** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

FALLS CHURCH, VA	A	ror the	e 2017 calendar year, or tax year beginning and	enaing				
District	В	Check if applicabl	C Name of organization		D Employer identifi	cation number		
Repet Search Se		Name chang	Doing business as		45-5	362738		
2589 HOLLY MANOR DRIVE 571-643-1428 Greats receipts 1,989,211		□Initial	•	Room/suite	E Telephone numbe	<u></u>		
Signature City or town, state or province, country, and 2iP or foreign postal code G cross recepts \$ 1, 98 y, 211		Final return.	2589 HOLLY MANOR DRIVE					
FALLID CHOICE VA 2243 Salar Sa		termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,989,211.		
SAME AS C ABOVE Tax-exempt status: X 501(c)(3)		lreturn	FADDS CHOKCH, VA 22045		H(a) Is this a group re			
SAME AS C ABOVE (Insert no.)		Application	F Name and address of principal officer: GLENNON DOYLE		for subordinates	? Yes X No		
Website:		pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
Website:	$\overline{\Gamma}$	Tax-ex	empt status: $X = 501(c)(3)$ $= 501(c)($) $= (insert no.)$ $= 4947(a)(1)(a)$	or 527	If "No," attach a	list. (see instructions)		
Part Summary Summar	J	Websi	e: ► WWW.TOGETHERRISING.ORG		H(c) Group exemptio	n number		
Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.	K	Form of	organization: X Corporation Trust Association Other	L Year				
Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.					•	<u> </u>		
2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)		T 1		PART I	II, LINE 1.			
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 3,785,679 1,989,211	nce				<u> </u>			
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 3,785,679 1,989,211	'n	9	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets		
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 3,785,679 1,989,211	Š	1	·		ı	4		
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 3,785,679 1,989,211	ၓ					1		
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 3,785,679 1,989,211	ە ە					0		
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b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 3,785,679 1,989,211	÷	1	* *************************************			0.		
B Contributions and grants (Part VIII, line 1h) 3,785,679 1,989,211	¥					0.		
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1+9) 17 Other expenses (Part IX, column (A), line 1+9) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets or fund balances. Subtract line 21 from line 20 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets or fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Total assets or fund balances. Subtract line 21 from line 20 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 37		B	Net unrelated business taxable income from Form 990-1, line 34					
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total assets (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Preparer Print/Type preparer's name Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's	Revenue		Contributions and grants (Part VIII line 1h)					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3 , 785 , 679 1 , 989 , 211 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3 , 479 , 163 2 , 205 , 150 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0					-			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3 , 479 , 163 . 2 , 205 , 150 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 82 , 667 . 96 , 000 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 17 Other expenses (Part IX, column (D), line 25) 11 , 088 . 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 38 , 309 . 107 , 419 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3 , 600 , 139 . 2 , 408 , 569 19 Revenue less expenses. Subtract line 18 from line 12 185 , 540419 , 358 20 Total assets (Part X, line 16) 8 Beginning of Current Year End of Year 1 , 104 , 419 . 685 , 061 21 Total liabilities (Part X, line 26) 0 . 0 . 0 . 0 22 Net assets or fund balances. Subtract line 21 from line 20 1 , 104 , 419 . 685 , 061 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.								
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 34 July 19 J					3,703,079.	1,909,211.		
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Net a								
16a Professional fundraising fees (Part IX, column (A), line 11e)								
17 Other expenses (Part IX, Column (A), lines 11a-11d, 11r-24e) 3 column (A), lines 3 column (A), lines 13-17 (must equal Part IX, column (A), line 25) 3 column (A), line 25 185 column (A), line 26 185 column (A), line 25 185 column (A), line 26 185 column (A), li	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
17 Other expenses (Part IX, Column (A), lines 11a-11d, 11r-24e) 3 column (A), lines 3 column (A), lines 13-17 (must equal Part IX, column (A), line 25) 3 column (A), line 25 185 column (A), line 26 185 column (A), line 25 185 column (A), line 26 185 column (A), li	ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
17 Other expenses (Part IX, Column (A), lines 11a-11d, 11r-24e) 3 column (A), lines 3 column (A), lines 13-17 (must equal Part IX, column (A), line 25) 3 column (A), line 25 185 column (A), line 26 185 column (A), line 25 185 column (A), line 26 185 column (A), li	ă	b			20.00	407 440		
19 Revenue less expenses. Subtract line 18 from line 12 185,540.	ш	1/			38,309.	107,419.		
Beginning of Current Year End of Year 1,104,419. 685,061 21 Total liabilities (Part X, line 26) 0. 0 0. 0 0. 0. 0. 0.					3,600,139.	2,408,569.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer Print/Type preparer's name Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008		19	Revenue less expenses. Subtract line 18 from line 12		<u>-</u>	-419,358.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ELIZABETH BOOK, SEC./CHIEF OUTREACH OFFICER Type or print name and title Print/Type preparer's name Preparer Print/Type preparer's name Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008	SOF			Ве				
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ELIZABETH BOOK, SEC./CHIEF OUTREACH OFFICER Type or print name and title Print/Type preparer's name Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008	<u> </u>	22			1,104,419.	685,061.		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ELIZABETH BOOK, SEC./CHIEF OUTREACH OFFICER Type or print name and title Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature Prim's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008								
Sign Here Signature of officer ELIZABETH BOOK, SEC./CHIEF OUTREACH OFFICER Type or print name and title Print/Type preparer's name Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008						y knowledge and belief, it is		
Here ELIZABETH BOOK, SEC./CHIEF OUTREACH OFFICER Type or print name and title Print/Type preparer's name Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008	true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
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Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature Date Check Colling if self-employed Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008	Sig	n						
Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature Preparer's signature Date Check PTIN if self-employed self-employed Firm's name GELMAN ROSENBERG & FREEDMAN Firm's EIN 52-1392008	He	re		FFICER	_			
Paid Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008			Type or print name and title					
Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008			Print/Type preparer's name Preparer's signature] [OHOOK _	PTIN		
Preparer Firm's name ► GELMAN, ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008	Pai	d				ed		
	Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	•				
	Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N					
BETHESDA, MD 20814-2930 Phone no. (301) 951-9090		-			Phone no. (3	01) 951-9090		
	Ma	y the II						

Par	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:
	TOGETHER RISING EXISTS TO ALLEVIATE CRITICAL, URGENT NEEDS OF WOMEN
	AND FAMILIES WHO HAVE NO WHERE ELSE TO TURN, AND TO CREATE A COMMUNITY
	OF COMMITTED, IMPASSIONED GIVERS. WE BELIEVE THAT THE SUREST WAY TO
	LIFT A FAMILY OR COMMUNITY IS TO LIFT A WOMAN - THAT WHEN A WOMAN
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 \$692,000 • including grants of \$692,000 •) (Revenue \$)
	THE COMPASSION COLLECTIVE - 2017:
	OUR LARGEST PROGRAM WAS TO RAISE AND DISTRIBUTE MONEY FOR SYRIAN
	REFUGEE AID IN EUROPE AS WELL AS FOR INTERNALLY DISPLACED PEOPLE IN
	SYRIA. WE COLLECTED MONTHLY RECURRING DONATIONS THROUGHOUT THE YEAR AND
	ADDITIONALLY EXECUTED A MARCH 2017 LOVE FLASH MOB CAMPAIGN IN
	FURTHERANCE OF THIS PROGRAM.
	THE BOARD VOTED TO APPROVE A TOTAL OF \$207,000 IN GRANTS 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
4b	(Code:) (Expenses \$682,770 . including grants of \$682,770 .) (Revenue \$)
	TOGETHER RISING FOR DISASTER RELIEF - FALL 2017:
	OUR SECOND LARGEST PROGRAM WAS DISTRIBUTING CRITICAL ASSISTANCE FOR
	FAMILIES IMPACTED BY HURRICANE HARVEY IN TEXAS AND HURRICANE MARIA IN
	PUERTO RICO. THE BOARD VOTED TO APPROVE \$542,770 IN GRANTS TO DIRECT RELIEF (EIN: 95-1831116) FOR AID INCLUDING MEDICINES, BANDAGES, WOUND
	CARE, PERSONAL SAFETY GEAR, BODY WASH, SANITARY PRODUCTS, TOOTHBRUSHES,
	EMERGENCY HEALTH KITS, INSULIN, INHALERS, AND PEDIATRIC CANCER
	TREATMENTS. THE BOARD ALSO APPROVED \$20,000 TO HOUSTON FOOD BANK (EIN:
	74-2181456) FOR FOOD DISTRIBUTION IN TEXAS, \$100,000 TO TEXAS DIAPER
	BANK (EIN: 74-2886380) FOR DIAPERS, WIPES, AND HYGIENE KITS, AND
	\$20,000 TO HAPPYPERIOD (EIN: 47-4333055) FOR MENSTRUAL HYGIENE KITS FOR
	EMERGENCY SHELTERS IN TEXAS.
4c	(Code:) (Expenses \$ 350,000 • including grants of \$) (Revenue \$)
40	OPIOID LOVE FLASH MOB - DECEMBER 2017:
	OUR THIRD LARGEST PROGRAM WAS A LOVE FLASH MOB TO RAISE MONEY FOR TWO
	RESIDENTIAL RECOVERY FACILITIES. THE BOARD VOTED TO APPROVE A \$175,000
	GRANT FOR HOPE ON HAVEN HILL (EIN: 47-4623824) TO PURCHASE THE FIRST
	TRANSITIONAL HOME IN NEW HAMPSHIRE FOR MOTHERS RECOVERING FROM OPIOID
	ADDICTION AND THEIR BABIES. THE BOARD ALSO VOTED TO APPROVE A \$175,000
	GRANT FOR MARTHA'S PLACE (EIN: 52-2002294) IN BALTIMORE TO FUND AN
	ADDICTIONS COUNSELOR, A PROGRAM DIRECTOR TO HELP THE WOMEN WITH FAMILY
	REINTEGRATION, JOB SKILLS, AND PLACEMENT, INVESTMENT IN ALUMNI
	COORDINATION SO THAT WOMEN FURTHER ALONG IN RECOVERY CAN SERVE AS
	MENTORS, AND CRITICALLY NECESSARY REPAIRS TO THE HOMES.
	<u> </u>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 480,380 • including grants of \$ 480,380 •) (Revenue \$)
4e	Total program service expenses ► 2,205,150.
	Form 990 (2017)

11080824 745960 29875

Form 990 (2017) TOGETHER RIS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
9	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	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	$\vdash \vdash \vdash$	
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			000	

Form **990** (2017)

Form 990 (2017) TOGETHER RISING Part IV Checklist of Required Schedules (continued) TOGETHER RISING

			Yes	No
20 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?	20 b		
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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	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			3.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
22	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		22
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
0-1		34		х
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
J	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?	300		
55	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	30		 -
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			 -
50	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(0047)

Form **990** (2017)

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	4						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C	Ī					
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming						
	(gambling) winnings to prize winners?			1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	C						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X			
b If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					x			
	any contributions that were not tax deductible as charitable contributions?			6a					
р	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	r gifts						
7	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvicae r	rovided to the navor?	7a		х			
	 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b					
•	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	399 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e N/A						
	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?		N/A	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:	10-							
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a		_					
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
	Gross income from members or shareholders N/A	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against			-					
-	amounts due or received from them.)	11b							
12a	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 N/A	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	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							
	Enter the amount of reserves on hand	13c							
				14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		(00 :=:			
				Forn	1 990	(2017)			

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 la								
	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								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	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									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х					
	more members of the governing body?	7a		х					
b		<u> </u>							
-	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	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	 							
9	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.)	1 3							
	tion Dividios (mis decidar Broquests information about policies not required by the internal nevertice dedect)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100							
	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 filling the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114							
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	123							
Ĭ	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
 15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		Х					
b	Other officers or key employees of the organization	15b		Х					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	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								
			200						

Form **990** (2017)

Form 990 (2017) 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

V

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 n (A)	(B)		(C) Position		(D)	(E)	(F)			
Name and Title	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GLENNON DOYLE PRESIDENT/CHAIR	8.00	x		x				0.	0.	0
(2) AMANDA DOYLE (SEE SCHEDULE O)	20.00									
VICE PRESIDENT/GENERAL COUNSEL	28.00	Х		Х				24,000.	0.	0
(3) ALLISON SCHOTT (SEE SCHEDULE O) TREASURER/CHIEF ARTISTIC OFFICER		х		x				40,000.	0.	0
(4) ELIZABETH BOOK (SEE SCHEDULE O) SECRETARY/CHIEF OUTREACH OFFICER	24.00	Х		х				32,000.	0.	0
331								32,0000		
										Form 990 (201

Form **990** (2017)

Part VII Section A. Officers, Directors, T	rustees, Key Em	mployees, and Highest Comp					st C	Compensated Employe	es (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average hours per week (list any	box, to	Position (do not check more than box, unless person is bo officer and a director/trus			than is bot	h an	Reportable compensation from the	Reportable compensation from related		am	timate ount o other	of
	hours for related organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga	oensatom the anization I relate	e on
	below line)	Individua	Institutio	Officer	Key employee	Highest c employee	Former				orga	nizatio	ns
		\mathbb{H}											
		\prod											
		\Box											
		\prod											
		\coprod											
		\coprod											
1b Sub-total		<u></u>						96,000.		0.			0.
c Total from continuation sheets to Par d Total (add lines 1b and 1c)	t VII, Section A							96,000.		0.			0.
Total number of individuals (including by compensation from the organization	ut not limited to th								0,000 of reportabl	e	l		(
Did the organization list any former office		ustee	. ke	v en	olan	ovee.	. or	highest compensated e	mplovee on			Yes	No
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the	or such individual				· 						3		X
and related organizations greater than \$Did any person listed on line 1a receive	3150,000? <i>If</i> "Yes,	," con	nple	ete S	Sche	edule	e J f	for such individual			4		X
rendered to the organization? If "Yes," of Section B. Independent Contractors	omplete Schedu	e J fo	or su	ıch p	pers	son .		<u></u>			5		Х
Complete this table for your five highest the organization. Report compensation		-								pens	ation f	rom	
(A) Name and busing	ess address	NO	NE	3				(B) Description of s	ervices	C	(C Comper) isatior	1
							-						
							\dashv						
							\dashv						
2 Total number of independent contractor		not lim	nited	d to	tho:	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation from the org	ariization 📂										Form 9	90 (2	2017

732008 11-28-17

Form 990 (2017) TOGETHE:
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
S S	4 -	Fadayatad aayaa aiyaa	40			Toveride	10101140	312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
윤일		Membership dues						
Ţ,ţ		Fundraising events						
₽ĕ	d	Related organizations	1d					
ii,	е	Government grants (contributi	ions) 1e					
후	f	All other contributions, gifts, grant						
를		similar amounts not included abov	/e 1f 1 ,	989,211.				
d d	g	Noncash contributions included in lines	1a-1f: \$					
a C		Total. Add lines 1a-1f			1,989,211.			
				Business Code				
a	2 a			545111000 0040				
Š	_		-					
Ser	b	•						
E S	C			-				
Re	d							
Program Service Revenue	е							
-		All other program service reve						
\blacksquare	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>				
	4	Income from investment of tax	cexempt bond p	proceeds				
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	V					
	h	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	1				
	/ a		(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		<u> </u>				
		Net gain or (loss)		<u></u>				
ne	8 a	Gross income from fundraising	g events (not					
		including \$	of					
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	а					
Ĕ	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	raising events					
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	L							
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales						
ł		Miscellaneous Revenue	3	Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			4 000 511	_		
	12	Total revenue. See instructions.			1,989,211.	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. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,574,047. 1,574,047. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 413,903. 413,903. Grants and other assistance to foreign organizations, foreign governments, and foreign 217,200. 217,200. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 96,000. 96,000. 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 4,610. 4,610. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 6,000 6,000. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 926. 926. Office expenses 13 50. 50. 14 Information technology Royalties 15 16 Occupancy 2,152. 2,152. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,270. 2,270. Conferences, conventions, and meetings 19 Interest 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 BANK FEES 91,411. 80,323. 11,088. С All other expenses 2,408,569. 2,205,150. 192,331. 11,088. 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.

Form **990** (2017)

if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,104,419.	1	685,061.
	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 former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţs		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	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 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 1 1 0 1 1 1 0	15	605 061
	16	Total assets. Add lines 1 through 15 (must equal line 34)			685,061.
	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 Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.		-00	
<u>Fi</u>	22	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	•	24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ű		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,104,419.	27	685,061.
ala	28	Temporarily restricted net assets		28	-
ф	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here			
Þ		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
\ss(31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,104,419.	33	685,061.
	34	Total liabilities and net assets/fund balances	1 1 1 1 1 1 1 1 1	34	685,061.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3	1,989 2,408 -419 1,104	9,2 3,5	69. 58.			
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	68!	5,0	61.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Щ			
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.		Yes	No X			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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			
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
3а	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		3a	-+	X			
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ii c u auuit	3b					
	or additio, oxplain with in conteduc o and describe any steps taken to undergo such addits		Form	990 (2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TOGETHER RISING 45-5362738 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	308,030.	269,729.	2,314,235.	3,785,679.	1,989,211.	8,666,884.				
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.	3,785,679.	1,989,211.	8,666,884.				
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.						8,666,884.				
Sec	Section B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
7	Amounts from line 4	308,030.	269,729.	2,314,235.	3,785,679.	1,989,211.	8,666,884.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						8,666,884.				
12	Gross receipts from related activities,	•				12					
13	First five years. If the Form 990 is for	-	s first, second, third	l, fourth, or fifth tax	k year as a section	n 501(c)(3)	. \Box				
800	organization, check this box and stor		roontogo				<u></u>				
	etion C. Computation of Publ			. (0)		1	L00.00 %				
	Public support percentage for 2017 (
15	Public support percentage from 2016					15	<u>%</u>				
Iba	33 1/3% support test - 2017. If the content have The experience qualifies	•		•		•	x and ▶ X				
h	stop here. The organization qualifies33 1/3% support test - 2016. If the organization										
	and stop here. The organization qual						▶ □				
172	10% -facts-and-circumstances tes						or more				
174	and if the organization meets the "fac	-									
	meets the "facts-and-circumstances"		•	-	•	•					
h	10% -facts-and-circumstances tes										
J	more, and if the organization meets the	-					570 OI				
	organization meets the "facts-and-circ		•								
18	Private foundation. If the organization										
		ala not oncon a	~ o io, ioa	, ,	2.100K ti 110 DOX ti						

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Pub	olic Support	siow, picade com	piete i urt ii.j				
	cal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, o	· · · · · · · · · · · · · · · · · · ·	. ,	` ` `	` ` `	<u> </u>	` '	``
. •	ees received. (Do not						
•	nusual grants.")						
2 Gross receipts merchandise s formed, or faci any activity the	s from admissions, sold or services per- ilities furnished in at is related to the tax-exempt purpose						
-	from activities that						
•	elated trade or bus-						
	levied for the organ-						
	fit and either paid to						
•							
furnished by a	ervices or facilities governmental unit to						
	on without charge						
	es 1 through 5						
	nded on lines 1, 2, and maisqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the for the year						
c Add lines 7a a	nd 7b						
	rt. (Subtract line 7c from line 6.)						
Section B. Tota	al Support						
Calendar year (or fise	cal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income dividends, pay securities loan	from interest, rments received on s, rents, royalties, om similar sources						
b Unrelated busine	ess taxable income						
(less section 51 acquired after Ju	1 taxes) from businesses une 30, 1975						
11 Net income fro activities not in whether or not	and 10bom unrelated business ncluded in line 10b, the business is						
or loss from th	Do not include gain le sale of capital n in Part VI.)						
	Add lines 9, 10c, 11, and 12.)						
14 First five year	s. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	and stop here						>
Section C. Cor	nputation of Publi	c Support Pe	rcentage				
15 Public support	t percentage for 2017 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
	t percentage from 2016					16	%
Section D. Cor	nputation of Inves	tment Incom	e Percentage				
17 Investment inc	come percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment inc	come percentage from 2	.016 Schedule A,	Part III, line 17			18	%
	ort tests - 2017. If the					33 1/3%, and line	17 is not
	1/3%, check this box ar						
b 33 1/3% supp	port tests - 2016. If the more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	ation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 12a or 12b 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.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
3	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		4		
•	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,	_		
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			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 ins	tructions	<u>s).</u>	
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	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		
Sect	ion 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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-functiona	lly integrate	ed Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

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.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

ГО	GETHER RISING	;			45-536273	8
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "	es" on
	Form 990, Part IV					
1				ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
3		he following Part	I. line 3 table ca	an be duplicated if additional space is r	needed.)	
	(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices in the region	contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service, describe specific type of service(s) in the region	expenditures for and investments
			in the region	, ,	, ,	in the region
				GRANTS TO RECIPIENTS		
UR	OPE	0	0	LOCATED IN REGION		217,200.
						,
2 -	Sub-total	0	0			217,200.
	Total from continuation					211,200.
J	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	0	0			217,200.

732071 10-06-17

Schedule F (Form 990) 2017

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

Part II	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) 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			HELP REFUGEES UK - DONATION FOR FOOD, SUPPLIES, DIAPERS, SERVICES	207.000	WIRE TRANSFER	0		
		EUROPE	SERVICES	207,000.	WIRE TRANSFER	0.		
by the IRS, or for which	ch the grantee or cou	insel has provided a sec	recognized as charities by the ction 501(c)(3) equivalency lette	er		> ,		<u> </u>

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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance HONY FUNDS RAISED FOR DAILY EUROPE 10,200.WIRE TRANSFER LIVING EXPENSES 1 0.

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; don't 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

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. See instructions.

PART I, LINE 2:
TOGETHER RISING HAS A VETTING PROCESS IN PLACE TO MONITOR THE USE OF
GRANT FUNDS. WHEN A REQUEST IS RECEIVED, WE SEND AN APPLICATION TO THE
POTENTIAL BENEFICIARY, ASKING IT A SERIES OF QUESTIONS THAT ENABLES US TO
VERIFY ITS IDENTITY AND TO ASSIST IN VALIDATING THE NEED. THIS INCLUDES,
BUT IS NOT LIMITED TO, CONTACT INFORMATION AND ADDRESS, REFERENCES,
DOCUMENTATION SUBSTANTIATING THE NEED, AND A BRIEF SUMMARY OF THE
SITUATION. WE THEN CONDUCT DUE DILIGENCE ON THE POTENTIAL BENEFICIARY
USING INTERNET RESOURCES (E.G., FACEBOOK, LINKEDIN, ZILLOW) TO
SUBSTANTIATE THE 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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TOGETHER RISING 45-5362738 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) THE PREEMPTIVE LOVE COALITION HUMANITARIAN AID RELATING 1300 DARBYTON DR HEWITT, TX 76643 26-2450109 501(C)(3) 0 TO REFUGEE CRISIS. 485,000 DONATION FOR TRANSITIONAL HOME PURCHASE FOR WOMEN HOPE ON HAVEN HILL WITH CHILDREN IN RECOVERY PO BOX 1272 ROCHESTER, NH 03867 47-4623824 501(C)(3) FROM OPIOID ADDICTION. 175,000 0 INTERSECTION OF CHANGE INC. FUNDING FOR COUNSELOR PROGRAM DIRECTOR, ALUMNI (MARTHA'S PLACE) - 1947 PENNSYLVANIA AVE. - BALTIMORE, MD COORDINATOR, AND REPAIRS 21217 52-2002294 501(C)(3) 175,000 0 FOR MARTHA'S PLACE - A DONATION IN SUPPORT OF POSITIVE COACHING ALLIANCE THE POSITIVE COACHING 1001 N. RENGSTORFF AVE. SUITE 100 ALLTANCE MID-ATLANTIC CHAPTER MOUNTAIN VIEW, CA 94043 77-0485946 501(C)(3) 20 000 0 DONATION FOR SUPPLIES. TRAINING, AND EQUIPMENT LOS ANGELES COUNTY ANIMAL CARE FOUNDATION - PO BOX 100515 -FOR EMERGENCY PROGRAMS TO 95-3909782 501(C)(3) RESCUE ANIMALS DURING SO. PASADENA, CA 91189 15,000 0 HUMANITARIAN AID AND DIRECT RELIEF MEDICAL KITS RELATING TO 27 S. LA PATERA LANE HURRICANE DAMAGE IN TEXAS GOLETA, CA 93117 95-1831116 501(C)(3) 557 770. 0 AND PUERTO RICO.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
 Enter total number of other organizations listed in the line 1 table

0

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

Part II Continuation of Grants and Other	er Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							DONATION FOR FOOD
HOUSTON FOOD BANK							DISTRIBUTION DURING
535 PORTWALL STREET							HURRICANE HARVEY IN
HOUSTON, TX 77029	74-2181456	501(C)(3)	20,000.	0.			TEXAS.
							DONATION FOR DIAPERS,
TEXAS DIAPER BANK							WIPES, AND HYGIENE KITS
5415 BANDERA RD. SUITE 504							FOR DISTRIBUTION DURING
SAN ANTONIO, TX 78238	74-2886380	501(C)(3)	100,000.	0.			HURRICANE HARVEY IN
							DONATION FOR MENSTRUAL
HAPPYPERIOD							HYGIENE KITS FOR
829 W. PALMDALE BLVD SUITE 35							DISTRIBUTION IN EMERGENCY
PALMDALE, CA 93551	47-4333055	501(C)(3)	20,000.	0.			SHELTERS DURING HURRICANE
							Calaadula I (Farma 000)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					PROVISION OF GOODS INCLUDING
					BUT NOT LIMITED TO FLOOR
UMANITARIAN GRANTS TO ASSIST IN DAILY LIVING					REPAIRS, BOOKS, CLOTHING,
EEDS	192	403,304.	10,599.	FMV	TOYS, BABY BLANKETS, AND

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. WHEN A REQUEST IS RECEIVED, WE SEND AN APPLICATION TO THE POTENTIAL

BENEFICIARY, ASKING IT A SERIES OF QUESTIONS THAT ENABLES US TO VERIFY ITS

IDENTITY AND TO ASSIST IN VALIDATING THE NEED. THIS INCLUDES, BUT IS NOT

LIMITED TO, CONTACT INFORMATION AND ADDRESS, REFERENCES, DOCUMENTATION

SUBSTANTIATING THE NEED, AND A BRIEF SUMMARY OF THE SITUATION. WE THEN

CONDUCT DUE DILIGENCE ON THE POTENTIAL BENEFICIARY USING INTERNET RESOURCES

(E.G., FACEBOOK, LINKEDIN, ZILLOW) TO SUBSTANTIATE THE CLAIMS AND REVIEW

Part IV | Supplemental Information

ANY DOCUMENTATION PROVIDED BY THE BENEFICIARY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

INTERSECTION OF CHANGE INC. (MARTHA'S PLACE)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR COUNSELOR, PROGRAM

DIRECTOR, ALUMNI COORDINATOR, AND REPAIRS FOR MARTHA'S PLACE - A

LONG-TERM RECOVERY HOME.

NAME OF ORGANIZATION OR GOVERNMENT:

LOS ANGELES COUNTY ANIMAL CARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR SUPPLIES, TRAINING, AND EQUIPMENT FOR EMERGENCY PROGRAMS TO RESCUE ANIMALS DURING SO. CALIFORNIA WILDFIRES.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS DIAPER BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR DIAPERS, WIPES, AND HYGIENE KITS FOR DISTRIBUTION DURING HURRICANE HARVEY IN TEXAS.

NAME OF ORGANIZATION OR GOVERNMENT: HAPPYPERIOD

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR MENSTRUAL HYGIENE KITS
FOR DISTRIBUTION IN EMERGENCY SHELTERS DURING HURRICANE HARVEY IN TEXAS.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: PROVISION OF GOODS INCLUDING BUT

NOT LIMITED TO FLOOR REPAIRS, BOOKS, CLOTHING, TOYS, BABY BLANKETS, AND

DIAPERS.

Schedule I (Form 990)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

TOGETHER RISING

SHELTER FOR REFUGEE FAMILIES IN EUROPE.

Employer identification number 45-5362738

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RISES, SHE RAISES HER PEOPLE UP WITH HER. OUR MISSION IS OUR NAME - TO GET HER RISING - AND WE EXIST TO HEAL THE WORLD, ONE "HER" AT A TIME.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CHARITY NO. 1099682). THE MONEY PROVIDED TO HELP REFUGEES WAS USED: -\$75,000 FOR DIAPERS AND FOOD FOR FAMILIES IN REFUGEE CAMPS IN GREECE DURING MAY 2017 CRISIS. -\$132,000 FOR MOST CRITICAL NEEDS THROUGHOUT THE YEAR INCLUDING FOOD, CHILDREN'S SERVICES, HYGIENE ITEMS, DIAPERS, FORMULA, CLOTHING, AND

THE BOARD ALSO APPROVED \$485,000 IN GRANTS TO PREEMPTIVE LOVE COALITION (EIN: 26-2450109), A US 501(C)(3) ORGANIZATION WORKING IN SYRIA AND IRAQ. PREEMPTIVE LOVE COALITION'S PROPOSAL FOR THESE GRANTS INCLUDED: -\$185,000 FOR FOOD SUPPLY INCLUDING EMERGENCY 4-WEEK FOOD PACKS FOR APPROXIMATELY 2,000 FAMILIES IN SYRIAN LOCATIONS MOST IN NEED AND IMMEDIATE FOOD FOR 25,000 PEOPLE PER DAY. -\$250,000 FOR EXPENSES RELATED TO SURGERIES FOR A 10-YEAR-OLD BOY BURNED BY ISIS MILITANTS AND TO PROVIDE REFUGE, FOOD, BLANKETS, SHELTER, RELOCATION, MEDICAL SUPPORT, AND JOB TRAINING FOR DISPLACED SYRIAN FAMILIES. -\$50,000 FOR EMERGENCY HOLISTIC CARE (FOOD, WATER, SHELTER, MEDICATION, AND ITEMS TO FULFILL BASIC DAILY NEEDS) FOR FAMILIES IN

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

IDLIB PROVINCE OF SYRIA AFTER CHEMICAL ATTACKS IN APRIL 2017.

Schedule O (Form 990 or 990-EZ) (2017)

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

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

OTHER PROGRAMS

EXPENSES \$ 480,380. INCLUDING GRANTS OF \$ 480,380. 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, AND ALLISON SCHOTT HAVE A BUSINESS

RELATIONSHIP.

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

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 OF 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 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:

TOGETHER RISING	45-5362738
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	QUEST.
FORM 990, SCHEDULE B:	
IN SOME INSTANCES, TOGETHER RISING RECEIVES DONATIONS ELE	CTRONICALLY
AND THE ADDRESSES ARE NOT PROVIDED. ACCORDINGLY, TOGETHER	R RISING'S
ADDRESS HAS BEEN LISTED FOR THESE DONORS ON SCHEDULE B.	