipts from related activities, etc | • | • | | | 12 | 63,612 |
| 13 | First five years. If the Form 990 is for th | | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | . 🗀 |
| | organization, check this box and stop he | | | | | | ▶ X |
| | tion C. Computation of Public S | | | | | 1 1 | |
| 14 | Public support percentage for 2018 (line | | - | umn (f)) | | 14 | <u>%</u> |
| 15 | Public support percentage from 2017 Sc | | | 40 11 44 | 00.4/00/ | 15 | <u> </u> |
| 16a | 33 1/3% support test—2018. If the orga | | | | IS 33 1/3% or mo | ore, cneck this | ▶ □ |
| . | box and stop here. The organization qual 33 1/3% support test—2017. If the organization | | | | no 15 io 33 1/39/ | or more check | ▶ [] |
| D | this box and stop here. The organization | | | | 116 13 15 33 1/3 76 | or more, areas | ▶ □ |
| 17a | 10%-facts-and-circumstances test—20 | | | = | 3 16a or 16b an | d line 14 is | |
| | 10% or more, and if the organization med | _ | | | | | |
| | Part VI how the organization meets the " | | | | • | · · | |
| | organization | | | | | | ▶ □ |
| b | 10%-facts-and-circumstances test—20 | 017. If the organiz | ation did not ched | k a box on line 13 | 3, 16a, 16b, or 17a | a, and line | |
| | 15 is 10% or more, and if the organization | _ | | | • • | • | |
| | Explain in Part VI how the organization in | | | | - | | |
| | supported organization | | | | | | ▶ 🔲 |
| 18 | Private foundation. If the organization of instructions | lid not check a bo | x on line 13, 16a, | 16b, 17a, or 17b, | check this box ar | nd see | ▶ [] |
| | | | | | | | |

| Sche | dule A (Form 990 or 990-EZ) 2018 RIS | E COLORA | DO | | | <u>-3566342</u> | Page, 3 |
|------|--|---------------------|----------------------|------------------------|---------------------|-----------------------------------|-------------------|
| Pá | art III · Support Schedule for C | | | | | | / |
| | (Complete only if you ch | | | | | | under Part Jl. |
| | If the organization fails to | o qualify under | r the tests liste | d below, plea | se complete F | Part II.) | /_ |
| | tion A. Public Support | | | | T | 1 | |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Totál |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | / |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | <u>/</u> |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | - - - | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | , , , , | | |
| С | Add lines 7a and 7b | | | | / | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | · (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | ļ | | | | |
| 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 | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | , | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | / | | | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | _ | first, second, third | , fourth, or fifth tax | x year as a section | on 501(c)(3) | ▶ [] |
| Sec | tion C. Computation of Public S | | entage | | | | |
| 15 | Public support percentage for 2018 (line | | | olumn (f)) | | 15 | % |
| 16 | Public support percentage from 2017 Sc | hedule A, Part III, | line 15 | | | 16 | % |
| Sec | tion D. Computation of Investm | ent Income F | Percentage | | | | |
| 17 | Investment income percentage for 2018 | (line 10c, column | (f), divided by line | e 13, column (f)) | | 17 | |
| 18 | Investment income percentage from 201 | | | | | 18 | % |
| 19a | 33 1/3% support tests—2018. If the org | | | | | | . — |
| | 17 is not more than 33 1/3%, check this | | | | | | ▶ ∐ |
| b | 33 1/3% support tests—2017. If the org | • | | | | | ind |
| | line 18 is not more than 33 1/3%, check | | | | | | |
| 20 | Private foundation. If the organization of | not check a bo | ox on line 14, 19a. | , or 190, check th | | Structions Schedule A (Form 9) | 0 or 990-EZ) 2018 |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

organization was described in section 509(a)(1) or (2)

| 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 support |

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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)
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| _ | | Yes | No |
|------|-------|----------|-------------|
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| | 10a | | |
| | 10b | | |
| (Foi | m 990 | or 990-l | EZ) 2018 |

| Sched | ule A (Form 990 or 990-EZ) 2018 RISE COLORADO | 47-3566342 | | Page 5 |
|--------|--|----------------------------|----------|-------------|
| Pai | t IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | _ | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in P | art VI. 11c | _ | |
| Sect | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | Î | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | 1 1 | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, | or | | |
| | controlled the organization's activities If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the suppo | rted | | |
| | 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 F | 'art | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | | |
| Sect | ion C. Type II Supporting Organizations | | | |
| | | | Yes | <u>No</u> |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the director | 1 1 | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contr | 1 1 | i | |
| | or management of the supporting organization was vested in the same persons that controlled or manage | ed | | |
| 04 | the supported organization(s) | 11 | | |
| Sect | ion D. All Type III Supporting Organizations | | · · | |
| | | | Yes | <u>No</u> |
| 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 | · | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies | | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provide | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part | | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(| (s) 2 | | |
| 3 | 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 | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| Sact | supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations | 3 | | |
| 4 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year | ar / coo instructions) | | |
| ١, | The organization satisfied the Activities Test. Complete line 2 below | ar (see msu ucuons) | | |
| a b | The organization satisfied the Activities Test Complete line 2 below 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 entity. | ent entity (see instructio | ns) | |
| • | 1 1.10 Signification supported a governmental entity. Describe in Fair Friend you supported a government | on only 1000 mondotto | | |
| 2 / | Activities Test Answer (a) and (b) below. | Γ | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes | s 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 purpos | | | |
| | how the organization was responsive to those supported organizations, and how the organization determine | | | |
| | that these activities constituted substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or m | | | |
| _ | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| _ | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regi | | | |
| AA | • | Schedule A (Form 990 | or 990-E | Z) 2018 |

| Schedule A (Form 990 or 990-EZ) 2018 RISE COLORADO | | <u>47-356</u> | 5342 Page 6 |
|--|------------------------------|---------------------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3 | Supporting Organ | izations | |
| 1 Check here if the organization satisfied the Integral Part Test as | a qualifying trust on Nov. : | 20, 1970 (explain in Part | VI). See |
| instructions. All other Type III non-functionally integrated support | rting organizations must o | omplete Sections A thro | ugh 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) | 4- | | |
| a Average monthly value of securities | 11a | | |
| 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 | , | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 3 | | - |
| 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for great) | | | |
| | · · | | |
| see instructions). | 5 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 6 | | |
| 6 Multiply line 5 by 035 | 7 | | |
| 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A |) 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Colum | | | |
| 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 integrated Typ | e III supporting organiza | ition (see |

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015c Excess from 2016d Excess from 2017e Excess from 2018

| Schedule A (Form 990 or 990-EZ) 2018 | RISE COL | | | | 47 | <u>-356634</u> | 2 | Page 8 |
|---|--|-------------------|---------------|-------------|----------------|----------------|--------|------------|
| Part VI · Supplemental | | | | | | | | |
| | IV, Section A, line | | | | | | | |
| | , Part IV, Section | | | | | | | |
| | t V, line 1; Part V, 5. Also complete t | | | | | | Paπ V, | Section E, |
| lines 2, 5, and 0 | o. Also complete t | riis part for air | auditional ii | iomado | i. (See ilisti | uctions.) | | |
| SUPPLEMENTAL INF | ORMATION | | | | | | | |
| | | | | | | | | |
| THE 2018 COLUMN | IS A SHORT | YEAR FOR | THE 11- | MONTH | PERIOD | ENDING | JUNE | 30, |
| 2019. | | | | | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection

Employer Identification number Name of the organization RISE COLORADO 47-3566342 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Sched | dule D (Form 990) 2018 RISE COLO | RADO | | | 47-3566 | 342 | F | Page 2 |
|-------|--|--------------------------|----------------------|--------------------|---------------------|--------------------|--------------------|--------------|
| Pa | rt III Organizations Maintaining | g Collections of A | Art, Historica | l Treasure | s, or Other | Similar Ass | | |
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other records | check any of th | e following tha | t are a significa | nt use of its | | |
| а | Public exhibition | d 🗍 Loa | n or exchange p | rograms | | | | |
| b | Scholarly research | e 🗍 Oth | | _ | | | | |
| С | Preservation for future generations | | | | | | | |
| | Provide a description of the organization's c | ollections and explain | how they further | the organizati | on's exempt pu | rpose in Part | | |
| | XIII | | | | | | | |
| | During the year, did the organization solicit | | | | | | П., г | ٦ |
| | assets to be sold to raise funds rather than t | | rt of the organiza | ation's collection | on? | | Yes | No |
| Pa | rt IV Escrow and Custodial Ari Complete if the organization | | on Form 000 | Dort IV/ lin | 0 0 or ropo | tod on om | ount on Eo | rm |
| | 990, Part X, line 21. | | | | • | | | |
| | Is the organization an agent, trustee, custod | lian or other intermedia | iry for contribution | ons or other as | sets not | | [] v [| |
| | Included on Form 990, Part X? | l and complete the fell | www.a toblo | | | • | Yes | _ No |
| D | If "Yes," explain the arrangement in Part XIII | and complete the follo | owing table | | | | Amount | |
| _ | Beginning balance | | | | | 1c | 741100110 | |
| | Additions during the year | | | | | 1d | | |
| | Distributions during the year | | | | | 1e | | |
| | Ending balance | | | | | 1f | | |
| | Did the organization include an amount on F | Form 990. Part X. line | 21. for escrow or | custodial acco | ount liability? | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | - ''' |
| | rt V Endowment Funds. | | | | | | | |
| | Complete if the organization | n answered "Yes" | <u>on Form 990</u> | , Part IV, lin | e 10. | | | |
| | | (a) Current year | (b) Pnor year | (c) Two years | s back (d) Ti | ree years back | (e) Four year | s back |
| 1a | Beginning of year balance | | | <u> </u> | | | | |
| b | Contributions | | | ļ | | | | |
| C | Net investment earnings, gains, and | | | | | | • | |
| | losses | | | ļ | | | | |
| d | Grants or scholarships | | | | | | ļ | |
| e | Other expenditures for facilities and | | | | | | | |
| | programs | | | ļ | | | | |
| | Administrative expenses | | | ļ | | | | |
| _ | End of year balance | | | <u> </u> | | | | |
| | Provide the estimated percentage of the cur | - | (line 1g, column | (a)) held as | | | | |
| | Board designated or quasi-endowment ▶ Permanent endowment ▶ % | % | | | | | | |
| | Permanent endowment ▶ % Temporarily restricted endowment ▶ | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | |
| | Are there endowment funds not in the posse | | on that are held | and administe | red for the | | | |
| | organization by | osion of the organizat | on that are new | | | | Yes | No |
| | (i) unrelated organizations | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | 3a(ii) | |
| | If "Yes" on line 3a(ii), are the related organiz | ations listed as require | ed on Schedule F | २७ | | | 3b | 1 |
| | Describe in Part XIII the intended uses of the | | | | | | | |
| Pai | rt VI Land, Buildings, and Equi | | | | | | _ | |
| | Complete if the organization | <u>n answered "Yes"</u> | | | <u>e 11a. See l</u> | <u>Form 990, I</u> | | 10. |
| | Description of property | (a) Cost or other basis | (b) Cost or | | (c) Accumulat | ı | (d) Book value | |
| | | (investment) | | ner) | depreciation | <u> </u> | 400 | 000 |
| | Land | | | 20,000 | | | 120, | |
| | Buildings | | 4 | 09,775 | 5 | ,691 | 404, | <u>U84</u> |
| | Leasehold improvements | | | - | | | | |
| | Equipment | | | | | | | |
| | Other Add lines 1a through 1a (Column (d) must | agual Form 000 Port | Y column (P) In | 20.10c) | | | 524 | 084 |

Schedule D (Form 990) 2018 RISE COLORADO
Part VII · Investments—Other Securities.

| • | (a) Description of security or category | (b) Book value | /, line 11b. See Form 990, Part X, line 12. |
|---------------|---|------------------------------|---|
| | (including name of security) | | Cost or end-of-year market value |
| (1) Financial | derivatives | | |
| (2) Closely-h | neld equity interests | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | (1) 15 000 B 114 1 (B) 1 | | |
| Part VIII | mn (b) must equal Form 990, Part X, col (B) line 1 Investments—Program Related. | 2) • | <u> </u> |
| · arc viii | | d "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) | (1) | (0.1) | |
| Part IX | mn (b) must equal Form 990, Part X, col (B) line 1 Other Assets. | (3) ▶ | <u> </u> |
| rail ix | | d "Ves" on Form 990 Part IV | , line 11d. See Form 990, Part X, line 15. |
| | | scription | (b) Book value |
| (1) | , ., | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | mn (b) must equal Form 990, Part X, col (B) line 1 | (5) | ,. <u> </u> |
| Part X | Other Liabilities. | | |
| | Complete if the organization answere line 25. | d "Yes" on Form 990, Part IV | /, line 11e or 11f. See Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | |
| | I income taxes | | 4 ' |
| (2) | | | 4 |
| (3) | | | 4 |
| (4) | | | 4 |
| (5) | | | - |
| (6) | | | 4 |
| (7) | | | 1 |
| (8) | | | - |
| (9) | nn (h) must aqual Form 000 Part V and (P) line (| 25.) | 1 |
| | mn (b) must equal Form 990, Part X, col (B) line 2 | | <u> </u> |

| Sche | dule D (Form 990) 2018 RISE COLORADO | 47-35663 | 42 | Page 4 |
|------|--|-----------------------|----------|-----------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial State | ments With Revenue pe | r Retu | rn. |
| | Complete if the organization answered "Yes" on Form 99 | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,672,530 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains (losses) on investments | 2a | 1 | |
| | Donated services and use of facilities | 2b |] | |
| С | Recoveries of prior year grants | 2c |] | |
| d | Other (Describe in Part XIII) | 2d |] | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 1,672,530 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | _ | |
| b | Other (Describe in Part XIII) | 4b | | |
| C | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | 1,672,530 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | tements With Expenses | per Re | eturn. |
| | Complete if the organization answered "Yes" on Form 99 | 0, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,122,272 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a | 4 | |
| b | Prior year adjustments | 2b | 4 1 | |
| C | Other losses | 2c | 1 1 | |
| d | Other (Describe in Part XIII) | 2d | ↓ | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | 3 1 | 3 | 1,122,272 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 4 | |
| b | Other (Describe in Part XIII) | 4b | ↓ | |
| C | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 1,122,272 |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

| Schedule D (Fo | rm 990) 2018 RISE COLORADO | 47-3566342 | Page 5 |
|----------------|--------------------------------------|------------|--------|
| Part XIII | Supplemental Information (continued) | | |
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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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

RISE COLORADO

Employer identification number

47-3566342

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY MANAGEMENT, THEN REVIEWED AND APPROVED BY THE
BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST FORMS FROM ALL BOARD MEMBERS ARE COLLECTED AND

REVIEWED ANNUALLY. MANAGEMENT IS ALSO FAMILIAR WITH BOARD MEMBER

AND STAFF ORGANIZATION AFFILIATIONS. SHOULD A CONFLICT BE DISCLOSED OR

ARISE, THE BOARD WILL FOLLOW THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD REVIEWS AND APPROVES THE CEO'S COMPENSATION ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. WE CONSIDER REQUESTS ON A CASE BY CASE BASIS.