

PUBLIC DISCLOSURE COPY

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</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	<b>C Name of organization</b> <b>TOGETHER RISING</b>		<b>D Employer identification number</b> <b>45-5362738</b>
	Doing business as		<b>E Telephone number</b> <b>571-643-1428</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2589 HOLLY MANOR DRIVE</b>		<b>G Gross receipts \$</b> <b>6,264,088.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>FALLS CHURCH, VA 22043</b>		
<b>F Name and address of principal officer: GLENNON DOYLE SAME AS C ABOVE</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b> ▶	

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.TOGETHERRISING.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** **2012** **M State of legal domicile:** **VA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TOGETHER RISING EXISTS TO TURN OUR COLLECTIVE HEARTBREAK INTO EFFECTIVE ACTION.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>4</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>5</b> <b>4</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>23</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>6,622,237.</b> <b>Prior Year</b> <b>6,259,511.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>4,414.</b> <b>3,577.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b> <b>1,000.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>6,626,651.</b> <b>6,264,088.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>5,193,650.</b> <b>4,590,996.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>165,721.</b> <b>188,746.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>80,769.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>162,344.</b> <b>194,672.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>5,521,715.</b> <b>4,974,414.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>1,104,936.</b> <b>1,289,674.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>2,303,297.</b> <b>Beginning of Current Year</b> <b>3,701,684.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>0.</b> <b>27,884.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>2,303,297.</b> <b>3,673,800.</b>

**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.

<b>Sign Here</b>	Signature of officer <i>Elizabeth Book</i>	Date <b>9/11/2021</b>			
	<b>ELIZABETH BOOK, SEC./CHIEF OUTREACH OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature <i>Richard J. Locastro</i>	Date <b>09/09/2021</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00288314</b>
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN ▶ <b>52-1392008</b>			
	Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>		Phone no. (301) <b>951-9090</b>		

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 \$ 4,678,851. including grants of \$ 4,590,996. ) (Revenue \$ ) TOGETHER RISING DISASTER RELIEF GRANTS: OUR LARGEST PROGRAM IN 2020 WAS DISTRIBUTING CRITICAL ASSISTANCE TO FAMILIES IMPACTED BY NATURAL DISASTERS. THE BOARD VOTED TO APPROVE A TOTAL OF \$1,223,069.68 IN GRANTS.

IN RESPONSE TO THE BUSHFIRE CRISIS IN AUSTRALIA AT THE BEGINNING OF JANUARY, TOGETHER RISING DEPLOYED \$661,047.88 TOTAL TO: ST. VINCENT DE PAUL SOCIETY (\$60,266.03), FOODBANK AUSTRALIA (\$111,152.62), BLAZE AID (\$88,331.87), KOALAS IN CARE (\$44,714.29), VETS FOR COMPASSION (\$43,107.67), WILD2FREE KANGAROO SANCTUARY (\$41,532.44), AND \$210,196.79 TO AN INITIATIVE ORIGINATED AND MAINTAINED BY FIRST NATIONS LEADERS TO HELP FIRST NATIONS PEOPLE (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,678,851.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 rows of questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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 ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

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.
19 Describe on 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







**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 6,259,511.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 7,799.					
	<b>h Total.</b> Add lines 1a-1f .....		6,259,511.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,577.			3,577.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b> 900099	1,000.			1,000.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		1,000.				
<b>12 Total revenue.</b> See instructions .....		6,264,088.	0.	0.	4,577.		

**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	3,206,386.	3,206,386.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	646,538.	646,538.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	738,072.	738,072.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	81,715.	26,966.	41,675.	13,074.
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	62,274.	20,550.	31,760.	9,964.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	8,000.	2,640.	4,080.	1,280.
10 Payroll taxes	36,757.	12,130.	18,746.	5,881.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	23,842.	13,113.	7,153.	3,576.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	150.		150.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	21,458.	11,802.	6,437.	3,219.
12 Advertising and promotion				
13 Office expenses	9,840.		7,112.	2,728.
14 Information technology	10,230.		10,230.	
15 Royalties				
16 Occupancy				
17 Travel	31.		31.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MERCHANT BANK FEES</b>	127,139.		86,409.	40,730.
b <b>PAYROLL FEES</b>	1,982.	654.	1,011.	317.
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>4,974,414.</b>	<b>4,678,851.</b>	<b>214,794.</b>	<b>80,769.</b>
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,663,504.	<b>1</b>	2,046,171.
	<b>2</b> Savings and temporary cash investments .....	254,764.	<b>2</b>	1,258,191.
	<b>3</b> Pledges and grants receivable, net .....	220,000.	<b>3</b>	143,664.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....	165,029.	<b>11</b>	253,658.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,303,297.	<b>16</b>	3,701,684.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	27,884.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	0.	<b>26</b>	27,884.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,303,297.	<b>27</b>	3,673,800.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32 Total net assets or fund balances</b> .....	2,303,297.	<b>32</b>	3,673,800.
<b>33 Total liabilities and net assets/fund balances</b> .....	2,303,297.	<b>33</b>	3,701,684.	

**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	6,264,088.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,974,414.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,289,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,303,297.
5	Net unrealized gains (losses) on investments	5	80,829.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,673,800.

**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 checked="" 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 on Schedule O.	X	
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,785,679.	1,989,211.	6,988,186.	6,622,237.	6,259,511.	25,644,824.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	3,785,679.	1,989,211.	6,988,186.	6,622,237.	6,259,511.	25,644,824.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						25,644,824.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	3,785,679.	1,989,211.	6,988,186.	6,622,237.	6,259,511.	25,644,824.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...			3,546.	4,414.	3,577.	11,537.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					1,000.	1,000.
<b>11 Total support.</b> Add lines 7 through 10						25,657,361.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	99.95 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.96 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  0.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,344,767.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	80,829.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	80,829.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,263,938.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	150.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	150.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,264,088.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,974,264.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,974,264.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	150.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	150.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,974,414.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

FOR THE YEAR ENDED DECEMBER 31, 2020, THE ORGANIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		725,072.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		13,000.
<b>3 a</b> Subtotal .....	0	0			738,072.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			738,072.

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

Schedule F (Form 990) 2020

**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)
		EAST ASIA AND THE PACIFIC	BLAZE AID INC. - FOR AID IN POST-FIRE WORK OF REBUILDING AFTER AUSTRALIAN BUSHFIRES	88,332.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FOODBANK AUSTRALIA LIMITED - FOOD SUPPORT FOR AUSTRALIANS IMPACTED	136,715.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FIRST NATIONS PEOPLES' OF AUSTRALIA BUSHFIRE RELIEF - PROVIDED CULTURALLY	210,197.	CASH	0.		
		EAST ASIA AND THE PACIFIC	KOALAS IN CARE - FOR CARE, REHABILITATION, AND VETERINARY TREATMENT FOR KOALAS	44,714.	CASH	0.		
		EAST ASIA AND THE PACIFIC	LAKE TYERS ABORIGINAL FIRE BRIGADE	38,462.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ST. VINCENT DE PAUL SOCIETY - FOR EMERGENCY SUPPORT, FOOD, CLOTHING, AND	60,266.	CASH	0.		
		EAST ASIA AND THE PACIFIC	VETS FOR COMPASSION - FOR TRAINED VETS TO TRAVEL AND CARE FOR WILDLIFE, FARM, AND	73,716.	CASH	0.		
		EAST ASIA AND THE PACIFIC	WILD 2 FREE, INC. - FOR ANIMAL SHELTER REHABILITATING AND RELEASING ORPHANED	72,670.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **7**

3 Enter total number of other organizations or entities ..... **2**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	THE LAVA PROJECT - LAUNDRY SERVICES FOR SYRIAN REFUGEES IN MORIA	13,000.	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

Schedule F (Form 990) 2020

**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 THEM A SERIES OF QUESTIONS THAT ENABLES US TO VERIFY THEIR 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.

**PART II, COLUMN (D):**

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: FOODBANK AUSTRALIA LIMITED - FOOD SUPPORT FOR AUSTRALIANS IMPACTED BY THE 2020 BUSHFIRES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: FIRST NATIONS PEOPLES' OF AUSTRALIA BUSHFIRE RELIEF - PROVIDED CULTURALLY SENSITIVE, SPECIFIC AND DIRECT SUPPORT TO FIRST NATIONS FAMILIES AND COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ST. VINCENT DE PAUL SOCIETY - FOR EMERGENCY SUPPORT, FOOD, CLOTHING, AND ESSENTIAL HOUSEHOLD ITEMS

REGION: EAST ASIA AND THE PACIFIC

**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.

(D) PURPOSE OF GRANT: VETS FOR COMPASSION - FOR TRAINED VETS TO TRAVEL AND CARE FOR WILDLIFE, FARM, AND COMPANION ANIMALS

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: WILD 2 FREE, INC. - FOR ANIMAL SHELTER REHABILITATING AND RELEASING ORPHANED KANGAROOS



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**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 PO BOX 32578 LOS ANGELES, CA 90032	47-2910078	501(C)(3)	240,201.	0.			TO SUPPORT, ADVOCATE, AND REUNIFIY FAMILIES SEPARATED AT THE BORDER.
ALDEA - THE PEOPLE'S JUSTICE CENTER - 532 WALNUT ST - READING, PA 19601	81-3635849	501(C)(3)	100,000.	0.			TO HIRE AN ADVOCATE TO EXPAND LITIGATION EFFORTS TO ENSURE DETAINED AND SEPARATED CHILDREN
ALL HANDS AND HEARTS - SMART RESONSE - 6 COUNTY ROAD, SUITE 6 - MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	80,000.	0.			TO SUPPORT MEDICAL NEEDS OF PEOPLE IMPACTED BY THE PUERTO RICO EARTHQUAKES AND HURRICANE LAURA.
BABY'S BOUNTY 3400 WEST DESERT INN ROAD #24 LAS VEGAS, NV 89102	26-2678979	501(C)(3)	5,000.	0.			TO PURCHASE DIAPERS AND BABY SUPPLIES FOR FAMILIES OF NEVADA.
BEIT EL BARAKA - USA 1100 WILSON BOULEVARD, SUITE 1210 ARLINGTON, VA 22209	85-0879465	501(C)(3)	50,000.	0.			TO REBUILD HOMES, REHABILITATE SHOPS, SUPPLY FOOD, MEDICINE, AND PSYCHOLOGICAL SUPPORT
BLESSINGS IN A BACKPACK, INC. 4121 SHELBYVILLE ROAD LOUISVILLE, KY 40207	26-1964620	501(C)(3)	250,000.	0.			TO HELP FEED CHILDREN ON WEEKENDS AFTER SCHOOLS SHUT DOWN DUE TO COVID-19.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **29.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BREAKTHROUGH MIAMI 3250 SW 3RD AVE MIAMI, FL 33129	26-2105534	501(C)(3)	25,000.	0.			TO SUPPORT ACADEMIC AND SOCIAL ENRICHMENT PROGRAMS FOR STUDENTS DURING COVID-19.
CATHERINE MCAULEY CENTER 1220 5TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	501(C)(3)	27,877.	0.			TO SUPPORT FAMILIES AFTER THE IOWA DERECHO WITH FOOD, SUPPLIES, AND TEMPORARY SHELTER.
CITY LIVING NY 1741 73RD ST BROOKLYN, NY 11204	47-4998799	501(C)(3)	31,700.	0.			TO PROVIDE YOUTH AGING OUT OF FOSTER CARE WITH THE SUPPORT OF A ONE-ON-ONE SOCIAL WORKER,
DIRECT RELIEF 27 S. LA PATERA LANE GOLETA, CA 93117	95-1831116	501(C)(3)	520,834.	0.			TO PROVIDE PPE DURING COVID-19 TO THE NAVAJO NATION AND FIRST RESPONDERS IN THE US AND
FATE FOUNDATION 337 RECTOR PLACE, APT. 3I NEW YORK, NY 10280	83-2196896	501(C)(3)	5,000.	0.			TO PROVIDE ONLINE DANCE CLASSES TO UNDERSERVED KIDS IN NEW YORK.
GIDEON'S ARMY 600 28TH AVE N NASHVILLE, TN 37209	82-1741628	501(C)(3)	50,000.	0.			TO PROVIDE SUPPORT AFTER A TORNADO IN MIDDLE TENNESSEE.
GIRLS INCORPORATED OF CENTRAL ALABAMA - PO BOX 130729 - BIRMINGHAM, AL 35213	63-0328643	501(C)(3)	5,000.	0.			TO PROVIDE ACADEMIC SUPPORT, HEALTH AND WELLNESS EDUCATION, AND LIFE SKILLS TO HELP GIRLS
HARPER'S CORNER FOUNDATION INC. 1775 ELMWOOD AVE. COLUMBUS, OH 43212	85-1324558	501(C)(3)	5,000.	0.			TO INSTALL BOOKS ABOUT DIVERSE TOPICS AND BY DIVERSE AUTHORS IN FIVE SCHOOLS IN OHIO.
HIGHLANDER RESEARCH AND EDUCATION CENTER - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	211,800.	0.			TO FUND BAIL BONDS FOR BLACK MOTHERS AND CAREGIVERS VIA NATIONAL BAIL OUT.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
JUSTICE IN MOTION 789 WASHINGTON AVENUE BROOKLYN, NY 11238	72-1597864	501(C)(3)	250,000.	0.			TO MOBILIZE A DEFENDER NETWORK TO LOCATE AND ACCESS THE PARENTS OF DETAINED CHILDREN, IN
KACHEMAK BAY FAMILY PLANNING CLINIC - 3959 BEN WALTERS LANE - HOMER, AK 99603	92-0106486	501(C)(3)	5,000.	0.			TO PROVIDE COMMUNITY SUPPORT FOR LGBTQI+ YOUTH IN RURAL ALASKA.
KLINE VETERANS FUND 7881 W. CHARLESTON BLVD, SUITE 165 LAS VEGAS, NV 89117	45-2285031	501(C)(3)	50,000.	0.			TO SUPPORT FEMALE VETERANS AND THEIR CHILDREN IN CRITICAL NEED OF HOUSING ASSISTANCE IN
NATIONAL CENTER FOR YOUTH LAW 1212 BROADWAY, SUITE 600 OAKLAND, CA 94612	94-2506933	501(C)(3)	456,705.	0.			TO FUND EMERGENCY INSPECTION OF DETENTION CENTER CONDITIONS AND PROVIDE FOR THE
NIDO DE ESPERANZA 4111 BROADWAY NEW YORK, NY 10033	82-5510616	501(C)(3)	68,200.	0.			TO PROVIDE ASSISTANCE TO MOMS AND THEIR CHILDREN DURING COVID-19 IN WASHINGTON HEIGHTS NYC.
ONE HEART WORLDWIDE 1818 PACHECO STREET SAN FRANCISCO, CA 94116	30-1032421	501(C)(3)	100,000.	0.			TO SUPPORT HEALTH CARE PROVIDORS WORKING WITH PREGNANT WOMEN IN RURAL PARTS OF NEVADA.
ONE SIMPLE WISH 1977 NORTH OLDEN AVE., #292 TRENTON, NJ 08618	26-3128590	501(C)(3)	25,000.	0.			TO PURCHASE COMPUTERS FOR UNDER-RESOURCED KIDS TO ACCESS EDUCATION DURING SCHOOL CLOSURES.
ONE SPIRIT PO BOX 3209 RAPID CITY, SD 57709	26-3592983	501(C)(3)	159,564.	0.			TO FUND FOOD AND WATER DELIVERY TO INDIGENOUS FAMILIES ON PINE RIDGE RESERVATION AFTER MASSIVE
OSTARA INITIATIVE PO BOX 18603 MINNEAPOLIS, MN 55418	82-4855661	501(C)(3)	75,000.	0.			TO SUPPORT TRAINING AND EXPANSION OF WORK TO CONTINUE TO SUPPORT INCARCERATED PARENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PARTNERS RELIEF & DEVELOPMENT 583 ADA DRIVE SOUTHEAST, SUITE 101 ADA, MI 49301	22-3786806	501(C)(3)	66,505.	0.			TO DEPLOY A HOSPITAINER TO PROVIDE LIFE-SAVING AID TO FAMILIES FLEEING IDLIB.
SAFE PASSAGE PROJECT 185 W BROADWAY NEW YORK, NY 10013	46-2946211	501(C)(3)	20,000.	0.			TO FUND DEDICATED ADVOCATES AND SOCIAL WORKERS FOR UNDERREPRESENTED CHILDREN
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	30,000.	0.			TO SUPPORT NQTTCN'S MENTAL HEALTH FUND, PROVIDING CRITICAL MENTAL HEALTH SUPPORT FOR QUEER
UCSF FOUNDATION 220 MONTGOMERY ST., 5TH FLOOR SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	50,000.	0.			TO SUPPORT THE UCSF HEAL INITIATIVE IN THE NAVAJO NATION.
YEMEN RELIEF AND RECONSTRUCTION FOUNDATION - 3216 74TH PL SE - MERCER ISLAND, WA 98040	82-2418739	501(C)(3)	240,000.	0.			TO PROVIDE FOOD FOR FAMILIES IN YEMEN DURING THE COVID-19 PANDEMIC.

**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	570	632,022.	14,516.	FMV	PROVISION OF GOODS INCLUDING BUT NOT LIMITED TO CLOTHING, GROCERIES, DIAPERS, TOYS, DESK FURNITURE, USED CAR, AND A

**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: ALDEA - THE PEOPLE'S JUSTICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE AN ADVOCATE TO EXPAND LITIGATION EFFORTS TO ENSURE DETAINED AND SEPARATED CHILDREN RECEIVE REPRESENTATION.

NAME OF ORGANIZATION OR GOVERNMENT: BEIT EL BARAKA - USA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REBUILD HOMES, REHABILITATE SHOPS, SUPPLY FOOD, MEDICINE, AND PSYCHOLOGICAL SUPPORT AFTER BEIRUT EXPLOSION.

NAME OF ORGANIZATION OR GOVERNMENT: CITY LIVING NY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE YOUTH AGING OUT OF FOSTER CARE WITH THE SUPPORT OF A ONE-ON-ONE SOCIAL WORKER, ESSENTIAL HOUSEHOLD GOODS, MENTORS FOR JOB TRAINING, AND MONTHLY WORK-READINESS WORKSHOPS.

NAME OF ORGANIZATION OR GOVERNMENT: DIRECT RELIEF

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PPE DURING COVID-19 TO THE NAVAJO NATION AND FIRST RESPONDERS IN THE US AND TO PROVIDE HUMANITARIAN AID AND MEDICAL KITS FOR THOSE SUFFERING FROM THE DEVASTATION OF WILDFIRES IN THE WEST AND EARTHQUAKE DAMAGE IN PUERTO RICO.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INCORPORATED OF CENTRAL ALABAMA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ACADEMIC SUPPORT, HEALTH

**Part IV** Supplemental Information

AND WELLNESS EDUCATION, AND LIFE SKILLS TO HELP GIRLS HAVE CONFIDENCE,  
AVOID BULLYING AND PREPARE FOR COLLEGE. TO ALSO PROVIDE HOLIDAY SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: JUSTICE IN MOTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MOBILIZE A DEFENDER NETWORK TO  
LOCATE AND ACCESS THE PARENTS OF DETAINED CHILDREN, IN ORDER TO  
FACILITATE THE RELEASE OF THE CHILDREN AND REUNIFICATION WITH THEIR  
FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: KLINE VETERANS FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FEMALE VETERANS AND THEIR  
CHILDREN IN CRITICAL NEED OF HOUSING ASSISTANCE IN NEVADA.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL CENTER FOR YOUTH LAW

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND EMERGENCY INSPECTION OF  
DETENTION CENTER CONDITIONS AND PROVIDE FOR THE PROTECTION AND ADVOCACY  
NEEDED FOR THE MOST VULNERABLE DETAINED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ONE SPIRIT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND FOOD AND WATER DELIVERY TO  
INDIGENOUS FAMILIES ON PINE RIDGE RESERVATION AFTER MASSIVE FLOODING CUT  
OFF DRINKING WATER SUPPLY.

NAME OF ORGANIZATION OR GOVERNMENT: OSTARA INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TRAINING AND EXPANSION OF  
WORK TO CONTINUE TO SUPPORT INCARCERATED PARENTS WHILE PREGNANT AND AFTER  
BIRTH.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SAFE PASSAGE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND DEDICATED ADVOCATES AND SOCIAL WORKERS FOR UNDERREPRESENTED CHILDREN FACING DEPORTATION.

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIAL AND ENVIRONMENTAL ENTREPRENEURS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NQTTCN'S MENTAL HEALTH FUND, PROVIDING CRITICAL MENTAL HEALTH SUPPORT FOR QUEER AND TRANS PEOPLE OF COLOR FROM QUEER AND TRANS THERAPISTS OF COLOR.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: PROVISION OF GOODS INCLUDING BUT NOT LIMITED TO CLOTHING, GROCERIES, DIAPERS, TOYS, DESK FURNITURE, USED CAR, AND A WASHING MACHINE.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

TOGETHER RISING

Employer identification number

45-5362738

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

RECOVER FROM THE DISASTER.

AT THE END OF JANUARY, PUERTO RICO WAS HIT WITH THE BIGGEST EARTHQUAKE THE ISLAND HAD SEEN IN OVER A CENTURY, COLLAPSING HUNDREDS OF HOMES AND MULTIPLE SCHOOLS, AND LEAVING THOUSANDS OF FAMILIES DISPLACED OR SLEEPING OUTDOORS. TOGETHER RISING DEPLOYED \$110,000 TOTAL TO: DIRECT RELIEF (\$100,000) AND ALL HANDS AND HEARTS (\$10,000) TO PAY FOR URGENTLY NEEDED MEDICINES, TO SUPPLY POWER BACK-UP AND LIGHTS, TO EQUIP MOBILE HEALTH OUTREACH UNITS, TO PROVIDE FOOD AND TEMPORARY SHELTER, AND TO SUPPORT A HUB OF MEDICAL SERVICES IN GUNICA--ONE OF THE BIGGEST CENTERS FOR DISPLACED FAMILIES.

IN MARCH, SEVERAL TORNADOES RIPPED THROUGH TENNESSEE, KILLING AT LEAST 24 PEOPLE, AND LEAVING HUNDREDS OF FAMILIES TEMPORARILY OR PERMANENTLY DISPLACED FROM THEIR HOMES. TOGETHER RISING INVESTED \$50,000 IN GIDEON'S ARMY, WHOSE TEAM FOCUSED ON EMERGENCY RELIEF AND LONG-TERM HOLISTIC COMMUNITY-BASED RECOVERY IN THE AFTERMATH OF THE DEVASTATION, WHICH INCLUDED PROVIDING TEMPORARY HOUSING AND HOME REPAIRS; FOOD, WATER, ENERGY, AND CLEAN-UP ASSISTANCE; DOCUMENT REPLACEMENT SERVICES; AND SCHOOL SUPPLIES, BOOKS, AND EDUCATIONAL EXPENSES.

IN MAY AND JUNE, TOGETHER RISING DISTRIBUTED A TOTAL OF \$64,024.37 IN GRANTS TO FOODBANK AUSTRALIA (\$25,561.88) AND LAKE TYERS ABORIGINAL TRUST FIRE BRIGADE (\$38,462.49) TO CONTINUE TO SUPPORT FAMILIES IMPACTED BY THE AUSTRALIA BUSHFIRES.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization <b>TOGETHER RISING</b>	Employer identification number <b>45-5362738</b>
--	---

IN AUGUST, A DERECHO STORM WITH 100 MILE-PER-HOUR WINDS SWEEP ACROSS THE MIDWEST UNITED STATES, DEVASTATING CEDAR RAPIDS, IOWA, LEVELING SEVERAL APARTMENT COMPLEXES HOUSING HUNDREDS OF REFUGEES, AND DECIMATING MORE THAN 8,000 HOMES. TOGETHER RISING RESPONDED TO THIS CRISIS BY INVESTING \$27,876.92 TO SUPPORT THE CATHERINE MCAULEY CENTER, WHOSE TEAM PROVIDED EMERGENCY ASSISTANCE TO IMMIGRANT AND REFUGEE COMMUNITY MEMBERS BY KEEPING THEIR FOOD PANTRY OPEN, PROVIDING CLEANING, SCHOOL, AND HYGIENE SUPPLIES, AND ESTABLISHING TEMPORARY HOUSING FOR FAMILIES WITHOUT SHELTER.

IN SEPTEMBER, THE WESTERN PART OF THE UNITED STATES BURNED AS WILDFIRES RAGED THROUGH CALIFORNIA AND OTHER WESTERN STATES. TOGETHER RISING DEPLOYED \$250,000 TO DIRECT RELIEF TO PROVIDE THOUSANDS OF PEOPLE WITH RESPIRATOR MASKS, OXYGEN CONCENTRATORS, MEDICINES, AND MEDICAL SUPPLIES, AS WELL AS URGENT SUPPORT FOR FIRST RESPONDERS.

LATER IN SEPTEMBER, HURRICANE LAURA DEVASTATED HUNDREDS OF THOUSANDS OF FAMILIES THROUGHOUT LOUISIANA, SOUTHEAST TEXAS, AND ARKANSAS. IN RESPONSE TO THE CRISIS, TOGETHER RISING INVESTED \$70,000 IN ALL HANDS AND HEARTS, WHOSE TEAM PLACED TEMPORARY TARP ROOFS, REMOVED DAMAGED BELONGINGS, CHAINSAWED TREES, AND REMEDIATED MOLD TO SALVAGE AS MANY FAMILIES' HOMES AS POSSIBLE.

COVID-19 EMERGENCY RESPONSE:  
OUR SECOND LARGEST PROGRAM ADDRESSED THE MOST URGENT NEEDS OF FAMILIES IMPACTED BY THE COVID-19 PANDEMIC. THE BOARD VOTED TO APPROVE A TOTAL OF \$1,159,204.49 IN GRANTS.

Name of the organization

TOGETHER RISING

Employer identification number

45-5362738

TOGETHER RISING DISTRIBUTED \$692,213.65 IN GRANTS TO PARTNER ORGANIZATIONS PROVIDING EMERGENCY ASSISTANCE TO FAMILIES IMPACTED BY THE COVID-19 PANDEMIC. OUR LARGEST ORGANIZATION GRANT WAS A \$250,000 INVESTMENT IN BLESSINGS IN A BACKPACK TO PROVIDE MORE THAN 83,750 BAGS OF FOOD FOR THOUSANDS OF CHILDREN WHO TYPICALLY DEPEND ON SCHOOL MEALS BUT COULD NOT ACCESS THOSE MEALS DUE TO THE COVID-19 PANDEMIC. THE NEXT LARGEST ORGANIZATION GRANTS WERE TO DIRECT RELIEF (\$170,713.65 TOTAL ACROSS FOUR GRANTS), UCSF HEAL INITIATIVE (\$50,000), KLINE VETERANS FUND (\$50,000), AND ONE HEART WORLDWIDE (\$100,000) TO SUPPORT THEIR WORK OF ADDRESSING FAMILIES' MOST URGENT NEEDS DURING THE COVID-19 PANDEMIC.

TOGETHER RISING DISTRIBUTED \$416,990.84 TO FULFILL MORE THAN 440 APPLICATIONS FOR DIRECT MICRO-GRANTS FOR FAMILIES NEEDING URGENT HELP WITH GROCERIES, RENT, UTILITY BILLS, AND VITAL SUPPLIES DUE TO THE DEVASTATION OF JOB LOSS, SICKNESS, AND FURLOUGHS AS A RESULT OF THE COVID-19 PANDEMIC.

REUNIFICATION OF FAMILIES SEPERATED AT THE BORDER:

IN OUR THIRD LARGEST PROGRAM, THE BOARD VOTED TO APPROVE A TOTAL OF \$1,029,400.91 IN GRANTS TO FURTHER SUPPORT THE REUNIFICATION OF FAMILIES WHO WERE SEPARATED AT THE US BORDER AND THE PROTECTION OF DETAINED CHILDREN. THROUGHOUT THE YEAR, TOGETHER RISING DEPLOYED GRANTS TO AL OTRO LADO (\$220,200.77), ALDEA - THE PEOPLE'S JUSTICE CENTER (\$100,000), THE NATIONAL CENTER FOR YOUTH LAW (\$456,705), AND JUSTICE IN MOTION (\$250,000). THESE GRANTS SUPPORTED THE CRITICAL WORK OF LOCATING PARENTS WHO WERE DEPORTED WITHOUT THEIR CHILDREN, REUNITING

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

FAMILIES, AND TO PROVIDE REPRESENTATION AND HUMANITARIAN SUPPORT, SUCH AS FOOD, CLOTHING, AND HYGIENE ITEMS.

HOLIDAY HANDS:

OUR FOURTH LARGEST PROGRAM WAS HOLIDAY HANDS, WHICH IS AN ANNUAL INITIATIVE THAT MATCHES MEMBERS OF THE TOGETHER RISING COMMUNITY WHO WISH TO PROVIDE ASSISTANCE TO FAMILIES FOR NEEDS OVER THE WINTER HOLIDAYS. IN NOVEMBER, TOGETHER RISING WORKED WITH THREE ORGANIZATIONS: ONE SPIRIT, NIDO DE ESPERANZA, AND CITY LIVING NY, TO RAISE AND DISTRIBUTE A TOTAL OF \$231,058.12 IN GIFTS TO MORE THAN EIGHT HUNDRED FAMILIES.

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

GLENNON DOYLE, ABBY WAMBACH, AND AMANDA DOYLE HAVE A FAMILY RELATIONSHIP. GLENNON DOYLE, ABBY WAMBACH, 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 THEIR 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.

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

IF A CONFLICT OF INTEREST ARISES, THE INTERESTED PERSON DISCLOSES ALL MATERIAL FACTS TO THE DIRECTORS/MEMBERS OF THE COMMITTEES AND RECUSES HIM/HERSELF WHILE THE COMMITTEE MAKES A DETERMINATION OF THE CONFLICT OF INTEREST. IF THE COMMITTEE DETERMINES THAT THE INTERESTED PERSON HAS CREATED A CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON OUR PUBLIC WEBSITE.

FORM 990, PART VII, SECTION A:

REPORTABLE COMPENSATION FOR ALLISON SCHOTT IS FOR SERVICES PERFORMED AS AN EMPLOYEE AND IS UNRELATED TO HER ROLE AND DUTY AS A BOARD MEMBER.