# \*\* 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)

and ending

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

▶ 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.

В	Check if applicable:	C Name of organization		D Employer identific	cation number			
г	Address							
F	change	Doing business as		45-5	362738			
F	change Initial return		Room/suite					
F	Final	2589 HOLLY MANOR DRIVE	toom/suite		643-1428			
_	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 2,314,23				
Г	Amende			H(a) Is this a group re				
F	return Applica- tion		N	for subordinates				
_	pending	SAME AS C ABOVE	_,	H(b) Are all subordinates in				
$\overline{}$	Tax-exen	npt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1)$ or	r 527	1	list. (see instructions)			
÷	Website	: ► WWW.TOGETHERRISING.ORG	027	H(c) Group exemption	·			
		rganization: X Corporation Trust Association Other	1 Year o		State of legal domicile: VA			
		Summary	L rour	51 101111duon: = = =   14	Totato or logar dormono, 122			
	T <sub>4</sub> <sub>D</sub>	riefly describe the organization's mission or most significant activities: SEE P	ART I	II, LINE 1.				
Activities & Governance		Thought decorate and original and the control of th		•				
rna	2 C	heck this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.			
S e	3 N	lumber of voting members of the governing body (Part VI, line 1a)		1 1	5			
Ğ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)			5			
8	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)			0			
/itie	6 T	otal number of volunteers (estimate if necessary)			20			
çţ	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.			
⋖	bN	let unrelated business taxable income from Form 990-T, line 34			0.			
		,		Prior Year	Current Year			
ø)	, <b>8</b> c	ontributions and grants (Part VIII, line 1h)		269,729.	2,314,235.			
Ž	<b>9</b> P	rogram service revenue (Part VIII, line 2g)		0.	0.			
Revenue	<b>10</b> In	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
<b>~</b>	i   11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		269,729.	2,314,235.			
	<b>13</b> G	irants and similar amounts paid (Part IX, column (A), lines 1-3)		172,571.	1,498,385.			
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0			
Expenses	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
В	<b>b</b> To	otal fundraising expenses (Part IX, column (D), line 25)   73,41	.5.					
Ш	<sup>1</sup>   <b>17</b> 0	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,070.	81,675.			
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		188,641.	1,580,060.			
_	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12		81,088.	734,175.			
Net Assets or	Sel		Be	ginning of Current Year	End of Year			
Set	ਤੂ <b>20</b> T	otal assets (Part X, line 16)		184,604.	918,879.			
at As	21 T	otal liabilities (Part X, line 26)		0.	0.			
Ž	22 N	et assets or fund balances. Subtract line 21 from line 20		184,604.	918,879.			
_		Signature Block						
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is			
tru	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.				
		Signature of officer		 Date				
Sig	Ι.	,	ממעבמו					
He	ere	ELIZABETH BOOK, SEC./CHIEF OUTREACH OF Type or print name and title	FICER					
_	!		10	Date Check	PTIN			
D-		Print/Type preparer's name Preparer's signature	ال	if				
Pa	<u> </u>	CEIMAN DOCEMBEDO C EDEEDMAN		self-employe				
	_	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN ▶	52-1392008			
US	e Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		DI / 3	01\ 051 0000			
_		BETHESDA, MD 20814-2930		Phone no. (3				
Ma	ay the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Par	t 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:  THE GOAL OF TOGETHER RISING IS SIMPLE. WE SEE NEEDS IN OUR COMMUNITIES
	AND WE DO SOMETHING ABOUT THEM. WE FOCUS ON PARENTS. WE HELP MOMS AND
	DADS DURING THE EXTRA HARD SEASONS OF LIFE. OUR VISION IS TO WELCOME
	THE STRANGER, FEED THE HUNGRY, QUENCH THE THIRSTY, CARE FOR THE SICK,
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 697,000 • including grants of \$ 697,000 • ) (Revenue \$
	THE COMPASSION COLLECTIVE - DECEMBER 21, 2015
	OUR LARGEST PROGRAM WAS THE COMPASSION COLLECTIVE'S ONLINE FUNDRAISER,
	FORMED BY GLENNON DOYLE MELTON WITH FOUR OTHER NOTABLE WRITERS AND
	ACTIVISTS, TO RAISE MONEY FOR SYRIAN REFUGEE AID IN EUROPE. ON DECEMBER
	21, 2015, ALL FIVE WRITERS INVITED THEIR COMMUNITIES TO CONTRIBUTE.
	TOGETHER RISING COLLECTED THE DONATIONS THROUGH THE END OF THE YEAR.
	TOGETHER RISING'S BOARD VOTED TO APPROVE A \$697,000 GRANT TO HELP
	REFUGEES, A UK ORGANIZATION WORKING TO PROVIDE MEDICAL AID AND
	ASSISTANCE WITH FOOD, CLOTHING, SHELTERS, SEARCH AND RESCUE, AND
	OUTREACH WORK TO THE MOST VULNERABLE REFUGEES. HELP REFUGEES IS A
	CHARITABLE FUND SET UP UNDER THE AUSPICES OF PRISM THE GIFT FUND (CHARITY NO. 1099682). HELP REFUGEES' PROPOSAL FOR THIS GRANT INCLUDED
	460 520
4b	(Code:) (Expenses \$ 408,520 • including grants of \$ 408,520 • ) (Revenue \$)  GLOBAL LOVE FLASH MOB - OCTOBER 21, 2015
	OUR SECOND LARGEST PROGRAM, GLOBAL LOVE FLASH MOB, WAS AN ONLINE
	FUNDRAISER HELD TO RAISE MONEY FOR HEARTLINE MINISTRIES TO BUILD A NEW
	WING ON THEIR MATERNITY CENTER IN HAITI. WE INTRODUCED READERS TO
	HEARTLINE MINISTRIES BY DETAILING THEIR WORK AND NEEDS AND INVITED OUR
	COMMUNITY TO CONTRIBUTE. THE PRINCIPLE BEHIND OUR ONLINE LOVE FLASH MOB
	IS DOING SMALL THINGS WITH GREAT LOVE. WE ASK THAT NO ONE DONATE MORE
	THAN \$25. ONCE WE REACHED THE \$230,000 GOAL FOR THE MATERNITY WARD
	CONSTRUCTION PROPOSAL, WE COMMUNICATED TO OUR COMMUNITY THAT ADDITIONAL
	DONATIONS WOULD GO TO SUPPORTING THE SYRIAN REFUGEE CRISIS IN EUROPE
	AND OTHER GLOBAL NEEDS. AFTER THE LOVE FLASH MOB CONCLUDED, THE BOARD
	VOTED TO APPROVE \$230,000 FOR HEARTLINE MINISTRIES' MATERNITY CENTER,
4c	(Code:) (Expenses \$251,313. including grants of \$251,313. ) (Revenue \$)
	RISE & SHINE SHEROES LOVE FLASH MOB - MAY 14, 2015
	OUR THIRD LARGEST PROGRAM, SHEROES LOVE FLASH MOB, WAS AN ONLINE
	FUNDRAISER TO HELP RAISE MONEY FOR RECIPIENTS NOMINATED BY OUR
	COMMUNITY. WE COLLECTED ONLINE APPLICATIONS FROM APRIL 10 THROUGH APRIL
	17, 2015. WE ASKED OUR READERS TO NOMINATE SOMEONE DESERVING OF A
	LITTLE EXTRA LOVE AND RECOGNITION - A FRIEND, NEIGHBOR, OR FAMILY
	MEMBER - WHO SHOWS UP EVERY DAY TO LOVE AND SERVE. WE TOLD OUR
	COMMUNITY THAT THE BOARD WOULD BE REVIEWING THE APPLICATIONS AND
	POTENTIALLY SELECTING A HANDFUL OF BENEFICIARIES. BECAUSE OF THE IMMENSE SUCCESS OF THE LOVE FLASH MOB, AFTER IT ENDED, THE BOARD VOTED
	TO USE THE FUNDS FOR ALL 176 NOMINEES IN SMALL AND BIG WAYS. EACH
	NOMINEE RECEIVED SOMETHING TO MEET AT LEAST PART OF HER NEEDS. THE
	Other program services (Describe in Schedule O.)
<del>4</del> 0	(Expenses \$ 81,552 • including grants of \$ 81,552 •) (Revenue \$ )
	Total program service expenses 1,498,385.
	Form <b>990</b> (2015)

# Form 990 (2015) TOGETHER RIS Part IV Checklist of Required Schedules

Section 501(p(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule C, Part I 4 Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the kay year? If "Yes," complete Schedule C, Part II 5 Is the organization assection 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 9. Brit III "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assess/3 If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or their similar assess/3 If "Yes," complete Schedule D, Part IV 8 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 9 Did the organization should be a supplicable, and the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V 10 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 167 If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X II 10 Did the organization report an amount	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II  Section 501(K)9 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  1 If the organization as etion 501(k), 501(k)0, 675(k)0, 675(k		If "Yes," complete Schedule A	1		
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 Proceedure 98.19? If "Yes," complete Schedule C, Part III 5  Ib dit 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 II 7  Ib dit the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8  Ib dit the organization maintain oblections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9  Ib dit 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 V 19  If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 19  If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 19  Ib dit the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 19  Ib dit the organization report an amount for investments - store securities 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 X 11  If 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 X 11  If the orga	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
Section 501(p(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501c)(4), 501c)(5), or 501c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III  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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  The the organization report an amount for investments - other schedule Schedule D, Part V III  Did the organization report an amount for investments - other schedule Schedule D, Part V III  Did the organization report an amount for investments - other schedule D, Part V III  Did the organization report an amount for other assets 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 X III  Did the organization in schedule Schedule D, Part IX  Did the organization is liability for uncertain tax positions under III N4 (ASC 740)?		public office? If "Yes," complete Schedule C, Part I	3		X
s 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 89.197 If "Yes," complete Schedule C, Part III  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 for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dobt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part IVIII  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IVIII  Did the organization report an amount for investments - other securities 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 IVIIII  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 IVIIIIIIIII	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5 Is the organization a section 501(c)(d), 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 if "Yes," complete Schedule C, Part III.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment, including assements to preserve open space, the environment, historical transparent, including assements to preserve open space, the environment, historical transparent, including assements to preserve open space, the environment, historical transparent, including assements to preserve open space, the environment, historical transparent, including assements to preserve open space, the environment, historical transparent, and the environment in the subject of the environment in the environment in the environment in the environment in the subject of the environment in the e		during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical reases, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide receit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV I Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V I If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V I I If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I I I Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V I I Did the organization report an amount for other assets 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 V II I Did the organization report an amount for other assets in Part X, line 2? If "Yes," complete Schedule D, Part X I I Did the organization is permanent to other liabilities 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 X II I Did the organization is separate or consolidated financial statements for the tax year; limit of the organization separate in consolidated financial statements for the tax year; limit of the organization have	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  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 III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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 V    10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V    11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V    12 Did the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part VII    13 Did the organization report an amount for investments - program related in Part X, line 18? If "Yes," complete Schedule D, Part VIII    14 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 VIII    15 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 VIII    16 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 X    17 Did the organization report an amount for the relabilities in Part X, line 15 that is 5% or more of its tota		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
To 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 III 9  Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III 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 counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, IX, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11  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 VII 11  Did the organization report an amount for other lasbitities 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 X 11  Did the organization report an amount for other lasbitities 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 X 11  Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8  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  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11  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 11  Did the organization report an amount for other assets 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 VII 11  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 X 11  Did the organization report an amount for other lastes in Part X, line 25? If "Yes," complete Schedule D, Part X 11  Did the organization report an amount for other lastes in Part X, line 15? If "Yes," complete Schedule D, Part X 11  Did the organization assets reported in part X, line 25? If "Yes," complete Schedule D, Part X 11  Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedul		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 12a Schedule D, Parts XI and XII  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	d				
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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  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
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  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17				
		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
1c and 8a? If "Yes," complete Schedule G, Part II	18				
		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,"	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		complete Schedule G, Part III	19	<u> </u>	X

# Form 990 (2015) TOGETHER RISING Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		х
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

45-5362738

# Form 990 (2015) TOGETHER RISING Part V Statements Regarding Other IRS Filings and Tax Compliance

	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	<b>1</b> b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	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 retu			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				37
	-			3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4.		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	π)?	4a		
D	If "Yes," enter the name of the foreign country:		+o (FDAD)			
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
ou	any contributions that were not tax deductible as charitable contributions?	-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.			- 04		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi		7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		37 / 3			
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	ا ما				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  N/A	11a				
	Gross income from members or shareholders $N/A$ Gross income from other sources (Do not net amounts due or paid to other sources against	па				
b	amounts due or received from them.)	11b				
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		IZU		
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		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the averagination was in a grown as we have few in dear towning a source of wines the tay was 0			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2015)

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 in 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								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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		Х					
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	6 Did the organization have members or stockholders?								
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		Х					
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		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	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					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
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							
11a	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.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
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		X					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
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		X					
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) and 990-T (Section 501(c)(3)s only) are	availab	ole						
	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	d finan	cial						
	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 books and records:								
	ELIZABETH BOOK - (571)643-1428								
	2589 HOLLY MANOR DRIVE, FALLS CHURCH, VA 22043								

Form 990 (2015) TOGETHER RISING 45-5362738 Page 7

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

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

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

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

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

Check this box if neither the organization (A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(4	net -	Position 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	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	Institutional trustee		99/	mpen		(***-2/1099-181130)		and related
	below	dualt	utions	<u>.</u>	Key employee	est co	ia G			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) GLENNON DOYLE MELTON	6.00									
PRESIDENT/CHAIR		Х		Х				0.	0.	0
(2) AMANDA DOYLE	6.00									
VICE PRESIDENT/GENERAL COUNSEL		Х		Х				0.	0.	0
(3) ALLISON SCHOTT	10.00									
TREASURER/CHIEF ARTISTIC OFFICER		Х		Х				0.	0.	0
(4) AMY OLRICK	10.00									
CHIEF TECHNOLOGY OFFICER		Х		Х				0.	0.	0
(5) ELIZABETH BOOK	10.00									
SECRETARY/CHIEF OUTREACH OFFICER		Х		Х				0.	0.	0
		1								
		-								
	1									
		-								
	+									
		1								
		-								
	+									
		1								
		1								
	+									
		1								
	1									
		1	1	ı	l	1	l	1		

	1 990 (2015) TOGETHER									45-53	62	738	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week (list any	box offic	not c	Pos heck ss pe	more rson	than is bot or/trus	th an	from	(E) Reportable compensation from related	1	am	(F) timate tount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	fro orga and	oensa om the anizati I relate nizatie	e ion ed
1b	Sub-total							<b></b>	0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A						<b>•</b>	0.		0.			0.
a	Total (add lines 1b and 1c)  Total number of individuals (including but r							ho r	_	l	• •			
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,													
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		3		<u>X</u>
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									idual for services		4		X
	rendered to the organization? If "Yes," com	· ·				-						5		Х
1	tion B. Independent Contractors  Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation fi	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir		year.		- 10		
	(A) Name and business	address	N	INC	3				(B) Description of s	services	С	(C omper		1
2	Total number of independent contractors ( \$100,000 of compensation from the organi	-	ot li	mite	d to		se li:	stec	d above) who received n	nore than				
		-										Form \$	990 c	2015

		Check if Schedule O conta	ains a resnonse	or note to any lir	ne in this Part VIII			
		Officer if Octreditie O conta	ans a response	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0.42						revenue	revenue	512 - 514
nts		a Federated campaigns						
Gra		<b>b</b> Membership dues						
ŁŞ,	•	c Fundraising events	1c					
ia i	•	d Related organizations	1d					
in,	•	e Government grants (contribution	ons) <b>1e</b>					
후	1	f All other contributions, gifts, grants						
t p		similar amounts not included abov	e 1f 2,	314,235.				
d O	9	g Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	-	h Total. Add lines 1a-1f			2,314,235.			
				Business Code				
ġ.	2 :	а						
٩٤	1	b						
Program Service Revenue		С						
am		d						
Be		e						
Pr		f All other program service rever	nue					
		g Total. Add lines 2a-2f						
	3	Investment income (including of						
	3	other similar amounts)						
	4	Income from investment of tax						
	4							
	5	Royalties						
	_		(i) Real	(ii) Personal	-			
	6 8							
		<b>b</b> Less: rental expenses						
		c Rental income or (loss)						
		· · · · · · · · · · · · · · · · · · ·						
	7 :	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	١	<b>b</b> Less: cost or other basis						
		and sales expenses						
	(	c Gain or (loss)						
	(	d Net gain or (loss)		<u></u>				
ō	8 8	a Gross income from fundraising	events (not					
enr		including \$	of					
ev.		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	а					
Ě	ı	<b>b</b> Less: direct expenses	b					
	(	c Net income or (loss) from fund	raising events	<b></b>				
	9 8	a Gross income from gaming act	tivities. See					
		Part IV, line 19	а					
	ı	<b>b</b> Less: direct expenses	b					
	(	c Net income or (loss) from gami	ng activities					
		a Gross sales of inventory, less r						
		and allowances	а					
	1	<b>b</b> Less: cost of goods sold						
		c Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 :							
		L-						
		С	-					
		d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue See instructions		····· [	2.314.235.	0.	0.	0.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 301,598. 301,598. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 313,967 313,967. Grants and other assistance to foreign organizations, foreign governments, and foreign 882,820 882,820. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management Legal 4,360. 4,360. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,906. 2,906. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MERCHANT FEES 73,415. 73,415. REGISTRATION FEES 487. 487. FACILITIES & EQUIPMENT 371. 371. d MEALS 136. 136 e All other expenses 1,580,060. 1,498,385. 8,260 73,415. Total functional expenses. Add lines 1 through 24e 25 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 (2015)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
		Chicarin Consocial Community a responde of hist	o to dry mile in time i dit X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		184,604.	1	918,879.
	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 current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
					5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	•			
		employers and sponsoring organizations of sect				
र		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
ĕ	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	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets	T T T T T T T T T T T T T T T T T T T		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	184,604.	16	918,879.	
	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	
es	22	Loans and other payables to current and former				
≣		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	T T T T T T T T T T T T T T T T T T T		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
				0	25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
ces		complete lines 27 through 29, and lines 33 an		184,604.		918,879.
a	27	Unrestricted net assets		104,004.	27	910,019.
Ва	28	Temporarily restricted net assets			28	
Fund Balances	29		00.050) -		29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here			
Š.	20	and complete lines 30 through 34.			20	
set	30	Capital stock or trust principal, or current funds			30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or eq			31 32	
Ne	32 33	Retained earnings, endowment, accumulated in		184,604.	33	918,879.
	34	Total net assets or fund balances		184,604.	34	918,879.
	, O T			,		

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   3	2,31	4,2	35.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,58	0,0	<u>60.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	73	4,1	75.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	184,604			
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		1	00.	
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	91	8,8	79.	
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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
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	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	edule O.				
За	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?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

#### **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TOGETHER RISING

**Employer identification number** 45-5362738

Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	ation because it is:	(For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3		A hospital or a cooperative		•			i).					
4	Ħ	A medical research organiz					•	the hospital's name				
7		city, and state:	ation operated in co	injunction with a noopita	1 400011500	111000110	ii ii o(b)( i)(A)(iii)i Entor	the hoopital o hame,				
_		<u> </u>	or the benefit of a co	llogo or university owne	d or opera	tod by a g	avornmental unit describ	and in				
5		An organization operated for		mege of university owner	u or opera	led by a go	overninental unit descrit	Jeu III				
_		section 170(b)(1)(A)(iv). (C	•				, ,					
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7	X	-	•	antial part of its support	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	• •									
8	Н	A community trust describe										
9		An organization that norma	•	•	•							
		activities related to its exen		•			· · · · · · · · · · · · · · · · · · ·	•				
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See <b>section 509(a)(2).</b> (Con	•									
10	Н	An organization organized a	•	•	•							
11		An organization organized a	•	· · ·	-		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported or	~					Check the box in				
		lines 11a through 11d that				•						
а		☐ Type I. A supporting orga	•	•								
		the supported organization		* *	a majority	of the direc	ctors or trustees of the s	supporting				
		organization. You must o	-									
b			· ·					•				
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported				
		organization(s). You mus	=									
С							· ·	ed with,				
		its supported organizatio										
d		☐ Type III non-functionally										
		that is not functionally int	-		•			iveness				
		requirement (see instruct	•	-								
е		☐ Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or	• •	, , , , , , , , , , , , , , , , , , , ,								
t		er the number of supported of										
g		vide the following information		<del> </del>	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	,	<ul><li>i) Name of supported organization</li></ul>	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n vour	support (see	other support (see				
		- · <b>J</b> · · · · · · · · · · · · · · · · · ·		above (see instructions))	governing		instructions)	instructions)				
					Yes	No	•	·				
Гotа	ı											

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")			308,030.	269,729.	2,314,235.	2,891,994.	
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.	269,729.	2,314,235.	2,891,994.	
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.						2,891,994.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 4	(=, = = : :	(-,	308,030.	269,729.	2,314,235.	2,891,994.	
8	Gross income from interest,			,	,	, ,		
Ū	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							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						2,891,994.	
12	Gross receipts from related activities,	etc (see instructi	one)			12	2,002,002.	
13	First five years. If the Form 990 is for			ird fourth or fifth to				
.0	organization, check this box and <b>stor</b>				•		<u>▼</u> X	
Sec	ction C. Computation of Publ		rcentage					
14	Public support percentage for 2015 (	line 6. column (f) d	ivided by line 11.	column (f))		14	%	
15	Public support percentage from 2014					15	%	
16a	33 1/3% support test - 2015. If the o					nore, check this box	and	
	stop here. The organization qualifies	•		•		•	ightharpoons	
b	33 1/3% support test - 2014. If the						s box	
	and <b>stop here.</b> The organization qual	-						
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac	ū					*	
	meets the "facts-and-circumstances"			-	-	-		
h	10% -facts-and-circumstances tes							
~	more, and if the organization meets the	ŭ				•	2,3 01	
	organization meets the "facts-and-circ		•					
12			•	•	,			
-10	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2015

#### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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							
-	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						
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0011	(h) 0010	(=) 0010	(4) 001 4	(-) 0015	(6) Total
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6  Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectic	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (	line 8, column (f) d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	7 Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))						
18	18 Investment income percentage from 2014 Schedule A, Part III, line 17					%	
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	<b>&gt;</b>
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
3b		
- OD		
3с		
4a		
4.		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
O'-		
9b		
9с		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)			
	(sommasa)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 <b>Part VI identify</b>			
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
•	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) helow.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the organization have the power to requirely appoint or elect a majority of the officers, directors, or			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	30		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	i <mark>g Orga</mark> n	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. <b>See instr</b>	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, 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-functional	lly-integrate	ed Type III supporting org	ganization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2015

Par	LV	Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions	Current Year		
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	<b>1</b> From 2013				
е	From	2014			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2015, if			
	any. S	subtract lines 3g and 4a from line 2 (if amount			
		r than zero, see instructions).			
6	Rema	ning underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Exces	s distributions carryover to 2016. Add lines 3j			
	and 4	Э.			
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
		s from 2014			
е	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Cumplemental Information Decide the evaluations required by Datil Box 10, Datil Box 17, and 75, Datil Box 10.
T GIT VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service **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

Name of the organization

**Employer identification number** 

45-5362738

TOGETHER RISING

Organization type (check one):						
Filers of:		Section:				
Form 990 or 990-EZ		X 501(c)( 3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	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 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, 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. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \]					
but it mu	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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) (2015)

Name of organization Employer identification number

TOGETHER RISING 45-5362738

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 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
5		\$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
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (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
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Nume, address, and 2n + 4	\$\$,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
	Nume, address, and 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll 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
140.	Name, audiess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

TOGETHER RISING

45-5362738

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
		  _ \$	
		Oahadula D (Farma (	100 000 E7 000 DE\ /004E

Name of organization Employer identification number 45-5362738 TOGETHER RISING Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

го	GETHER RISING	<u> </u>				45-53627	38	
			ctivities Ou	tside the United States. Comple	ete if the organ			
	Form 990, Part IV							
1				ds to substantiate the amount of its grather the selection criteria used to award the			Yes No	
2	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3		he following Parl	t I. line 3 table ca	an be duplicated if additional space is r	needed.)			
	(a) Region		(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activis a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region	
				GRANTS TO RECIPIENTS				
EUR	OPE	0	0	LOCATED IN REGION			862,820.	
							,	
	TRAL AMERICA AND		,	GRANTS TO RECIPIENTS			20.000	
LHE	CARIBBEAN	0	0	LOCATED IN REGION			20,000.	
3 a	Sub-total	0	0				882,820.	
	Total from continuation sheets to Part I	0	0				0.	
С	Totals (add lines 3a and 3b)	0	0				882,820.	

532071 10-01-15 Schedule F (Form 990) 2015

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			URL D. DERUGREG							
			HELP REFUGEES							
		EUROPE	DONATION FOR FOOD, RESCUE, SHELTER	829,000.	WIDE	0.				
		EUROFE	RESCOE, SHEDIER	029,000.	WIKE	0.				
		CENTRAL AMERICA	INPRHU NICARAGUAN							
			GIRLS' HOUSE DONATION	20,000.	WIRE	0.				
			EVANELISCH-LUTERISCHE	,						
			KIRCHENKREIS DONATION							
			REFUGEE SHELTER IN							
		EUROPE	HAMBURG	10,000.	WIRE	0.				
			HANSEATIC HELP E.V.							
			STROLLER PURCHASE FOR							
		EUROPE	REFUGEES IN BERLIN	20,892.	WIRE	0.				
			recognized as charities by the		-	•				
the IRS, or for which t	he grantee or couns	el has provided a section	n 501(c)(3) equivalency letter			<b>&gt;</b> .		4		
3 Enter total number of	3 Enter total number of other organizations or entities									

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

### Schedule F (Form 990) 2015 Part IV Foreign Forms TOGETHER RISING

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

# Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:
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, LINKEDIN, ZILLOW) TO SUBSTANTIATE THEIR CLAIMS, AND REVIEW ANY
DOCUMENTATION PROVIDED BY THE BENEFICIARY.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
TOGETHER							45-5362738
Part I General Information on Grants a	and Assistance						
<b>1</b> Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	: IV, line 21, for any
recipient that received more than		<u> </u>	1		(f) Method of	1.55	I a.s
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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN							
801 EAST MOREHEAD ST, SUITE 201							DONATION FOR THE MOORE
CHARLOTTE, NC 28202	56-2201835	501(C)(3)	5,000.	0.			COUNTY, NC PROGRAM
			,,,,,,,				DONATION FOR SUPPLIES
CWS							SUCH AS BABY CARRIERS,
28606 PHILLIPS ST., PO BOX 968							HYGIENE KITS, AND CUSTOM
ELKHART, IN 46515	13-4080201	501(C)(3)	50,200.	0.			CARE PACKAGES FOR REFUGEE
							GRANT FOR NEW WING
HEARTLINE MINISTRIES							CONSTRUCTION FOR
PO BOX 898							HEARTLINE'S MATERNITY
SUNNYSIDE, WA 98944	91-2072330	501(C)(3)	230,000.	0.			CENTER IN HAITI
HERNDON ELEMENTARY SCHOOL							DONATION FOR SUMMER
630 DRANESVILLE RD							BOOKMOBILE AND TUTORING
HERNDON, VA 20170	54-0805373	GOVERNMENT	6,672.	0.			PROGRAM
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
THE CITY SCHOOL							
614 COLUMBIA ROAD							DONATION FOR SUMMER
DORCHESTER, MA 02125	02-0532474	501(C)(3)	5,000.	0.			LEADERSHIP PROGRAM
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in tl	he line 1 table				<u> </u>
3 Enter total number of other organization	s listed in the line	1 table					<b>•</b> 0.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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 non-cash assistance
					PROVISION OF GOODS INCLUDING
					BUT NOT LIMITED TO CAR, WHEEL
UMANITARIAN GRANTS TO ASSIST IN DAILY LIVING					CHAIR ACCESSIBLE VAN, MOBILITY
IEEDS	386	174,659.	139,308.	FMV	DUET BIKES, RUNNING LEG, EYE

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:

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, LINKEDIN, ZILLOW)

Part IV Supplemental Information
TO SUBSTANTIATE THEIR CLAIMS, AND REVIEW ANY DOCUMENTATION PROVIDED BY THE
BENEFICIARY.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: CWS
(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR SUPPLIES SUCH AS BABY
CARRIERS, HYGIENE KITS, AND CUSTOM CARE PACKAGES FOR REFUGEE MOTHERS IN
SERBIA.
(F) DESCRIPTION OF NON-CASH ASSISTANCE: PROVISION OF GOODS INCLUDING BUT
NOT LIMITED TO CAR, WHEEL CHAIR ACCESSIBLE VAN, MOBILITY DUET BIKES,
RUNNING LEG, EYE GLASSES, LAWN MOWER, PLAYSET, WHEEL CHAIR, CLOTHING,
TOYS, DIAPERS, SCHOOL SUPPLIES.

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TOGETHER RISING

**Employer identification number** 45-5362738

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BANDAGE THE WOUNDED AND GIVE HOPE TO THE HOPELESS AMONG US 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 PERSON, ONE FAMILY AT A TIME. WHEN WE GIVE, WE HEAL. THE GIVERS BECOME THE RECEIVERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FIELD HOSPITAL, LIGHTHOUSE WORK, BLANKETS, SLEEPING BAGS, TENTS, SHELTERS, AND A KITCHEN, IN LEROS, CALAIS, DUNKIRK, LESBOS, AND OTHER GREEK ISLANDS, AND BULK ORDER SUPPLIES FOR GREECE, MACEDONIA, CROATIA, BULGARIA, AND SERBIA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: \$132,000 TO HELP REFUGEES FOR FOOD, RESCUE, AND SHELTER ITEMS FOR REFUGEES IN SAMOS, LESBOS, AND CALAIS, AND TO DONATE OVER \$26,000 IN STROLLERS AND RAIN GUARDS TO REFUGEE SHELTERS IN BERLIN. ADDITIONAL GRANTS WERE APPROVED FOR INPRHU NICARAGUAN GIRLS' HOUSE AND A FREE THE CHILDREN SCHOOL IN ECUADOR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: GIFTS DISTRIBUTED INCLUDED, BUT WERE NOT LIMITED TO, A WHEEL-CHAIR ACCESSIBLE VAN, RIDING LAWN MOWER, BACKYARD PLAYSET, DUET MOBILITY BICYCLE, COMPUTER, STROLLER, EYE GLASSES, ADAPTIVE TRICYCLE, AND GIFT CARDS.

Name of the organization TOGETHER RISING Employer identification number 45-5362738

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

OTHER PROGRAMS

EXPENSES \$ 81,552. INCLUDING GRANTS OF \$ 81,552. REVENUE \$ 0.

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

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:

ALL OF THE MEMBERS OF THE ORGANIZATION ARE E-MAILED AND NOTIFIED THAT THE RETURN IS AVAILABLE FOR THIER REVIEW. THE 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:

ANNUALLY, AT A BOARD MEETING, EACH MEMBER OF THE TOGETHER RISING BOARD OF DIRECTORS SIGNS A CONFLICT OF INTEREST POLICY STATEMENT. 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

APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

Schedule O	(Form	990 or	990-	.F7\	(2015)