Form	990
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EXTENDED TO NOVEMBER 15, 2021

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

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

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2020 calendar year, or tax year beginning	and	ending	_			
B (Check if applicab	C Name of organization			D Employer identit	fication number		
	Addre							
	Name chang	e Doing business as		-	84-39544	465		
X	Initial return Final return	Number and street (or P.O. box if mail is not del 820 KODAK DR •	ivered to street address)	Room/suite	E Telephone numb 310-980-			
	termir	City or town, state or province, country, and	7IP or foreign postal code	I	G Gross receipts \$	1,465,884.		
	Amen return				H(a) Is this a group			
	Applie					es? Yes X No		
	pendi	⁹ 13455 CUMPSTON STREET,		914(H(b) Are all subordinates			
1 1	Гах-ех		(insert no.) 4947(a)(1)		-	a list. See instructions		
		te: WWW.RISEFREE.ORG			H(c) Group exempti			
KF	orm o	organization: X Corporation Trust As	sociation Other	L Year		M State of legal domicile: CA		
_		Summary		I				
	1	Briefly describe the organization's mission or most	significant activities: ENSU	RING 7	THE COST OF	HIGHER		
Activities & Governance		EDUCATION NEVER PREVENTS	STUDENTS FROM P	URSUIN	NG THEIR DRI	EAMS		
rna	2	Check this box 🕨 🛄 if the organization disco	ntinued its operations or dispo	sed of mor	e than 25% of its net a	assets.		
ove		Number of voting members of the governing body				1 4		
Ğ		Number of independent voting members of the go	verning body (Part VI, line 1b)					
ŝ		Total number of individuals employed in calendar				0		
viti		Total number of volunteers (estimate if necessary)				4		
vcti		Total unrelated business revenue from Part VIII, co				0.		
٩		Net unrelated business taxable income from Form				0.		
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)				1,465,866.		
nue		Program service revenue (Part VIII, line 2g)				0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)			18.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			0.		
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)			1,465,884.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			860,704.		
		Benefits paid to or for members (Part IX, column (A			0.			
es		Salaries, other compensation, employee benefits (0.		
Expenses		Professional fundraising fees (Part IX, column (A),				0.		
ďX		Total fundraising expenses (Part IX, column (D), lin						
ш		Other expenses (Part IX, column (A), lines 11a-11d				433,029.		
		Total expenses. Add lines 13-17 (must equal Part I				1,293,733. 172,151.		
	19	Revenue less expenses. Subtract line 18 from line	evenue less expenses. Subtract line 18 from line 12					
Net Assets or Fund Balances				B	eginning of Current Year			
Bala	20					172,151.		
let ⊿	21	Total liabilities (Part X, line 26)		·····		172,151.		
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	i line 20			1/2,131.		
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and staten	nents and to the best of r	my knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than office				ity knowledge and beller, it is		
	,	Unboth Com			11/15/21			
Sig	n	Signature of officer			Date			
Her		LIZ CONN, CEO						
1101	•	Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN		
Paid	d	KATHERINE VANDER VEEN		1	L1/15/21 ^{if} self-emplo	P01250381		
	parer	Firm's name SOREN MCADAM LLP	1	I [_]	Firm's EIN			
	Only	Firm's address 2068 ORANGE TREE		0				
	-	REDLANDS, CA 923			Phone no. (9	909) 798-2222		
May	/ the I	As discuss this return with the preparer shown abo				X Yes No		

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2020) RISE EDUCATION FUND	84-3954465	Pag
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	RISE EDUCATION FUND IS A CALIFORNIA-BASED, NON-PROF		
	CORPORATION FORMED FOR SOCIAL WELFARE PURPOSES. RIS		'S
	ACTIVITIES INCLUDE PROVIDING CASE MANAGEMENT SERVIC		
	STUDENTS' BASIC NEEDS SUCH AS FOOD AND HOUSING INSE		
2	Did the organization undertake any significant program services during the year which were not listed		
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	services? Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by expenses	5.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$111,149. including grants of \$76,397.) (Revenue \$	
	FREE COLLEGE ADVOCACY:		
	RISE EDUCATION FUND RECRUITED AND TRAINED STUDENTS	TO LEAD A FREE	
	COLLEGE ADVOCACY CAMPAIGN IN MICHIGAN IN SUPPORT OF	' TWO YEARS OF	
	TUITION-FREE COMMUNITY COLLEGE WHICH WAS ENACTED IN	TO LAW IN 2020 V	ΊA
	MICHIGAN RECONNECT. ACTIVITIES INCLUDED SHARING STU	JDENT STORIES,	
	COLLECTING PETITION SIGNATURES, AND MEETING WITH LA		TA
	CAPITOL. INCLUDES \$63,020 IN GRANTS MADE TO RISE IN		
4b	(Code:) (Expenses \$ 993,044. including grants of \$ 682,556.		
τIJ	STUDENT CIVIC PARTICIPATION:		
	RISE EDUCATION FUND RECRUITED AND TRAINED 1,200 COL	LEGE STUDENTS AN	<u>ת</u>
	YOUNG ORGANIZERS TO BUILD THEIR POLITICAL POWER IN		
	THESE STUDENTS HELPED MORE THAN 50,000 YOUNG PEOPLE		
	PLANS TO VOTE, AND CONTACTED OVER 1.2 MILLION PROSE		
	2020, RISE EDUCATION FUND LAUNCHED THE BLACK THE VC		TA
	TRAINING PROGRAM AND PATHWAY FOR BLACK COLLEGE STUD		T N T
	THEIR POWER AND LEAD TRANSFORMATIONAL CHANGE ON THE		
	THEIR COMMUNITIES. OVER RECRUITED OVER 500 BLACK ST		
	HOW TO FIGHT VOTER SUPPRESSION AND MOBILIZE THEIR F	EERS TO THE POLL	s.
	INCLUDES \$563,045 IN GRANTS MADE TO RISE INC.		
4c) (Revenue \$	
	CASE MANAGEMENT:		
	IN THE WAKE OF THE COVID-19 PANDEMIC, RISE EDUCATIO		
	THE STUDENT NAVIGATOR NETWORK, A PEER-TO-PEER CASE		
	THAT SERVED OVER 10,000 STUDENTS NATIONWIDE IN 2020	. RISE HIRED AND	
	TRAINED STUDENT NAVIGATORS TO CONNECT PEERS EXPERIE	NCING BASIC NEED	S
	INSECURITY WITH LOCAL RESOURCES AND PUBLIC BENEFITS	, YIELDING OVER	\$1
	IN EMERGENCY AID, PUBLIC BENEFITS, AND COMMUNITY RE		
	\$83,935 IN GRANTS MADE TO RISE INC.		
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,252,229.		
		Form 9	90 (
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	- 1		
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
А	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more2 if "Ves." complete Schedule E. Parts Land IV.	14b		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
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RISE EDUCATION FUND

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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 to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	en a la presenta de la la reserva de la la reserva de la la reserva de la la reserva de la dela de la dela dela		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-		
0.0	(gambling) winnings to prize winners?	1c	000	(2020)
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Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v					
5a		5a		XX					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x					
	any contributions that were not tax deductible as charitable contributions?	6a							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C 1-							
7	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	70		x					
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	01							
C	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f									
g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		Х					
9	9 Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-							
		12a							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.	iou							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
с	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
		Form	990	(2020)					

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Form 990 (2020)
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RISE EDUCATION FUND

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X						
Sec	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		4								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other									
	officer, director, trustee, or key employee?		-	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under th											
	of officers, directors, trustees, or key employees to a management company or other person?											
4												
5												
6	Did the organization have members or stockholders?			5		Х						
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a											
	more members of the governing body?			7a		x						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s											
	persons other than the governing body?			7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10								
	The governing body?	-	-	8a	х							
a b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>						
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			ou		<u> </u>						
9						x						
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Δ						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)		V							
10-				40-	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?			10a								
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl											
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	<u> </u>						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y											
	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 approva	al by ir	Idependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a		X						
b	Other officers or key employees of the organization			15b		X						
	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 arranged	ment v	vith a									
	taxable entity during the year?			16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-									
	exempt status with respect to such arrangements?	<u></u>	<u></u>	16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990)-T (Section 501(c)(3)s only	/) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial							
	statements available to the public during the tax year.		·		-							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records 🕨									
-	MAXWELL LUBIN - 310-980-1346											
	741 S. BURNSIDE AVE, APT 302, LOS ANGELES, CA 900	36										
032004	12-23-20			Form	990	(2020)						
						()						

2020.05000 RISE EDUCATION FUND

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 VI

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

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

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

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

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

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week					17103		from	from related	other
	(list any	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	Institutional trustee	er	Key employee	est cc loyee	ler			organizations
	(list any hours for related organizations below line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) MAXWELL LUBIN	20.00									
DIRECTOR	20.00	X						0.	75,571.	0.
(2) LIZ CONN	20.00									
CEO	20.00	X		Х				0.	44,219.	0.
(3) MARY-PAT HECTOR	20.00									
DIRECTOR	20.00	Х						0.	36,850.	0.
(4) EMELIA MARTINEZ	20.00									
SECRETARY/CFO	20.00	X		Х				0.	23,638.	0.
							<u> </u>			
							<u> </u>			
		<u> </u>								

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Form 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Average hours per week Position (do not check more than one officer and a director/trustee) Reportable compensation from related organizations below Reportable compensation from related organizations Reportable compensation from related organizations CO W-2/1099-MISC) From related organizations Inel Inel	-age 8
Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from theReportable compensation from relatedEstimation amount other	
	t of
	he ation ated
1b Subtotal 0. 180,278. c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c) 0. 180,278.	0. 0. 0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes	0 No
 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of researchest compensation and other compensation from the summing the sum of researchest compensation. 	x
 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 	X
rendered to the organization? If "Yes," complete Schedule J for such person	X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C) Name and business address NONE Description of services Compensat	on
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization O Form 990	(0000)

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			2020) RISE EDUCAT	ION	FUND			84-3954	465 Page 9
Pa	rt V	/111							
			Check if Schedule O contains a respon	nse or r	note to any lin	e in this Part VIII		(0)	
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a						
Gra			Membership dues 1b						
Å,			Fundraising events 1c						
ilar			Related organizations 1d						
Sin's,			Government grants (contributions)						
erio		f	All other contributions, gifts, grants, and	1 4					
<u>eri</u>				1,40	55,866.				
hon		-	Noncash contributions included in lines 1a-1f			1 465 966			
<u>a O</u>		h	Total. Add lines 1a-1f			1,465,866.			
				В	usiness Code				
Program Service Revenue	2								
Ser		b		_ _					
ven S		C		- -					
gra		d		- -					
Pro		e 4		- -					
_			All other program service revenue						
	3	g	Total. Add lines 2a-2f Investment income (including dividends, in:						
	5		other similar amounts)			18.			18.
	4		Income from investment of tax-exempt bon						
	5		Royalties	•					
	Ŭ		(i) Real		ii) Personal				
	6	а	Gross rents 6a	`					
	-	b	Less: rental expenses 6b						
		c	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
			Gross amount from sales of (i) Securitie		(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
Ine			and sales expenses 7b						
evenue		с	Gain or (loss)						
		d	Net gain or (loss)		🕨				
Other R	8	а	Gross income from fundraising events (not						
đ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
				8b					
			Net income or (loss) from fundraising event		🕨				
	9	а	Gross income from gaming activities. See						
			· · · · · · · · · · · · · · · · · · ·	9a					
			· · · · · · · · · · · · · · · · · · ·	9b					
			Net income or (loss) from gaming activities		····· 🕨				
	10	а	Gross sales of inventory, less returns						
			and allowances	10a 10b					
			5 L						
		С	Net income or (loss) from sales of inventory	1	usiness Code				
snc	11	-			usiness Coue				
Miscellaneous Revenue		a b		- -					
ella »vei		c c		- -					
S B R		-	All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,465,884.	0.	0.	18.

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Form **990** (2020) 10024__1

84-3954465

RISE EDUCATION FUND

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 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		050 704		
_	and domestic governments. See Part IV, line 21	850,704.	850,704.		
2	Grants and other assistance to domestic	10 000	10 000		
	individuals. See Part IV, line 22	10,000.	10,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а					
b		177,460.	159,714.	17,746.	
с	•				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	27,700.	27,700.		
13	Office expenses	8,372.	7,534.	838.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization				
22 23					
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ORGANIZING EVENT EXPENS	103,141.	92,826.	10,315.	
b	STUDENT ORGANIZING CONT	69,821.	62,839.	6,982.	
с	SOFTWARE FEES	28,400.	25,560.	2,840.	
d	DUES AND SUBSCRIPTIONS	12,558.	11,302.	1,256.	
е	All other expenses	5,577.	4,050.	1,527.	
25	Total functional expenses. Add lines 1 through 24e	1,293,733.	1,252,229.	41,504.	0
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 Figure if following SOP 98-2 (ASC 958-720)				

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16551115 756037 10024

Form **990** (2020)

RISE EDUCATION FUND

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		Check if Schedule O contains a response or not	e to any line in this Part X		·····	
				(A) Beginning of year		(B) End of year
	4			Beginning of year	_	172,151.
	1	Cash - non-interest-bearing			1	1/2,131.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst			_	
	_	controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described			6	
ets	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	F		11	
	12	Investments - other securities. See Part IV, line 1	F		12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	0.	16	172,151.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
se	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
iabi		controlled entity or family member of any of thes	e persons		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, che				
ceo		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions			27	172,151.
Ba	28	Net assets with donor restrictions			28	
pur		Organizations that do not follow FASB ASC 9				
Ĕ		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
As	31	Retained earnings, endowment, accumulated inc	F		31	
Net	32	Total net assets or fund balances		0.	32	172,151.
-	33	Total liabilities and net assets/fund balances		0.	33	172,151.
						Form 990 (2020)

2020.05000 RISE EDUCATION FUND

Form 990 (2020) RISI Part X Balance Sheet

Form	990 (2020) RISE EDUCATION FUND	84-	3954465	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,465		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,293		
3	Revenue less expenses. Subtract line 2 from line 1	3	172	2,1	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	172	2,1	51.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?				<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

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

	OMB No. 1545-0047			
	2020			
	Open to Public Inspection			
Employer	Employer identification number			

		RISE	EDUCATION	FUND				8	4-395446	5
Pa	irt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	ıs.		
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative					ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's na	ame,
		city, and state:	·							
5		An organization operated for	or the benefit of a co	ollege or university owned	d or operat	ted by a q	overnmental ı	unit descrik	bed in	
		section 170(b)(1)(A)(iv). (C		0 ,	·	, ,				
6		A federal, state, or local go		mental unit described in s	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma						he general	public describe	d in
		section 170(b)(1)(A)(vi). (C			. en a ger			general		
8		A community trust describe		(1)(A)(vi). (Complete Par	: IL)					
9	\square	An agricultural research org				ed in conii	inction with a	land-orant	college	
-		or university or a non-land-g								
		university:	j con og con ugno				,,			
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	oort from o	contributio	ons, members	hip fees, a	nd aross receipt	s from
		activities related to its exen								
		income and unrelated busin		•					0	
		See section 509(a)(2). (Con				0000 4040		gamzation		010.
11		An organization organized a	,	ively to test for public sa	fetv. See s	section 50)9(a)(4).			
12		An organization organized a		•	-			arrv out the	e purposes of or	ne or
		more publicly supported or								
		lines 12a through 12d that	-							
а		Type I. A supporting orga							aivina	
		the supported organization	-							
		organization. You must c			, ,				11 5	
b		Type II. A supporting org			tion with it	s support	ed organizatio	on(s), by ha	vina	
		control or management o								
		organization(s). You mus						5		
с		Type III functionally inte	•		in connect	tion with.	and functiona	Ilv integrate	ed with.	
		its supported organizatio						, ,	,	
d		Type III non-functionally						rted organi	zation(s)	
		that is not functionally int								
		requirement (see instruct		• •	•		-			
е		Check this box if the orga						II. Type III		
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, ,,		
f	Ente	er the number of supported of	• •	• • •	5 5					
		vide the following informatior								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of	other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see inst	ructions)

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

Total

Schedule A (Form 990 or 990 EZ) 2020 RISE EDUCATION FUND

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1,465,866.	1,465,866.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					1,465,866.	1,465,866.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1,465,866.
	ction B. Total Support					II.	, ,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4					1,465,866.	1,465,866.
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					18.	18.
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						1,465,884.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	, , ,
	First 5 years. If the Form 990 is for the						
	organization, check this box and stor	-			•		► X
Sec	ction C. Computation of Publ						
-	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o					nore, check this bo	and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	-		• • • •	•		
	more, and if the organization meets th						
	organization meets the facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 RISE EDUCATION FUND

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	vyear as a section	501(c)(3) organizat	tion,
							>
	ction C. Computation of Public						
15	Public support percentage for 2020 (I	ine 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage)			
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by I	ine 13, column (f)))	17	%
	Investment income percentage from 2					18	%
19 a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	9a, or 19b, check	this box and see in	structions	>
0320	23 01-25-21				Sch	edule A (Form 99	0 or 990-EZ) 2020

10024__1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2020.05000 RISE EDUCATION FUND

Schedule A (Form 990 or 990-EZ) 2020

10b

Part IV Supporting Organizations (continued)

1

2

Yes No

Vos No

No

Yes

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		ĺ
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
~	Did the organization operate for the benefit of any supported organization other than the supported

Section C. Type in Supporting Organizations				

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	

Section D. All Type III Supporting Organizations	

			100	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	sfy the Integral Part Test during the yea (see instructions)

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

с		The organization supported a	governmental entity.	Describe in Part VI how	you supported a gov	vernmental entity (see instructions	;).
---	--	------------------------------	----------------------	-------------------------	---------------------	-------------------------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2020 RISE EDUCATION FUND

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 RISE EDUCATION FUND

Par	t V Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued	<u>//</u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is :	3
4	Amounts paid to acquire exempt-use assets		4	4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.		(6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		10	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
с	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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	(See instructions.)	
32028 01-25-2	-21 Sch	edule A (Form 990 or 990-EZ) 2020

Organization type (check one):

Department of the Treasury Internal Revenue Service Name of the organization

or 990-PF

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

RISE EDUCATION FUND

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Employer identification number

84-3954465

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ACLU FUND OF MICHIGAN 1249 WASHINGTON BOULEVARD, SUITE 2910 DETROIT, MI 48226	\$ <u>15,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ANNENBERG FOUNDATION 2000 AVENUE OF THE STARS #1000S	\$ 95,000.	Person X Payroll Noncash
	LOS ANGELES, CA 90067		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AUSTIN & LAUREN FITE FOUNDATION 1474 PASEO DE ORO PACIFIC PALISADES, CA 90272	\$ <u>10,000.</u>	Person X Payroll O Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 BEGIN A LEGACY 907 WESTWOOD BOULEVARD SUITE 413 LOS ANGELES, CA 90024	S 86,123.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST #400 LOS ANGELES, CA 90012	\$42,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAUSE MEDIA GROUP 712 FIFTH AVE., FLOOR 7	\$ <u>232,590.</u>	Person X Payroll Noncash (Complete Part II for
	NEW YORK, NY 10019		noncash contributions.)

023452 11-25-20

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

16551115 756037 10024

2020.05000 RISE EDUCATION FUND

10024__1

Employer identification number

84-3954465

RISE EDUCATION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7	CLIMATE EMERGENCY FUND 8383 WILSHIRE BLVD STE 400 BEVERLY HILLS, CA 90211-2400	\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8	COALITION FOR THE PEOPLES AGENDA 501 PULLIAM ST SW #410 ATLANTA, GA 30312	\$5,000. Person X Payroll D Noncash C (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	DEMOCRATIC VIC 530 8TH ST SE WASHINGTON, DC 20003	\$ 65,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u> 10</u>	Name, address, and ZIP + 4 DENNIS LEVITT C/O MORGAN STANELY WEALTH MGMT, 500 POST ROAD EAST, 3RD FLOOR WESTPORT, CT 06880	Total contributions Type of contribution • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • <
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11	ECMC FOUNDATION CITIGROUP CENTER, 444 FLOWER ST, LOS ANGELES, CA 90071	* 95,000. * 95,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12	FIDELITY CHARITABLE 200 SEAPORT BOULEVARD BOSTON, MA 02210	\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

RISE EDUCATION FUND

Employer identification number

84-3954465

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GAREN FAMILY TRUST 11150 SANTA MONICA BLVD., STE. 600 LOS ANGELES, CA 90025	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GVNG ORG 907 WESTWOOD BLVD STE 414 LOS ANGELES, CA 90024	\$17,564.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	JASON SEGEL C/O GRANT TANI BARASH & ALTMAN 9100 WILSHIRE BLVD, STE 1000W BEVERLY HILLS, CA 90212	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 16</u>	KARSH FAMILY FOUNDATION 9595 WILSHIRE BLVD STE 1010 BEVERLY HILLS, CA 90212-2510	\$20,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	NATIONAL COUNCIL OF NEGRO WOMAN P. O. BOX 310234 ATLANTA, GA 31131	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	PAUL JONES 109 ROYAL PALM WAY PALM BEACH, FL 33480	\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

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

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2020.05000 RISE EDUCATION FUND

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RISE EDUCATION FUND

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84-3954465

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 ROSENTHAL FAMILY FOUNDATION	Total contributions	Type of contribution Person X
	137 N LARCHMONT BLVD NO 803	\$\$0,000.	Payroll Noncash
	LOS ANGELES, CA 90004	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	SHEPARD FAIREY	-	Person X Payroll
	1331 W SUNSET BLVD.	\$ 10,903.	Noncash
	LOS ANGELES, CA 90026	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	SILICON VALLEY COMMUNITY FOUNDATION	-	Person X Payroll
	2440 W EL CAMINO REAL #300	\$ 100,000.	Noncash
	MOUNTAIN VIEW, CA 94040	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	STRAUSS FOUNDATION	_	Person X
	1525 W W T HARRIS BLVD D1114-044	\$34,000.	Payroll Noncash
	CHARLOTTE, NC 28288	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	THE JOYCE FOUNDATION	_	Person X
	321 N. CLARK ST., STE. 1500	\$70,000.	Payroll Noncash
	CHICAGO, IL 60654	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	THE TIDES FOUNDATION	_	Person X
	P.O. BOX 29903	\$\$15,000.	Payroll Noncash
	SAN FRANCISCO, CA 94129		(Complete Part II for noncash contributions.)

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

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

Name of organization

Page 2
Employer identification number

RISE EDUCATION FUND

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84-3954465

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	THOMAS SAFRAN 11811 SAN VICENTE BLVD. LOS ANGELES, CA 90049	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

023452 11-25-20

2020.05000 RISE EDUCATION FUND

16551115 756037 10024

Employer identification number

84-3954465

RISE EDUCATION FUND

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

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

16551115 756037 10024

2020.05000 RISE EDUCATION FUND

Page **4**

Name of o	rganization		Employer identification number
RISE :	EDUCATION FUND		84-3954465
Part III	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious	a) through (e) and the following line ent s, charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$
(a) No. from Part I	from any one contributor. Complete columns completing Part III, enter the total of exclusively religio. Use duplicate copies of Part III if addition (b) Purpose of gift 	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transforce's name address	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	[
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
023454 11-25	5-20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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2020.05000 RISE EDUCATION FUND

10024__1

SCHEDULE I	(Grants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	overnments, ar	nd Individual	ls in the Ŭni	ted States		2020
Department of the Treasury Internal Revenue Service		-	Attach to Form rs.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization RISE EDUC	ATION FUN	ND					Employer identification number $84 - 3954465$
Part I General Information on Grants a		-					
 Does the organization maintain records the criteria used to award the grants or assis Describe in Part IV the organization's processing the second seco	stance?		· · · · · · · · · · · · · · · · · · ·		, ,		
Part II Grants and Other Assistance to		<u> </u>			anization answered "	Yes" on Form 990. Par	t IV. line 21. for anv
recipient that received more than \$	-			•			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RISE, INC. 820 KODAK DRIVE LOS ANGELES, CA 90026	82-1876815	501(C)(4)	710,000.	0.			TO FUND RELATED PROGRAM SERVICES OF RISE INC., INCLUDING FREE COLLEGE ADVOCACY, STUDENT CIVIC
MIJENTE SUPPORT COMMITTEE 734 W POLK ST. PHOENIX, AZ 85007	82-1711382	501(C)(3)	67,852.	0.			GRANT FROM "ARTISTS BAND TOGETHER" PROJECT TO RAISE FUNDS FOR NONPROFIT ORGANIZATIONS MOBILIZING
FOUNDATION FOR SOCIAL IMPACT 417 MAIN ST, STE 400-9 LITTLE ROCK, AR 72201	84-2199689	501(C)(3)	62,852.	0.			SCHOLARSHIPS TO HBCU STUDENTS IN NEED DUE TO COVID-19 FINANCIAL HARDSHIPS.
NATIONAL BLACK COLLEGE ALUMNI HALL OF FAME FOUNDATION - 230 PEACHTREE ST NW, STE 1601 - ATLANTA, GA 30303	58-1923131	501(C)(3)	10,000.	0.			GRANT FROM "ARTISTS BAND TOGETHER" PROJECT TO RAISE FUNDS FOR NONPROFIT ORGANIZATIONS MOBILIZING
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	he line 1 table				3. 3. 1. Schedule I (Form 990) 2020

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

RISE EDUCATION FUND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	2	10,000.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: RISE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND RELATED PROGRAM SERVICES OF

RISE INC., INCLUDING FREE COLLEGE ADVOCACY, STUDENT CIVIC PARTICIPATION,

AND CASE MANAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: MIJENTE SUPPORT COMMITTEE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FROM "ARTISTS BAND TOGETHER"

PROJECT TO RAISE FUNDS FOR NONPROFIT ORGANIZATIONS MOBILIZING YOUNG

RISE EDUCATION FUND

Part IV Supplemental Information

VOTERS AND VOTERS OF COLORS TO THE POLLS IN THE 2020 ELECTIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL BLACK COLLEGE ALUMNI HALL OF FAME FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FROM "ARTISTS BAND TOGETHER"

PROJECT TO RAISE FUNDS FOR NONPROFIT ORGANIZATIONS MOBILIZING YOUNG

VOTERS AND VOTERS OF COLORS TO THE POLLS IN THE 2020 ELECTIONS.

Schedule I (Form 990)

032291 04-01-20

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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.

Department of the Treasury Internal Revenue Service Name of the organization

RISE EDUCATION FUND

Employer identification number 84-3954465

OMB No 1545-0047

Open to Public

Inspection

71

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

ADDITIONALLY, THE RISE EDUCATION FUND LEADS PROGRAMS TO RECRUIT,

ORGANIZE AND TRAIN STUDENT LEADERS AND SUPPORTERS TO BECOME ADVOCATES

FOR FREE COLLEGE TUITION AND CIVIC PARTICIPATION. THE OVERARCHING GOAL

OF THESE PROGRAMS IS TO ENSURE THAT ALL STUDENTS CAN ATTEND AND

COMPLETE COLLEGE WHILE MEETING THEIR BASIC NEEDS AND WITHOUT TAKING OUT

STUDENT LOAN DEBT.

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

THE TAX RETURN WILL BE REVIEWED AND ACCEPTED AT BOARD MEETING.

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

THE GOVERNANCE POLICIES ARE IN PROGRESS.

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

AVAILABLE UPON WRITTEN REQUEST PRESENTED AT OFFICE OF ORGANIZATION.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

SCH	IEDULE R
/	

(Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number

84-3954465

Department of the Treasury Internal Revenue Service Name of the organization

RISE EDUCATION FUND

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity				(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
RISE, INC 82-1876815	FREE COLLEGE ADVOCACY AND						
820 KODAK DRIVE	STUDENT CIVIC						
LOS ANGELES, CA 90026	PARTICIPATION	CALIFORNIA	501(C)(4)				Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 RISE EDUCATION FUND

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

(a)	(b)	(c)	(d)	(e)	((f)	(g)	ł)	ר)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under	Share inc	of total ome	Shar end-of ass	-year	Dispropo alloca	ortionate tions?	Code V-UE amount in b 20 of Sched	ox ⁿ ule l	nanaging partner?	Percentag ownership
		country)		sections	512-514)			400		Yes	No	K-1 (Form 10	65) Y	′es No	
	_														
	-														
	_														
													-		
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	-													_	
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	-														
	-														
	<u> </u>						1.115.4								
IV Identification of Related C organizations treated as a c	Organizations Taxable corporation or trust duri	as a Corpo ing the tax	oration or Trust. Co year.	omplete if th	ne organizat	ion answ	vered "Yes	s" on Forr	n 990, Pa	art IV,	line 34	1, because it h	ad or	ie or m	ore related
(a)			(b)	(c)	(d)		(e)		(f)			(g)	(h)	(i) Section
Name, address, and	EIN	Prim	ary activity	_egal domicile	Direct cont	trollina	Type of	entity	Share of	f total		Share of	Perce	entage	Section 512(b)(13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contr enti	I) tion b)(13) rolled ity?
		country)						Yes	No
						ļ		\mid	<u> </u>
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Schedule R (Form 990) 2020 RISE EDUCATION FUND

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X					
	Gift, grant, or capital contribution to related organization(s)	1b	X						
	Gift, grant, or capital contribution from related organization(s)	1c		X					
	Loans or loan guarantees to or for related organization(s)	1d		X					
	Loans or loan guarantees by related organization(s)	1e		X					
f	Dividends from related organization(s)	1f		X					
g		1g		X					
h	Purchase of assets from related organization(s)	1h		X					
i	Exchange of assets with related organization(s)	1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X					
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X					
	Sharing of paid employees with related organization(s)	10		Х					
р	Reimbursement paid to related organization(s) for expenses	1p		X					
	Reimbursement paid by related organization(s) for expenses	1q		Х					
r	Other transfer of cash or property to related organization(s)	1r		X					
s	Other transfer of cash or property from related organization(s)	1s		X					
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RISE, INC.	В	710,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2020 RISE EDUCATION FUND

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

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e Are a	e) all	(f) Share of	(g) Share of	(I	1)	(i) Code V-UBI	(j) Gener) al or E	(k) Percentage
of entity	Fillinary activity	(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501 (c orgs	s sec. c)(3) s.?	total	end-of-year		tions?		mana	ging ier?	ownership
		country	sections 512-514)	Yes	No	income	455015	Yes	No	(FUIII 1065)	Yes	No	
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Schedule R (Form 990) 2020

RISE EDUCATION FUND

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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Schedule R (Form 990) 2020

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