Form 990
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990.



Α	For th	e 2013 calendar year, or tax year beginning and	ending	_	
В	Check if applicat	le: C Name of organization		D Employer identifie	cation number
Г	Addr	TOGETHER RISING			
Σ	Name		45-5	362738	
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Term ated	2505 HOLLI MANON DRIVE		571-	643-1428
	Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	308,030.
	Appli tion pend	FADDS CHORCH, VA 22045		H(a) Is this a group re	turn
	pend	F Name and address of principal officer: GLENNON DOILE MELT	ON	for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)
		te: WWW.TOGETHERRISING.ORG		H(c) Group exemption	
-	-	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2012 N	State of legal domicile: VA
P	art I	•			
e	1	Briefly describe the organization's mission or most significant activities:	PART I	II, LINE 1.	
าลท					<u> </u>
/eri	2	Check this box if the organization discontinued its operations or disposed in the second sec			sets. 5
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			5
ა ა	4	Number of independent voting members of the governing body (Part VI, line 1b)	·····	<u> </u>	
itie	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			10
Activities & Governance	-	Total number of volunteers (estimate if necessary)			0.
¥		Net unrelated business taxable income from Form 990-T, line 34			0.
			<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	308,030.
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	308,030.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	201,385.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ŝuŝ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	11,892.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	213,277.
<u>, (</u>	19	Revenue less expenses. Subtract line 18 from line 12		0.	94,753.
ts or				ginning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)		8,763.	103,516.
let A	21	Total liabilities (Part X, line 26)		8,763.	103,516.
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		0,103.	102,210.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the hest of m	knowledge and helief it is
			- and statem		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date			
Here	ELIZABETH BOOK, SEC./CHIEF OUTREACH OFFI	CER				
	Type or print name and title					
	Print/Type preparer's name Preparer's signature	Date	Check PTIN			
Paid			if self-employed			
Preparer	Firm's name 🖕 GELMAN , ROSENBERG & FREEDMAN		Firm's EIN 52–1392008			
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N					
	BETHESDA, MD 20814-2930		Phone no. (301) 951-9090			
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
332001 10-2	2001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)					

		HER RISING	45-5362738	Page 2
Par	t III Statement of Program	-		
	Check if Schedule O contains	a response or note to any line in this Part III $_{\dots}$		X
1	Briefly describe the organization's m			
			SEE NEEDS IN OUR COMMUNITI	
			ON PARENTS. WE HELP MOMS AN	
			E. OUR VISION IS TO WELCOME	
			THIRSTY, CARE FOR THE SICK	ζ,
2	Did the organization undertake any s	ignificant program services during the year wh		
	the prior Form 990 or 990-EZ?		Yes	XNo
	If "Yes," describe these new services	s on Schedule O.		
3	Did the organization cease conductin	ng, or make significant changes in how it conc	lucts, any program services? Yes	XNo
	If "Yes," describe these changes on	Schedule O.		
4	Describe the organization's program	service accomplishments for each of its three	e largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organ	izations are required to report the amount of	grants and allocations to others, the total expenses, a	nd
	revenue, if any, for each program ser	vice reported.		
4a	(Code:) (Expenses \$	201,385. including grants of \$	201,385.) (Revenue \$	
	GUARDIAN ANGELS LO	VE FLASH MOB - SEPTEMBE		
	OUR LARGEST PROGRAM	M, GUARDIAN ANGELS LOVE	FLASH MOB, WAS AN ONLINE	
		-	RCHASE OF SERVICE DOGS FOR	
			ILIES. WE PROVIDED EXAMPLES	5 OF
			OM SUCH A SERVICE DOG, AND	-
			PLE BEHIND OUR ONLINE LOVE	
			AT LOVE. WE ASK THAT NO ONE	1
			H MOB ENDED, THE BOARD VOTE	
			N ORDER TO ALLOW THEM TO	
			D FOR ONE YEAR OF EXPENSES	
			ERE IN VARIOUS AMOUNTS AND	ALL
		DETERMINED AND APPROVE		
4b		including grants of \$		
	(course) (_spended +			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4d	Other program services (Describe in	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)	
<u>1</u> 0	Total program service expenses	201,385.		
10			Form 9 9	0 (201)
32002 0-29-		SEE SCHEDULE O FOR		
-29-		2		
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00	J_J 143300 23013	2013.04030 10GEII		~ <u> </u>

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	If "Yes," complete Schedule A	1	Х	
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? <i>If</i> "Yes," <i>complete Schedule C, Part I</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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</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? <i>If</i> "Yes,"	.0		<u> </u>
	complete Schedule G, Part III	19		x
20a	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		
	· · · · · · · · · · · · · · · · · · ·		990	(2013)

TOGETHER RISING Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

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Yes

No

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	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	28a		x
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	20a		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 23
с		28c		x
29		200		X
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		- 23
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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		x
35a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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Par	t IV Checklist of Required Schedules (continued)	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	ı or
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United S column (A), line 2? If "Yes," complete Schedule I, Parts I and III	,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organ and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>Schedule J</i>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$ last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d a Schedule K. If</i> "No", <i>go to line 25a</i>	,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the y any tax-exempt bonds?	ear to defease

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

disqualified person during the year? If "Yes," complete Schedule L, Part I

complete Schedule L, Part II

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	Yes	No	

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23

24a 24b

24c

24d

25a

25b

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Х

Х

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Х

Х

Х

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Pai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
	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		X
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
с	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	-		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A	0-		
a		9a		
	•	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b 11				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the exception reactive any neuments for indeer tenning convises during the tay year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

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Form **990** (2013)

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

Che	ck if Schedule O contains a res	nonse or note to anv	line in this Part VI	
One		sponse of note to any		

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 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	id finar	ncial	
_	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza ELIZABETH BOOK - (571)643-1428	tion: 🕨	<u> </u>	
	2589 HOLLY MANOR DRIVE, FALLS CHURCH, VA 22043			
332006	5 10-29-13 6	Form	990	(2013)

^{2013.04030} TOGETHER RISING

Form 990 (2013)	TOGETHER RISING	45-5362738	Page 7
Part VII Comp	ensation of Officers, Directors, Trustees, Key Employee	s, Highest Compensated	
Emplo	oyees, and Independent Contractors		
Check if	f Schedule O contains a response or note to any line in this Part VII		
Section A. Officer	rs, Directors, Trustees, Key Employees, and Highest Compensated Err	nployees	
1a Complete this ta	able for all persons required to be listed. Report compensation for the cale	ndar year ending with or within the organization's	s tax year.
 List all of the c 	organization's current officers, directors, trustees (whether individuals or o	organizations), regardless of amount of compens	ation.

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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

 (A)
 (B)
 (C)
 (D)
 (E)

(A)	(B)			_ (I	()			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one			one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	rdir				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	l trus	nal tr		loyee	dmo				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	0ffi	Key	High	Fon			
(1) GLENNON DOYLE MELTON	6.00									
PRESIDENT/CHAIR		X		Х				0.	0.	0.
(2) AMANDA DOYLE	6.00									
VICE PRESIDENT/GENERAL COUNSEL		x		Х				0.	0.	0.
(3) ALLISON SCHOTT	5.00									
TREASURER/CHIEF ARTISTIC OFFICER		x		Х				0.	0.	0.
(4) AMY OLRICK	3.00									
CHIEF TECHNOLOGY OFFICER		x		x				0.	0.	0.
(5) ELIZABETH BOOK	8.00									
SECRETARY/CHIEF OUTREACH OFFICER		x		x				0.	0.	0.
								•••	•••	
]								
										– 000 (act a)

332007 10-29-13

Form **990** (2013)

	OGETHER 1	RISING								45-53	362	738	P	age 8
	irectors, Truste		ploy	ees			ghes	t C	Compensated Employe					
(A) Name and title		(B) (C) (D) (E) Average Position Reportable Reportable Reportable hours per (do not check more than one box, unless person is both an officer and a director/trustee) from from related								ion amount o				
(list any hours for related inep isolation inep isolation												fro orga and	oensa om th anizat I relat nizati	e ion ed
1b_Sub-total ▶ 0. 0.											0.			
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Section A)	•	0.		0.			0.
2 Total number of individuals (in compensation from the organ	ncluding but not							o re	eceived more than \$100),000 of reportabl	e			0
3 Did the organization list any f				e, ke	y en	nplo	yee,	or	highest compensated e	mployee on	ſ		Yes	No
line 1a? <i>If "Yes," complete So</i> 4 For any individual listed on lir	ne 1a, is the sum	n of reportabl	le cc	mpe	ensa	ition	and	otl	•			3		X
and related organizations gre5 Did any person listed on line	1a receive or ac	crue comper	nsati	on f	rom	any	unre	elat	ted organization or indiv			4		X
rendered to the organization? Section B. Independent Contrac		lete Schedule	e J fo	or sı	ıch p	oers	on					5		Х
1 Complete this table for your f the organization. Report com	ive highest com										pens	ation f	rom	
	(A) and business a			ONE					(B) Description of s		C	(C omper		n
2 Total number of independent \$100,000 of compensation fr		J.	ot lir	nite	d to	thos C		tec	above) who received n	nore than				

Form **990** (2013)

		/	HER RISI	NG			45-5362	738 Page 9
Pa	t VII							
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and 1f 1a-1f: \$	308,030.	308,030.			
Program Service Revenue	2a b c d f		enue	Business Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere x-exempt bond p	est, and proceeds				
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Ð	d	Gain or (loss) Net gain or (loss) Gross income from fundraising		▶ 				
Other Revenue	b	including \$ contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a					
Ū	9 a	Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	otivities. See					
	с 10 а	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities returns a	····· •				
		Net income or (loss) from sale Miscellaneous Revenu	s of inventory e					
	b c d							
332009 10-29-	12	Total revenue. See instructions.			308,030.	0.	0.	0 • Form 990 (2013)

10-29-	14

TOGETHER RISING

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

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX	<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	135,094.	135,094.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	66,291.	66,291.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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 (non-employees):			Т	
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	11,376.		11,376.	
14	Information technology	365.		365.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	105		105	
19	Conferences, conventions, and meetings	125.		125.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	26		0.0	
а	REGISTRATION FEES	26.		26.	
b					
с					
d					
	All other expenses	213,277.	201,385.	11,892.	0.
25	Total functional expenses. Add lines 1 through 24e	413,411.	201,303.	11,094.	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 if following SOP 98-2 (ASC 958-720)				Form 990 (2013)
332010	0 10-29-13		10		Form 330 (2013)

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

2 Savings and temporary cash investments. 2 3 Płodges and grants receivable, net 3 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 4 6 Loans and other receivables from other disqualified parsons (as defined under section 49588()(1)), persons described in cection 49588()(2)(8) eutinary employees: Complete Part II of Sch L 6 7 Notes and loans receivables from other disqualified parsons (as defined under section 49588()(1)), persons described in cection 49588()(2)(8) eutinary employees: Complete Part II of Sch L 7 7 Notes and loans receivables from other disqualified parsons (as defined under section 49588()(2) eutinary employees: Complete Part VI of Schodule D 6 9 Prepaid expenses and deferred charges 9 10a Loss: accumulated depreparation to the time time. 10a 11 Investments - publicly traded socurities 111 11 Investments - programmelated. See Part IV, line 11 112 13 Investments - programmelated. See Part IV, line 11 113 14 Total assets. Add lines 1 through 15 (must equal line 34) 8, 76.3. 16 13 Grants payable 21 22 22 22							
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3 Pidgba and grafts receivable, net 3 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 4 5 Laans and other receivables from other disqualified persons (as defined under section 49589(1)), persons described in section 4958(9(2)), and contributing employees and sponsoring organizations (see instr). Complete Part II of Sch L 5 6 Laans and other receivable. net 7 8 Newtonics of described in section 4958(9(2)), and contributing employees and loans receivable, net 7 9 Prediat despress and defered charges 9 10a 10b 10c 11 Inventories for sale or use 8 9 Prediat deprecisation 10b 11 Investments - problecky traded sacurities 11 12 Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intragible assets 16 103 15 Other assets, See Part IV, line 11 14 14 16 Tot assets. Add lines 1 through 15 (must equal line 34) 8, 76.3. Is 10.3, 51.6. 1		2				2	
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	-						
		34	Total liabilities and net assets/fund balances		ð,/03.	34	103,516.

Form **990** (2013)

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(B) End of year

(A) Beginning of year

Form 990 (2013)

TOGETHER RISING

Part X Balance Sheet

12

Form 990 (
Part XI	Re	conciliation of Net Assets	5

. u	Teconomitation 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		8,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		4,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,7	63.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	10	3,5	16.
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: 🗌 Cash 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2013)

332012 10-29-13

SCHEDULE A	
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(Form	990	or	990-EZ)
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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.

Open to Public . Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
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Information about Schedule A (Form 990 or 990-FZ) and its instructions is at www.irs.gov/form990

Name	e of the organization Employer identification number										
			TOGETHE	R RISING				45-	5362	738	
Part	:	Reason	for Public Char	ity Status (All organiz	ations must complete	e this part.) See inst	ructions.				
The or	gan	ization is not a	a private foundation	because it is: (For lines 1	I through 11, check o	only one box.)					
1		A church, cor	nvention of churche	s, or association of churc	ches described in se	ction 170(b)(1)(A)(i).					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Scl	hedule E.)						
з [A hospital or	a cooperative hospi	tal service organization o	described in section	170(b)(1)(A)(iii).					
4 [A medical res	search organization	operated in conjunction	with a hospital descr	ibed in section 170(b)(1)(A)(iii). En	ter the	hospital	s nam	ıe,
		city, and stat	e:								
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6 [A federal, sta	te, or local governm	ent or governmental unit	t described in sectio	n 170(b)(1)(A)(v).					
7 🗋	Х			eives a substantial part of			r from the gene	ral put	olic desci	ribed i	in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)							
8 [A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete Part II.)						
9 [eives: (1) more than 33 1		rom contributions, m	embership fees	s, and	gross rec	eipts	from
		activities rela	ted to its exempt fu	nctions - subject to certa	in exceptions, and (2	2) no more than 33 1	/3% of its supp	ort fro	m gross	invest	ment
		income and u	unrelated business t	axable income (less sect	ion 511 tax) from bus	sinesses acquired by	y the organizati	on afte	er June 3	0, 197	75.
		See section	509(a)(2). (Complete	e Part III.)							
10 [An organizati	on organized and or	perated exclusively to test	st for public safety. S	See section 509(a)(4).				
11 [An organizati	on organized and or	perated exclusively for th	ne benefit of, to perfo	orm the functions of,	or to carry out	the pu	irposes o	fone	or
		more publicly	v supported organiza	ations described in section	on 509(a)(1) or sectio	on 509(a)(2). See sec	tion 509(a)(3).	Check	the box	that	
		describes the	e type of supporting	organization and comple	ete lines 11e through	i 11h.					
_		а 🗌 Туре I	b — Ту	/ре II с 🗌 Ту	/pe III - Functionally i	ntegrated d	Type III -	Non-fu	Inctional	y integ	grated
e		By checking	this box, I certify tha	at the organization is not	controlled directly or	r indirectly by one or	more disqualif	ed per	rsons oth	er tha	เท
		foundation m	anagers and other t	han one or more publicly	/ supported organiza	tions described in se	ection 509(a)(1)	or sec	ction 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	he IRS that it is a Ty	pe I, Type II, or Type	- 111				
		supporting or	rganization, check th	nis box							. Ш
g		Since August	t 17, 2006, has the o	organization accepted an	ny gift or contribution	from any of the follo	wing persons?				
		(i) A persor	n who directly or ind	lirectly controls, either al	one or together with	persons described i	n (ii) and (iii) bel	ow,		Yes	No
		the gove	erning body of the s	upported organization?					11g(i)		
(ii) A family member of a person described in (i) above?						11g(ii)					
	(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)										
h		Provide the fo	ollowing information	about the supported org	ganization(s).						
			-	•							
• • •		of supported	(ii) EIN	(iii) i jpo oi oi guinzation	(iv) Is the organization	(v) Did you notify the	(vi) Is the organization in c	ol. (vii	i) Amount	of mor	netary
	orga	anization			in col. (i) listed in your governing document?	organization in ooi.	(I) organized in t	he	supp	oort	
				(see instructions)			U.S.?	_			

					., , ,				
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 TOGETHER RISING 45-53627 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

45-5362738 _Р	'aqe 2
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(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					308,030.	308,030.
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					308,030.	308,030.
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.						308,030.
	ction B. Total Support						,
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(d) 2000	(6) 2010	(0) 2011	(0) 2012	308,030.	(f) Total 308,030.
8	Gross income from interest,						,
0	· ·						
	dividends, payments received on						
	securities loans, rents, royalties						
-	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	<u> </u>					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						200 020
	Total support. Add lines 7 through 10						308,030.
	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
~	organization, check this box and stop	here					X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			· · ·	
	Public support percentage for 2013 (I		•			14	%
	Public support percentage from 2012					15	%
1 6a	33 1/3% support test - 2013. If the c	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶∟
b	33 1/3% support test - 2012. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶∟
17a	10% -facts-and-circumstances tes	t - 2013. If the orc	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art IV how the orgar	ization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		
b	10% -facts-and-circumstances tes	t - 2012. If the orc	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported or	ganization	
18	Private foundation. If the organizatio						s ►

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support				-i	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	<u> </u>					
b Amounts included on lines 2 and 3 received from other than disgualified 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						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		1	1	1	1	1
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2013 (15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check			
332023 09-25-13			1 5	Sc	hedule A (Form 99	0 or 990-EZ) 2013
			15			

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Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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332024 09-25-13			Schedule A (Form 990 or 990-EZ) 2013

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2013

Employer identification number

45-5362738

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Name of the organization

TOGETHER	RISING
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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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose. Lo not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., so the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., so the parts unless the **General Rule** applies to the parts unless the **G**

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B	(Form	990,	990-EZ,	or 990-PF	⁻) (2013)
------------	-------	------	---------	-----------	-----------------------

Name of organization

Employer identification number

TOGETHER RISING

45-5362738

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$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
		\$	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.)
323452 10-24	-13 18	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

2013.04030 TOGETHER RISING

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Page **3**

Employer identification number

45-5362738

TOGETHER RISING

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. irom 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
		\$	990, 990-EZ, or 990-PF)

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2013.04030 TOGETHER RISING

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ť	he total of exclusively religious, charitable, el Jse duplicate copies of Part III if additior	tc., contributions of \$1,000 or less for t nal space is needed.	7), (8), or (10) organizations that total more than \$1,000 s completing Part III, enter he year. (Enter this information once.) \$\$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee

SCHEDULE I (Form 990)		Go	Frants and Oth vernments, an lete if the organizatio	d Individual	ls in the Ŭn	ited States		омв No. 1545-0047 2013
Department of the Treasury Internal Revenue Service		-	ion about Schedule I	Attach to For	m 990.		20	Open to Public Inspection
Name of the organizati	on TOGETHER							Employer identification number 45-5362738
Part I General In	formation on Grants a							45 5502750
1 Does the organiz	ation maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec	tion
criteria used to a	ward the grants or assis	stance?						X Yes No
	IV the organization's pro							
	d Other Assistance to nat received more than \$		-			anization answered "	Yes" to Form 990, Part	IV, line 21, for any
• •	Idress of organization vernment	(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 non-cash assistance	(h) Purpose of grant or assistance
PROJECT HOME INDY P.O BOX 683								TO ENABLE PROJECT HOME INDY TO INCREASE ITS REACH AND ABILITY TO
INDIANAPOLIS, IN	46205	20-5045345	501(C)(3)	83,000.	٥.			SERVE THE COMMUNITY BY
4 PAWS FOR ABILIT 253 DAYTON AVENUE XENIA, OH 45385		31-1625484	501(C)(3)	13,000.	0.			PAYMENT FOR GIOVANNI RIVERA'S ALERT DOG AS PART OF THE GUARDIAN ANGELS LOVE FLASH MOB.
, LYNBROOK ELEMENTA 5801 BACKLICK ROA SPRINGFIELD, VA 2	D	54-0805373	COUNTY GOVERNMEN	10,000.	20,767.	FMV	SUPPLIES FOR RENOVATION	COMPLETE PROJECT TO RENOVATED SCHOOL SENSORY ROOM, FAMILY LEARNING CENTER, GARDEN, AND
	er of section 501(c)(3) a	•	•	e line 1 table				<u>3.</u>
LHA For Paperwork	Reduction Act Notice SEE PART	,	ions for Form 990. DLUMN (H) DE	SCRIPTION	S			Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

TOGETHER RISING

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
					INCLUDES CAR SEAT, BREAST
					PUMPS, HOLIDAY TOYS,
HUMANITARIAN GRANTS TO ASSIST IN DAILY LIVING					CHILDREN'S CLOTHING,
IEEDS	85	48,601.	9,960.	FMV	MATTRESSES, BEDS, IPAD MINIS
PAYMENT FOR AN INDIVIDUAL'S ALERT DOG AS PART OF					
THE GUARDIAN ANGELS LOVE FLASH MOB.	1	7,730.	0.		
		,			

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

PART I, LINE 2:

EXPLANATION: TOGETHER RISING HAS A VETTING PROCESS IN PLACE TO MONITOR THE

USE OF GRANT FUNDS IN THE UNITED STATES. WHEN A REQUEST COMES IN, WE SEND

OUT AN APPLICATION TO THE POTENTIAL BENEFICIARY, ASKING THEM A SERIES OF

QUESTIONS THAT ENABLE US TO VERIFY THEIR IDENTITY AND TO ASSIST IN

VALIDATING THE NEED. THIS INCLUDES, BUT IS NOT LIMITED TO, THEIR CONTACT

INFORMATION AND ADDRESS, REFERENCES, DOCUMENTATION SUBSTANTIATING THEIR

NEED, AND A BRIEF SUMMARY OF THE SITUATION. WE THEN CONDUCT DUE DILIGENCE

ON THE POTENTIAL BENEFICIARIES USING INTERNET RESOURCES (E.G., FACEBOOK,

Schedule I (Form 990)

Part IV | Supplemental Information

LINKEDIN, ZILLOW) TO SUBSTANTIATE THEIR CLAIMS, AND REVIEW ANY

DOCUMENTATION PROVIDED BY THE BENEFICIARY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT HOME INDY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENABLE PROJECT HOME INDY TO

INCREASE ITS REACH AND ABILITY TO SERVE THE COMMUNITY BY HIRING AN

ADDITIONAL CARE PROVIDER.

NAME OF ORGANIZATION OR GOVERNMENT: LYNBROOK ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPLETE PROJECT TO RENOVATED SCHOOL

SENSORY ROOM, FAMILY LEARNING CENTER, GARDEN, AND REMOTE TRAILERS.

Schedule I (Form 990)

332291 05-01-13

23 2013.04030 TOGETHER RISING

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ 0MB No. 1545-0047
Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ▶ Attach to Form 990 or 990-EZ.	Open to Public Inspection
Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/f	Employer identification number
TOGETHER RISING	45-5362738
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
BANDAGE THE WOUNDED AND GIVE HOPE TO THE HOPELESS AMONG U	S BECAUSE WE
BELONG TO EACH OTHER. WE DO THIS BY COMING TOGETHER WITH	OUR GREAT LOVE
AND LITTLE BITS OF TIME, MONEY AND TALENT TO HELP ONE PER	SON, ONE
FAMILY AT A TIME. WHEN WE GIVE, WE HEAL. THE GIVERS BECOM	E THE
RECEIVERS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
PROJECT HOME INDY LOVE FLASH MOB - MARCH 5, 2013:	
THE PROJECT HOME INDY LOVE FLASH MOB WAS AN ONLINE FUNDRA	ISER GIVEN
DIRECTLY TO A 501(C)(3) ENTITY TO ENABLE IT TO INCREASE I	TS REACH AND
ABILITY TO SERVE THE COMMUNITY BY HIRING AN ADDITIONAL CA	RE PROVIDER.
PROJECT HOME INDY IS A SMALL NON-PROFIT AGENCY THAT PROVI	DES HOUSING,
SERVICES, AND SUPPORT FOR HOMELESS TEEN MOMS, IN A SAFE,	HOME-LIKE
RESIDENTIAL FACILITY WITH HIGHLY-TRAINED, ROUND-THE-CLOCK	, SUPPORT
STAFF. GLENNON MELTON AND SARAH NIELSON, THE EXECUTIVE DI	RECTOR OF
PROJECT HOME INDY, CO-WROTE A BLOG POST, DETAILING PROJEC	T HOME INDY
AND THE TEEN'S SITUATION, ON MOMASTERY.COM. READERS WERE	INVITED
CONTRIBUTE \$25 OR LESS.	
MICROSOFT + MONKEES GIVE - OCTOBER 2013:	

IN OUR SECOND YEAR PARTICIPATING WITH MICROSOFT'S IN THEIR ANNUAL GIVE

CAMPAIGN - THROUGH WHICH MICROSOFT EMPLOYEES DONATE THEIR TIME, SKILLS,

AND MONEY TO BENEFIT COMMUNITIES IN NEED - WE SELECTED LYNBROOK

ELEMENTARY SCHOOL AS OUR BENEFICIARY. LYNBROOK IS A RICHLY DIVERSE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 24

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization TOGETHER RISING	Employer identification number 45-5362738
CULTURAL AND ACADEMIC LEARNING COMMUNITY, WITH THE HIGHES	т
CONCENTRATION OF ENGLISH LANGUAGE LEARNERS IN FAIRFAX COU	NTY. WITH THE
DONATIONS WE FULLY RENOVATED THE FAMILY LEARNING CENTER,	CREATED A
SENSORY ROOM FOR CHILDREN WITH AUTISM AND OTHER SPECIAL N	EEDS, PLANTED
A GARDEN AS AN OUTDOOR LEARNING SPACE, AND DECORATED THE	SCHOOL'S
REMOTE TRAILERS. THE REMAINING MONEY WENT DIRECTLY TO LYN	BROOK

ELEMENTARY SCHOOL.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: GLENNON DOYLE MELTON AND AMANDA DOYLE HAVE A FAMILY

RELATIONSHIP. GLENNON DOYLE MELTON, AMANDA DOYLE, AMY OLRICK AND ALLISON

SCHOTT HAVE A BUSINESS RELATIONSHIP.

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

EXPLANATION: ALL MEMBERS HAVE ACCESS TO A COMPLETE VERSION OF THIS FORM ON

A SHARED DRIVE FOR THE ORGANIZATION.

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

EXPLANATION: ANNUALLY, AT A BOARD MEETING, EACH MEMBER OF THE TOGETHER RISING BOARD OF DIRECTORS SIGNS THE CONFLICT OF INTEREST POLICY. AT SUCH MEETINGS THE SECRETARY REMINDS EACH OF THE BOARD MEMBERS OF THE PRINCIPLES OF THE COI POLICY.

IF A CONFLICT OF INTEREST ARISES, THE INTERESTED PERSON DISCLOSES ALL MATERIAL FACTS TO THE DIRECTORS/MEMBERS OF THE COMMITTEES, AND THE INTERESTED PERSON RECUSES HIM/HERSELF WHILE THE COMMITTEE MAKES A DETERMINATION OF THE CONFLICT OF INTEREST. IF THE COMMITTEE DETERMINES THAT THE INTERESTED PERSON HAS CREATED A CONFLICT OF INTEREST, IT TAKES 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 25 08480929 745960 29875

2013.04030 TOGETHER RISING

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Name of the organization TOGETHER I	RISING			Employer identification number 45-5362738
APPROPRIATE DISCIPLINARY	AND CORRECTIV	VE ACTION.		
FORM 990, PART VI, SECT	ION C LINE 19			
EXPLANATION: THE ORGANIZ				
INTEREST POLICY AND FINA	ANCIAL STATEMEN	TS AVAILA	BLE TO THE	E PUBLIC UPON
REQUEST.				
332212 19-04-13		26	Sche	dule O (Form 990 or 990-EZ) (20
80929 745960 29875	2013.04030		RISING	29875

Page 2

Schedule O (Form 990 or 990-EZ) (2013)

Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Dark II if you have already been swented on externation among the price of a new second s

	are filing for an Automatic 3-Month Extension, com						
Part II	Additional (Not Automatic) 3-Mont	h Extensio			•	/	
			Enter filer's			see instructions	
Type or print	Name of exempt organization or other filer, see instructions. Er			Employe	mployer identification number (EIN) or		
File by the					45-5362738		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)		
instructions.							
Enter the	Return code for the return that this application is for	r (file a separa	te application for each return)			01	
Applicati	on	Return	urn Application		Return		
Is For		Code	ls For			Code	
Form 990 or Form 990-EZ		01					
Form 990-BL		02	Form 1041-A				
Form 4720 (individual)		03	Form 4720 (other than individual)	than individual)			
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
STOP! D	o not complete Part II if you were not already gran ELIZABETH BOC	nted an autor	natic 3-month extension on a prev	iously file	ed Form 886	ັ 8.	
Teleph If the o	books are in the care of \blacktriangleright 2589 HOLLY M2 none No. \blacktriangleright (571)643-1428 organization does not have an office or place of business for a Group Return, enter the organization's four d	ness in the Ur igit Group Exe	Fax No. ▶	f this is fo	r the whole (
4 I re	quest an additional 3-month extension of time until		BER 15, 2014				
5 For	For calendar year 2013 , or other tax year beginning, and ending, and ending						
6 If th	If the tax year entered in line 5 is for less than 12 months, check reason:						
L Change in accounting period							
7 Sta	State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.						
8a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069,	enter the tentative tax, less any				
nor	refundable credits. See instructions.			8a	\$	0.	
b lftł	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
pre	previously with Form 8868.			8b	\$	0.	
c Ba	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					•	
EF	EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only			80	\$	0.	
l las el s	•		•	-	6 I	and the P. C.	
it is true, c	alties of perjury, I declare that I have examined this form, in orrect, and complete, and that I am authorized to prepare th	nis form.	panying schedules and statements, and to) the best o	T MY KNOWIED	ge and belief,	
Signature Title CPA				Date			

Form 8868 (Rev. 1-2014)

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