

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ 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

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TOGETHER RISING		D Employer identification number 45-5362738
	Doing business as		E Telephone number 571-643-1428
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2589 HOLLY MANOR DRIVE		G Gross receipts \$ 6,991,732.
	City or town, state or province, country, and ZIP or foreign postal code FALLS CHURCH, VA 22043		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: GLENNON DOYLE SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.TOGETHERRISING.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2012	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TOGETHER RISING EXISTS TO TURN OUR COLLECTIVE HEARTBREAK INTO EFFECTIVE ACTION.
	2 Check this box <input type="checkbox"/> 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) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0
	6 Total number of volunteers (estimate if necessary) 19
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 0.
7 b Net unrelated business taxable income from Form 990-T, line 38 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,989,211.
	9 Program service revenue (Part VIII, line 2g) 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,989,211.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,205,150.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 96,000.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 44,307.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 107,419.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,408,569.
19 Revenue less expenses. Subtract line 18 from line 12 -419,358.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 685,061.
	21 Total liabilities (Part X, line 26) 0.
	22 Net assets or fund balances. Subtract line 21 from line 20 685,061.

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.

Sign Here	Signature of officer	Date			
	ELIZABETH BOOK, SEC./CHIEF OUTREACH OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature <i>Richard J. Locastro</i>	Date 10/24/2019	Check if self-employed <input type="checkbox"/>	PTIN P00288314
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008			
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TOGETHER RISING EXISTS TO TURN OUR COLLECTIVE HEARTBREAK INTO EFFECTIVE ACTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,236,368. including grants of \$ 4,236,368.) (Revenue \$) REUNIFICATION OF FAMILIES SEPARATED AT THE BORDER - 2018: \$4,236,368 TOTAL RAISED (\$1 MILLION RAISED IN THE FIRST 9 HOURS ON MAY 29, 2018) DURING AN EMERGENCY LOVE FLASH MOB TO PROVIDE ADVOCATES AND LEGAL REPRESENTATION FOR CHILDREN SEPARATED FROM THEIR FAMILIES AT THE BORDER.

THE BOARD VOTED TO APPROVE A TOTAL OF \$4,236,368 IN GRANTS:

\$487,000 TO FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT TO FUND THE WORK OF A TEAM OF FOUR LAWYERS AND THREE LEGAL ASSISTANTS, RESPONSIBLE FOR REPRESENTING EVERY CHILD IN THE ARIZONA DETAINMENT CENTER AND EVERY ONE OF THEIR PARENTS.

4b (Code:) (Expenses \$ 579,973. including grants of \$ 579,973.) (Revenue \$) SYRIAN AID LOVE FLASH MOB - APRIL 2018: OUR SECOND LARGEST PROGRAM WAS TO RAISE AND DISTRIBUTE MONEY FOR BESIEGED PEOPLE IN SYRIA IN RESPONSE TO CHEMICAL ATTACKS AND AIRSTRIKES. WE EXECUTED A 48-HOUR LOVE FLASH MOB CAMPAIGN ON APRIL 14-15, 2018 TO RAISE MONEY FOR EMERGENCY FOOD, HYGIENE KITS, AND MOBILE MEDICAL TEAMS.

THE BOARD APPROVED \$579,973.00 IN GRANTS TO PREEMPTIVE LOVE COALITION (EIN: 26-2450109), A US 501(C)(3) ORGANIZATION WORKING ON THE GROUND IN SYRIA. WE FUNDED 2 MOBILE MEDICAL TEAMS IN THE FIELD TO MAKE SURE LIFESAVING MEDICINE AND MEDICAL SUPPORT COULD REACH UP TO 20,000 PEOPLE EVERY SINGLE DAY FOR A MONTH, AS WELL AS FUNDING A FULLY-EQUIPPED

4c (Code:) (Expenses \$ 448,000. including grants of \$ 448,000.) (Revenue \$) ONE SPIRIT FOOD AND WOOD PROGRAM - NOVEMBER 2018: FOR OUR THIRD LARGEST PROGRAM, THE BOARD VOTED TO APPROVE A TOTAL OF \$448,000 IN GRANTS TO ONE SPIRIT (EIN: 26-3592983), A NON-PROFIT PRIMARILY RUN BY INDIGENOUS PEOPLE, FOR THE OGLALA LAKOTA PEOPLE LIVING ON THE PINE RIDGE RESERVATION IN SOUTH DAKOTA.

ON THIS 8TH-LARGEST RESERVATION IN THE US, THE OGLALA LAKOTA PEOPLE STRUGGLE TO SURVIVE EVERY WINTER. TEMPERATURES DROP TO 40 DEGREES BELOW ZERO. HEAT COMES FROM WOOD STOVES. THEY DO NOT HAVE ENOUGH FIREWOOD. TOGETHER RISING DONATED \$428,000 TO COVER ALL FIXED COSTS OF HEAT FOR 2018 AND 2019 - INCLUDING ALL WOOD AND EMPLOYMENT OF INDIGENOUS PEOPLE TO CUT, SPLIT, AND DISTRIBUTE THE WOOD FOR THE COMMUNITY, AS WELL AS A

4d Other program services (Describe in Schedule O.) (Expenses \$ 972,111. including grants of \$ 972,111.) (Revenue \$)

4e Total program service expenses 6,236,452.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Glennon Doyle, Amanda Doyle, Allison Schott, and Elizabeth Book.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							96,000.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							96,000.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,988,186.				
	g Noncash contributions included in lines 1a-1f: \$		103,956.				
	h Total. Add lines 1a-1f			6,988,186.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,546.			3,546.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			6,991,732.	0.	0.	3,546.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,906,815.	5,906,815.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	189,287.	189,287.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	140,350.	140,350.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	96,000.		96,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,050.		4,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,340.		12,340.	
12 Advertising and promotion				
13 Office expenses	2,931.		2,931.	
14 Information technology	1,383.		1,383.	
15 Royalties				
16 Occupancy				
17 Travel	1,310.		1,310.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	695.		695.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MERCHANT BANK FEES	152,460.		108,153.	44,307.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,507,621.	6,236,452.	226,862.	44,307.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	685,061.	1	811,670.
	2 Savings and temporary cash investments		2	253,314.
	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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	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	93,426.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		685,061.	16	1,158,410.
Liabilities	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	685,061.	27	1,158,410.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	685,061.	33	1,158,410.	
34 Total liabilities and net assets/fund balances	685,061.	34	1,158,410.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,991,732.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,507,621.
3	Revenue less expenses. Subtract line 2 from line 1	3	484,111.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	685,061.
5	Net unrealized gains (losses) on investments	5	-10,762.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,158,410.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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? _____ 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 Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

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

2018

Open to Public Inspection

Name of the organization

TOGETHER RISING

Employer identification number

45-5362738

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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)**.
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 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.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	269,729.	2,314,235.	3,785,679.	1,989,211.	6,988,186.	15,347,040.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	269,729.	2,314,235.	3,785,679.	1,989,211.	6,988,186.	15,347,040.
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.						15,347,040.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	269,729.	2,314,235.	3,785,679.	1,989,211.	6,988,186.	15,347,040.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					3,546.	3,546.
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						15,350,586.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	100.00 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section 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?		
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).		
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.		

Section 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 year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

TOGETHER RISING

Employer identification number

45-5362738

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		125,590.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		14,760.
3 a Subtotal	0	0			140,350.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			140,350.

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

Schedule F (Form 990) 2018

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)
		EUROPE	ONE HAPPY FAMILY - FOR FOOD AND MEDICAL CARE IN A REFUGEE CAMP IN LESVOS.	82,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HONY FUNDS RAISED FOR DAILY LIVING EXPENSES	EUROPE	1	43,590.	WIRE TRANSFER	0.		
TUITION PAYMENTS	SOUTH ASIA	2	14,760.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 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)* 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 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 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 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 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 No

Part V Supplemental Information

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

Multiple horizontal lines for additional text input.

**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

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** 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? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AL OTRO LADO P.O. BOX 32578 LOS ANGELES, CA 90032	47-2910078	501(C)(3)	785,000.	0.			FUNDING FOR LEGAL REPRESENTATION, SOCIAL SERVICES, REFERRAL SYSTEM, AND TRAVEL
ALL HANDS AND HEARTS 6 COUNTY ROAD, SUITE 6 MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	50,000.	0.			DONATION FOR CRITICAL EFFORTS IN THE AFTERMATH OF HURRICANE FLORENCE IN NORTH CAROLINA AND
BORDER ANGELS P.O. BOX 86598 SAN DIEGO, CA 92318	01-0777554	501(C)(3)	25,000.	0.			DONATION FOR EMERGENCY MEDICAL SUPPORT AND FOOD FOR FAMILIES WAITING AT THE BORDER TO MAKE THEIR
BRAWS (BRINGING RESOURCES TO AID WOMENS SHELTERS) - 112 COURTHOUSE RD SW - VIENNA, VA 22180	47-3961191	501(C)(3)	5,000.	0.			FUNDING FOR THE PURCHASE AND DISTRIBUTION OF UNDERWEAR, TAMPONS, AND BRAS AT HOMELESS SHELTERS
CASA DE MISERICORDIA P.O. BOX 9184 LAREDO, TX 78042	74-2912461	501(C)(3)	10,000.	0.			DONATION IN SUPPORT OF CASA DE MISERICORDIA, A SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE.
DIRECT RELIEF 27 S. LA PATERA LANE GOLETA, CA 93117	95-1831116	501(C)(3)	90,000.	0.			HUMANITARIAN AID AND MEDICAL KITS RELATING TO WILDFIRES IN SOUTHERN CALIFORNIA AND HURRICANE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **25.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FIRRP (FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT) - P.O. BOX 654 - FLORENCE, AZ 85132	86-0658103	501(C)(3)	487,000.	0.			FUNDING FOR LEGAL REPRESENTATION FOR SIXTY CHILDREN IN AN ARIZONA DETAINMENT CENTER AND
GLOW MAVEN LLC 379 WEST BROADWAY, 2ND FLOOR NEW YORK CITY, NY 10012	46-2882236	OTHER	17,725.	0.			DONATION FOR DOULA TRAINING PROGRAM.
HOMESTRETCH INC. 202 SOUTH MAPLE AVE., SUITE 400 FALLS CHURCH, VA 22046	54-1894391	501(C)(3)	10,000.	0.			DONATION IN SUPPORT OF HOMESTRETCH, PROVIDING HOUSING AND SERVICES FOR HOMELESS FAMILIES IN
IMMIGRANT DEFENDERS LAW CENTER 634 S SPRING ST, 10TH FLOOR LOS ANGELES, CA 90014	47-4473312	501(C)(3)	836,980.	0.			FUNDING FOR LEGAL REPRESENTATION AND SOCIAL SERVICES FOR FAMILIES SEPARATED AT THE BORDER.
JAMAA BIRTH VILLAGE 8 CHURCH ST. FERGUSON, MO 63135	47-5592021	501(C)(3)	135,000.	0.			FUNDING FOR BUILD-OUT OF NEW FACILITY FOR MIDWIFERY FREE CLINIC IN MISSOURI.
JUSTICE IN MOTION 789 WASHINGTON AVENUE BROOKLYN, NY 11238	72-1597864	501(C)(3)	305,000.	0.			FUNDING TO LOCATE PARENTS DEPORTED WITHOUT THEIR CHILDREN, TO ADVOCATE FOR THEIR REUNIFICATION, AND
KIND INC. (KIDS IN NEED OF DEFENSE) - 1201 L ST. NW, FLOOR 2 - WASHINGTON, DC 20005	26-2763038	501(C)(3)	333,600.	0.			FUNDING FOR LEGAL REPRESENTATION AND SOCIAL SERVICES FOR FAMILIES SEPARATED AT THE BORDER.
MARTHA'S PLACE 1947 PENNSYLVANIA AVE. BALTIMORE, MD 21217	52-2002294	501(C)(3)	50,000.	0.			FUNDING FOR A NEW SECURITY SYSTEM AND REPLACEMENT OF FURNISHINGS FOR MARTHA'S
N.E.W.S. WORTHY NETWORK, INC. 1029 58TH ST ALTOONA, PA 16601	81-2720347	501(C)(3)	19,750.	0.			DONATION FOR ROOF AND SIDING REPAIRS FOR A TRANSITION HOME FOR WOMEN RECOVERING FROM DRUG AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVENUE, SUITE 400 SEATTLE, WA 98104	91-1393082	501(C)(3)	309,000.	0.			DONATION TO PROVIDE BOND FUNDS FOR ALL IMMIGRANT PARENTS AND GUARDIANS IN DETENTION IN WASHINGTON
ONE SIMPLE WISH 1977 NORTH OLDEN AVE, #292 TRENTON, NJ 08618	26-3128590	501(C)(3)	20,000.	0.			DONATION TO FULFILL THE HOLIDAY WISHES OF NINETY-SEVEN CHILDREN IMPACTED BY FOSTER CARE,
ONE SPIRIT P.O. BOX 3209 RAPID CITY, SD 57709	26-3592983	501(C)(3)	448,000.	0.			DONATION FOR FOOD AND WOOD PROGRAMS FOR THE OGLALA LAKOTA PEOPLE LIVING ON THE PINE RIDGE
PREEMPTIVE LOVE COALITION 1300 DARBYTON DR HEWITT, TX 76643	26-2450109	501(C)(3)	604,972.	0.			HUMANITARIAN AID RELATING TO SYRIAN REFUGEE CRISIS.
RAICES (REFUGEE AND IMMIGRANT CENTER FOR EDUCATION AND LEGAL SERVICES) - 1305 N. FLORES ST. - SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	344,788.	0.			FUNDING FOR LEGAL REPRESENTATION AND SOCIAL SERVICES FOR FAMILIES SEPARATED AT THE BORDER.
ROCHESTER INTERNATIONAL ACADEMY 1 EDGERTON PARK ROCHESTER, NY 14608	16-6002010	OTHER	60,000.	0.			DONATION FOR SCHOOL UNIFORMS AND MUSICAL INSTRUMENTS FOR NEWLY ARRIVED REFUGEE STUDENTS
SAFE PASSAGE PROJECT 185 W BROADWAY NEW YORK, NY 10013	46-2946211	501(C)(3)	250,000.	0.			FUNDING FOR LEGAL REPRESENTATION FOR UNREPRESENTED CHILDREN FACING DEPORTATION.
SBCC FOUNDATION 721 CLIFF DRIVE SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	25,000.	0.			DONATION IN SUPPORT OF A FAMILY IMPACTED BY THE THOMAS FLOOD MUDSLIDES FOR IMMEDIATE NEEDS AND
SECOND STORY P.O. BOX 694 LORING, VA 22027	54-0899463	501(C)(3)	50,000.	0.			FUNDING FOR A COMMUNITY TEEN CENTER SUPPORTING KIDS AT RISK OF GANG VIOLENCE, OFFERING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SHASTA REGIONAL COMMUNITY FOUNDATION - 13358 ARBORETUM DRIVE - REDDING, CA 96003	68-0242276	501(C)(3)	50,000.	0.			DONATION IN SUPPORT OF SHORT AND LONG-TERM RELIEF IN THE AFTERMATH OF THE CARR FIRES IN
TEXAS CIVIL RIGHTS PROJECT 1405 MONTOPOLIS DRIVE AUSTIN, TX 78741	74-1995879	501(C)(3)	270,000.	0.			FUNDING FOR LEGAL REPRESENTATION, PRIVATE INVESTIGATORS, BI-LINGUAL TRANSLATORS, AND TRAVEL
YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS - 6020 S UNIVERSITY AVE. - CHICAGO, TX 60637	26-1839249	501(C)(3)	315,000.	0.			FUNDING FOR LEGAL REPRESENTATION AND SOCIAL SERVICES FOR FAMILIES SEPARATED AT THE BORDER.

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
HUMANITARIAN GRANTS TO ASSIST IN DAILY LIVING NEEDS	225	172,533.	16,754.	FMV	PROVISION OF GOODS INCLUDING BUT NOT LIMITED TO CLOTHING, GROCERIES, CAR REPAIRS, TOYS, ALERT MONITORS, AIR PURIFIERS,

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

PART I, LINE 2:

TOGETHER RISING HAS A VETTING PROCESS IN PLACE TO MONITOR THE USE OF GRANT FUNDS IN THE UNITED STATES. INDIVIDUALS SUBMIT AN APPLICATION FOR ASSISTANCE, AND COMPLETE A SERIES OF QUESTIONS THAT ENABLE US TO VERIFY THEIR IDENTITY AND TO ASSIST IN VALIDATING THE NEED. THIS INCLUDES, BUT IS NOT LIMITED TO, THEIR CONTACT INFORMATION AND ADDRESS, REFERENCES, DOCUMENTATION SUBSTANTIATING THEIR NEED, AND A BRIEF SUMMARY OF THE SITUATION. WE THEN CONDUCT DUE DILIGENCE ON THE POTENTIAL BENEFICIARIES USING INTERNET RESOURCES (E.G., FACEBOOK, LINKEDIN, ZILLOW) TO SUBSTANTIATE

Part IV Supplemental Information

THEIR CLAIMS, AND REVIEW ANY DOCUMENTATION PROVIDED BY THE POTENTIAL BENEFICIARY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AL OTRO LADO

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR LEGAL REPRESENTATION, SOCIAL SERVICES, REFERRAL SYSTEM, AND TRAVEL EXPENSES FOR FAMILIES SEPARATED AT THE BORDER.

NAME OF ORGANIZATION OR GOVERNMENT: ALL HANDS AND HEARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR CRITICAL EFFORTS IN THE AFTERMATH OF HURRICANE FLORENCE IN NORTH CAROLINA AND HURRICANE MICHAEL IN FLORIDA.

NAME OF ORGANIZATION OR GOVERNMENT: BORDER ANGELS

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR EMERGENCY MEDICAL SUPPORT AND FOOD FOR FAMILIES WAITING AT THE BORDER TO MAKE THEIR US ASYLUM PETITIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

BRAWS (BRINGING RESOURCES TO AID WOMENS SHELTERS)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR THE PURCHASE AND DISTRIBUTION OF UNDERWEAR, TAMPONS, AND BRAS AT HOMELESS SHELTERS FOR WOMEN AND GIRLS.

NAME OF ORGANIZATION OR GOVERNMENT: DIRECT RELIEF

(H) PURPOSE OF GRANT OR ASSISTANCE: HUMANITARIAN AID AND MEDICAL KITS RELATING TO WILDFIRES IN SOUTHERN CALIFORNIA AND HURRICANE DAMAGE IN

Part IV Supplemental Information

PUERTO RICO.

NAME OF ORGANIZATION OR GOVERNMENT:

FIRRP (FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR LEGAL REPRESENTATION FOR SIXTY CHILDREN IN AN ARIZONA DETAINMENT CENTER AND THEIR FAMILIES SEPARATED AT THE BORDER.

NAME OF ORGANIZATION OR GOVERNMENT: HOMESTRETCH INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION IN SUPPORT OF HOMESTRETCH, PROVIDING HOUSING AND SERVICES FOR HOMELESS FAMILIES IN VIRGINIA.

NAME OF ORGANIZATION OR GOVERNMENT: JUSTICE IN MOTION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO LOCATE PARENTS DEPORTED WITHOUT THEIR CHILDREN, TO ADVOCATE FOR THEIR REUNIFICATION, AND TO HANDLE THE LOGISTICS OF BRINGING FAMILIES BACK TOGETHER.

NAME OF ORGANIZATION OR GOVERNMENT: MARTHA'S PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR A NEW SECURITY SYSTEM AND REPLACEMENT OF FURNISHINGS FOR MARTHA'S PLACE - A LONG-TERM RECOVERY HOME.

NAME OF ORGANIZATION OR GOVERNMENT: N.E.W.S. WORTHY NETWORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR ROOF AND SIDING REPAIRS FOR A TRANSITION HOME FOR WOMEN RECOVERING FROM DRUG AND ALCOHOL ADDICTION IN PENNSYLVANIA.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWEST IMMIGRANT RIGHTS PROJECT

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION TO PROVIDE BOND FUNDS FOR ALL IMMIGRANT PARENTS AND GUARDIANS IN DETENTION IN WASHINGTON STATE.

NAME OF ORGANIZATION OR GOVERNMENT: ONE SIMPLE WISH

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION TO FULFILL THE HOLIDAY WISHES OF NINETY-SEVEN CHILDREN IMPACTED BY FOSTER CARE, ABUSE AND NEGLECT.

NAME OF ORGANIZATION OR GOVERNMENT: ONE SPIRIT

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR FOOD AND WOOD PROGRAMS FOR THE OGLALA LAKOTA PEOPLE LIVING ON THE PINE RIDGE RESERVATION IN SOUTH DAKOTA.

NAME OF ORGANIZATION OR GOVERNMENT: ROCHESTER INTERNATIONAL ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR SCHOOL UNIFORMS AND MUSICAL INSTRUMENTS FOR NEWLY ARRIVED REFUGEE STUDENTS IN NEW YORK.

NAME OF ORGANIZATION OR GOVERNMENT: SBCC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION IN SUPPORT OF A FAMILY IMPACTED BY THE THOMAS FLOOD MUDSLIDES FOR IMMEDIATE NEEDS AND REPLACEMENT OF BELONGINGS.

NAME OF ORGANIZATION OR GOVERNMENT: SECOND STORY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR A COMMUNITY TEEN CENTER SUPPORTING KIDS AT RISK OF GANG VIOLENCE, OFFERING SAFETY, MEALS, CLOTHING, EDUCATIONAL SUPPORT, AND HELP ACCESSING MEDICAL CARE.

NAME OF ORGANIZATION OR GOVERNMENT: SHASTA REGIONAL COMMUNITY FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION IN SUPPORT OF SHORT AND LONG-TERM RELIEF IN THE AFTERMATH OF THE CARR FIRES IN CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS CIVIL RIGHTS PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR LEGAL REPRESENTATION, PRIVATE INVESTIGATORS, BI-LINGUAL TRANSLATORS, AND TRAVEL EXPENSES FOR FAMILIES SEPARATED AT THE BORDER.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: PROVISION OF GOODS INCLUDING BUT NOT LIMITED TO CLOTHING, GROCERIES, CAR REPAIRS, TOYS, ALERT MONITORS, AIR PURIFIERS, AND CARPET INSTALLATION.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AMANDA DOYLE	BOARD MEMBERS AMAND	24,000.	AMANDA DOYL		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AMANDA DOYLE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBERS AMANDA DOYLE AND GLENNON DOYLE HAVE A FAMILY RELATIONSHIP.

(D) DESCRIPTION OF TRANSACTION: AMANDA DOYLE RECEIVED COMPENSATION FROM TOGETHER RISING FOR SERVICES PERFORMED DURING THE YEAR. THIS COMPENSATION IS REFLECTED ON FORM 990, PART VII, SECTION A.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	103,956	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

TOGETHER RISING

Employer identification number

45-5362738

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

\$315,000 TO YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS TO COVER THE COSTS OF A LAWYER AND SOCIAL WORKER OPERATING AROUND THE COUNTRY AND ON THE BORDER TO PROVIDE ADVOCACY TO UNACCOMPANIED, DETAINED CHILDREN.

\$250,000 TO SAFE PASSAGE TO PROVIDE A LAWYER AND PART TIME PARALEGAL FOR A LEGAL ADVOCACY ORGANIZATION FOR UNREPRESENTED CHILDREN FACING DEPORTATION.

\$200,000 TO KIDS IN NEED OF DEFENSE (KIND) TO FUND A NEW STAFF LAWYER EXPERT IN CHILD PROTECTION LAW TO SUPPORT THE PRO BONO LAWYERS, A NEW SOCIAL SERVICES COORDINATOR, AND 33 PRO BONO TRAINING PRESENTATIONS TO TRAIN MORE VOLUNTEER ATTORNEYS TO REPRESENT CHILDREN.

\$344,788 TO REFUGEE AND IMMIGRANT CENTER FOR EDUCATION AND LEGAL SERVICES (RAICES) TO PROVIDE FAMILY REUNIFICATION FOR 2,000 FAMILIES BY FUNDING A NEW FAMILY REUNIFICATION SUPERVISING ATTORNEY, FAMILY REUNIFICATION STAFF ATTORNEY, AND FAMILY REUNIFICATION LEGAL ASSISTANT. TO PAY FOR TWO CHILDREN'S STAFF ATTORNEYS TO PROVIDE FULL LEGAL REPRESENTATION FOR 100 UNACCOMPANIED CHILDREN WHO HAD BEEN RELEASED FROM DETENTION.

\$500,000 TO AL OTRO LADO TO DEVELOP A SCREENING AND REFERRAL SYSTEM THROUGHOUT HONDURAS, GUATEMALA, AND EL SALVADOR TO IDENTIFY PARENTS WHO HAVE BEEN DEPORTED WITHOUT THEIR CHILDREN AND TO REFER THEM TO

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

Schedule O (Form 990 or 990-EZ) (2018)

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ATTORNEYS TO WORK ON REUNIFICATION AND REPRESENTATION OF THE CHILD IN THE U.S. TO HIRE TWO ATTORNEYS AND TWO PARALEGALS TO HELP WITH REUNIFICATION AND TO REPRESENT FAMILIES WHO HAVE BEEN SEPARATED. TO HIRE A STAFF MEMBER TO WORK WITH SEPARATED FAMILIES IN LOS ANGELES TO COORDINATE MENTAL HEALTH, MEDICAL, AND OTHER SOCIAL SERVICES REQUIRED BY PARENTS AND CHILDREN AS A RESULT OF THE TRAUMA OF SEPARATION.

\$309,000 TO NORTHWEST IMMIGRANT RIGHTS PROJECT TO PROVIDE BOND FUNDS FOR ALL IMMIGRANT PARENTS AND GUARDIANS IN DETENTION IN WASHINGTON STATE WHOSE CHILDREN WERE TAKEN FROM THEM AT THE BORDER.

\$500,000 TO IMMIGRANT DEFENDERS LAW CENTER TO REPRESENT ALL SEPARATED PARENTS FROM SOUTHERN CALIFORNIA LOCAL DETENTION FACILITIES AND TO FACILITATE REUNIFICATION WITH THEIR CHILDREN. TO LOCATE AND PROVIDE REPRESENTATION TO THE PARENTS OF THE NEARLY 70 SEPARATED CHILDREN WHO ARE ALREADY THEIR CLIENTS. TO PROVIDE SOCIAL SERVICES AND RESOURCES TO REUNITED FAMILIES REQUIRED AS A RESULT OF THE TRAUMA OF SEPARATION.

\$270,000 TO TEXAS CIVIL RIGHTS PROJECT TO HIRE A SIX-MONTH VISITING ATTORNEY AND A NEW MID-LEVEL ATTORNEY, AS WELL AS FUND A PROGRAM DIRECTOR AND PARALEGAL POSITION TO ADVOCATE AND REUNIFY SEPARATED FAMILIES. TO FUND THE COSTS OF BILINGUAL PRIVATE INVESTIGATORS, TRANSLATORS, AND TRAVEL REQUIRED IN CONNECTION WITH THE ADVOCACY AND REUNIFICATION EFFORTS.

\$133,600 TO KIND TO HIRE A FULL-TIME ATTORNEY, A CASE MANAGEMENT PROFESSIONAL, AND A SOCIAL WORKER TO HELP REUNITED FAMILIES CONNECT WITH MENTAL HEALTH, MEDICAL, HOUSING AND OTHER RESOURCES - AS WELL AS

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TRAUMA RECOVERY SERVICES.

\$285,000 TO AL OTRO LADO TO HIRE A FULL-TIME DIRECTOR OF FAMILY REUNIFICATION AND A PARALEGAL. FOR TRAVEL EXPENSES FOR PARENTS WHO NEED TO TRAVEL BACK TO THE US TO PICK UP A DETAINED CHILD. FOR MENTAL HEALTH COSTS AND REINTEGRATION SERVICES FOR REUNIFIED FAMILIES. FOR INDIGENOUS LANGUAGE INTERPRETERS TO COMMUNICATE WITH DEPORTED PARENTS AND DETAINED CHILDREN AND TO SPEED UP REUNIFICATION WITH THEIR CHILDREN.

\$336,980 TO IMMIGRANT DEFENDERS LAW CENTER FOR THE FAMILY UNITY PROJECT TO HIRE AN ADDITIONAL FULL-TIME STAFF ATTORNEY FOR TWO YEARS TO MAXIMIZE ATTORNEY TIME FOCUSED ON DETAINED PARENTS WHO UNKNOWINGLY SIGNED AWAY THEIR RIGHTS TO BE REUNIFIED WITH THEIR CHILDREN AND A FULL-TIME PROGRAM ASSOCIATE TO ASSIST WITH COMMUNITY DEFENSE EFFORTS.

\$305,000 TO JUSTICE IN MOTION TO LOCATE PARENTS DEPORTED WITHOUT THEIR CHILDREN, ADVOCATE FOR THEIR REUNIFICATION WISHES, AND HANDLE THE LEGALITIES & LOGISTICS OF BRINGING FAMILIES BACK TOGETHER, DOUBLING THE DEFENDER NETWORK - A GROUP OF 40 ORGANIZATIONS AND LAW FIRMS WORKING ACROSS CENTRAL AMERICA - TO LOCATE AND MAKE INITIAL CONTACT WITH THE DEPORTED PARENTS DEEMED BY THE ADMINISTRATION "INELIGIBLE" FOR REUNIFICATION WITH THEIR CHILDREN; TO OBTAIN SIGNATURES, DOCUMENTS, AND COORDINATE TRAVEL; AND TO CONNECT PARENTS TO U.S. LAWYERS TO FACILITATE REUNIFICATION.

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

MOBILE MEDICAL UNIT (A "HOSPITAINER"), AND A MEDICAL DISPENSARY. WE ALSO FUNDED HOT MEAL SERVICE EVERY DAY FOR A MONTH FROM AN EMERGENCY

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KITCHEN, FEEDING APPROXIMATELY 20,000 PEOPLE WHO FLED DOUMA AND EASTERN GHOUTA. WE FUNDED A SAFE AND PRIVATE SHOWER SPACE FOR WOMEN AND THE PURCHASE AND DISTRIBUTION OF SOAP, PADS, HYGIENE PRODUCTS, CLOTHING, UNDERWEAR, AND FORMULA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
STORAGE FACILITY TO MAINTAIN AND PROTECT WOOD RESERVES.

THE FUNDS WERE ALSO USED FOR FOOD PROGRAMS, INCLUDING ESTABLISHING AND FULLY STOCKING THREE NEW, STRATEGICALLY LOCATED FOOD CENTERS, TO BE MANAGED AND STAFFED BY INDIGENOUS PEOPLE. FUNDS WERE INVESTED IN THE GROWTH OF TRADITIONAL FOOD DIRECTLY ON THE RESERVATION AND TO DEVELOP THE CAPACITY OF THE BUFFALO HERD TO FEED.

TOGETHER RISING DONATED AN ADDITIONAL \$20,000 IN FUNDS (ALLOCATED TO THE SAME PURPOSES AS OUTLINED ABOVE), WHICH WERE RAISED DURING THANKSGIVING WEEKEND AFTER THE SOCIAL MEDIA ANNOUNCEMENT OF THE \$428,000 GRANT.

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

TOGETHER RISING FOR DISASTER RELIEF:

OUR FOURTH LARGEST PROGRAM WAS DISTRIBUTING CRITICAL ASSISTANCE FOR FAMILIES IMPACTED BY NATURAL DISASTERS. IN RESPONSE TO FLOODING IN SANTA BARBARA, THE BOARD VOTED TO APPROVE A \$25,000 GRANT TO SBCC FOUNDATION (EIN: 95-3234551) IN SUPPORT OF A FAMILY IMPACTED BY THE THOMAS FLOOD MUDSLIDES FOR IMMEDIATE NEEDS AND REPLACEMENT OF BELONGINGS. THE BOARD ALSO APPROVED \$50,000 IN GRANTS TO ALL HANDS AND HEARTS (EIN: 20-3414952) FOR CRITICAL EFFORTS IN THE AFTERMATH OF

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HURRICANE FLORENCE IN NORTH CAROLINA AND HURRICANE MICHAEL IN FLORIDA.

IN RESPONSE TO DEVASTATING CALIFORNIA WILDFIRES, THE BOARD APPROVED A \$50,000 GRANT TO SHASTA REGIONAL COMMUNITY FOUNDATION (EIN: 68-0242276) FOR SHORT AND LONG-TERM RELIEF FOLLOWING THE CARR FIRES IN NORTHERN CALIFORNIA AND \$70,000 TO DIRECT RELIEF (EIN: 95-1831116) FOR HUMANITARIAN AID AND MEDICAL KITS RELATING TO WILDFIRES IN SOUTHERN CALIFORNIA. ADDITIONALLY, ONE YEAR AFTER HURRICANE MARIA IN PUERTO RICO, THE BOARD GRANTED DIRECT RELIEF \$20,000 FOR CRITICAL HEALTH INTERVENTIONS INCLUDING: MOBILE MEDICAL UNITS, WRITING AND IMPLEMENTING EMERGENCY RESPONSE PLANS FOR HEALTH CENTERS, ENSURING MAINTENANCE OF VACCINATION PROGRAMS, AND EQUIPPING HEALTH CENTERS WITH RELIABLE COMMUNICATION DEVICES, SOLAR PANELS, AND BACK UP BATTERIES. EXPENSES \$ 238,000. INCLUDING GRANTS OF \$ 238,000. REVENUE \$ 0.

BLACK MATERNAL AND INFANT MORTALITY CRISIS SUPPORT:

OUR FIFTH LARGEST PROGRAM, IN RESPONSE TO THE BLACK MATERNAL MORTALITY CRISIS, WAS IN SUPPORT OF AFFORDABLE ACCESS TO MIDWIVES, DOULAS, AND CHILDBIRTH EDUCATION FOR AT-RISK WOMEN BEFORE, DURING, AND AFTER PREGNANCY. THE BOARD VOTED TO APPROVE A \$135,000 GRANT TO JAMAA BIRTH VILLAGE (EIN: 47-5592021), A HEALTH COMMUNITY FOR WOMEN AND FAMILIES WORKING TO LOWER PREMATURE BIRTHS AND MATERNAL INFANT MORTALITY, FOR BUILD-OUT OF A NEW MIDWIFERY FREE CLINIC FACILITY IN MISSOURI. THE BOARD ALSO VOTED TO APPROVE \$17,725 IN GRANTS TO THE GLOW MAVEN DOULA TRAINING PROGRAM (EIN: 46-2882236) FOR SCHOLARSHIPS TO INDIVIDUALS COMMITTED TO SKILLED BIRTH WORK IN UNDERSERVED COMMUNITIES WITH AN INABILITY TO PURSUE OR CONTINUE THEIR EDUCATION BECAUSE OF FINANCES. THE TRAININGS SUPPORT PRACTITIONERS COMMITTED TO CREATING MORE ACCESS TO BIRTH DOULAS AND PROVIDING HANDS-ON EDUCATION AND COMPASSIONATE

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SUPPORT THROUGH A CULTURALLY BASED MODEL AND APPROACH.

EXPENSES \$ 152,725. INCLUDING GRANTS OF \$ 152,725. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 581,386. INCLUDING GRANTS OF \$ 581,386. REVENUE \$ 0.

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

GLENNON DOYLE AND AMANDA DOYLE HAVE A FAMILY RELATIONSHIP. GLENNON DOYLE, 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.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A:

REPORTABLE COMPENSATION FOR AMANDA DOYLE, ALLISON SCHOTT, AND ELIZABETH BOOK IS FOR SERVICES PERFORMED AS INDEPENDENT CONTRACTORS AND UNRELATED TO THEIR ROLES AND DUTIES AS BOARD MEMBERS.