

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

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

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



A For the 2020 calend	ar year, or tax year beginning
Department of the Treasury Internal Revenue Service	Go to www.irs

B	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres			
	Name change	Doing business as	45-53627	38
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	suite E Telephone numbe	er
	Final return/	2589 HOLLY MANOR DRIVE	571-643-	1428
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,264,088.
	Amend	FALLS CHORCH, VA 22045	H(a) Is this a group r	
	Applica tion pending		for subordinates	s? Yes 🗶 No
		SAME AS C ABOVE	H(b) Are all subordinates i	
		mpt status: $X = 501(c)(3)$ $501(c)()$ (insert no.) $4947(a)(1)$ or $4947(a)(1)$		list. See instructions
		WWW.TOGETHERRISING.ORG	H(c) Group exemption	
		organization: X Corporation Trust Association Other ► L Summary	Year of formation: 2012	VI State of legal domicile: VA
Г		Briefly describe the organization's mission or most significant activities: TOGETHER	RIGING FYIGT	
Governance		OUR COLLECTIVE HEARTBREAK INTO EFFECTIVE ACT		b io iona
erne	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of	more than 25% of its net a	
Ň	3 1	lumber of voting members of the governing body (Part VI, line 1a)		5
ي م	4	lumber of independent voting members of the governing body (Part VI, line 1b)		4
ies		otal number of individuals employed in calendar year 2020 (Part V, line 2a)		4
Activities &		otal number of volunteers (estimate if necessary)		23
Act		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	bl	Net unrelated business taxable income from Form 990-T, Part I, line 11		
			Prior Year 6,622,237.	Current Year 6,259,511.
Revenue		Contributions and grants (Part VIII, line 1h)	0,022,237.	0,255,511.
sver		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	4,414.	3,577.
ň		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	1,000.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,626,651.	6,264,088.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,193,650.	4,590,996.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	165,721.	188,746.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ďX	b	otal fundraising expenses (Part IX, column (D), line 25) 80,769.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,344.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,521,715.	
<u> </u>		Revenue less expenses. Subtract line 18 from line 12	1,104,936.	
ts ol			Beginning of Current Year 2,303,297.	End of Year 3,701,684.
Asse Bala	20	otal assets (Part X, line 16)	2,303,297.	27,884.
Fund Balances	21 1 22 1	otal liabilities (Part X, line 26) Jet assets or fund balances. Subtract line 21 from line 20	2,303,297.	3,673,800.
	art II	Signature Block		0,0,0,0,000
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	ly knowledge and belief, it is
true	, correct	, and complete?Declaration of preparer (other than officer) is based on all information of which pre		
		N_CL_Book		2021
Sig	n	Signature of officer	Date	
Her	e	ELIZABETH BOOK, SEC./CHIEF OUTREACH OFFIC	CER	
		Type or print name and title	Date	II PTIN
Dai		Print/Type preparer's name Preparer's signature RICHARD J. LOCASTRO, CPA	1 09/09/2021 if	
Pai Pre		Firm's name SELMAN, ROSENBERG & FREEDMAN	self-employ	52-1392008
	· –	Firm's address 4550 MONTGOMERY AVE SUITE 800N	Firm's EIN	52 1372000
	J,	BETHESDA, MD 20814-2930	Phone no. (3	01) 951-9090
Mar	/ the IR	S discuss this return with the preparer shown above? See instructions	i nono no. (C	X Yes No
	01 12-23			Form 990 (2020)

		R RISING		45-5362738 _{Ра}
Par	t III Statement of Program Ser	•		
-			his Part III	
1	Briefly describe the organization's missio TOGETHER RISING EXIS		COLLECTIVE HEARTBREZ	AK TNTO
	EFFECTIVE ACTION.			<u>11110</u>
2	Did the organization undertake any signif			
	prior Form 990 or 990-EZ?			Yes X
	If "Yes," describe these new services on			
3	Did the organization cease conducting, o		how it conducts, any program services	?Yes 🔀
	If "Yes," describe these changes on Sche			
4	Describe the organization's program serv			
	Section 501(c)(3) and 501(c)(4) organizati revenue, if any, for each program service		e amount of grants and allocations to oth	ners, the total expenses, and
4a	(Code:) (Expenses \$ 4,6	578,851 including grants	s of \$ 4,590,996.) (Reve	nue \$
ти	TOGETHER RISING DISAS	STER RELIEF GRA		
	OUR LARGEST PROGRAM	IN 2020 WAS DIS	TRIBUTING CRITICAL A	ASSISTANCE TO
	FAMILIES IMPACTED BY	NATURAL DISAST	ERS. THE BOARD VOTEI	D TO APPROVE A
	TOTAL OF \$1,223,069.0	58 IN GRANTS.		
	IN RESPONSE TO THE BU			
	JANUARY, TOGETHER RIS			
	PAUL SOCIETY (\$60,260	b.03), FOODBANK	AUSTRALIA (\$111,152	2.62), BLAZEAID
	(\$88,331.87), KOALAS	IN CARE (\$44,7	(14.29), VETS FOR CON	APASSION
	(\$43,107.67), WILD2FI \$210,196.79 TO AN IN			
	LEADERS TO HELP FIRST			
4b	(Code:) (Expenses \$	including grants	s of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	s of \$) (Reve	enue \$
4d	Other program services (Describe on Sch	edule O.)		
		including grants of \$) (Revenue \$)
4e	Total program service expenses	4,678,851.		
				Form 990 (
32002	2 12-23-20	SEE SCHEDULE	E O FOR CONTINUATION	(S)
			2	· · · · -
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>			x
0	Schedule D, Part III	8		
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?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		- 11
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ا م	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25 0	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990	
Part V	Sta

020) TOGETHER RISING Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	A		х	
b	any contributions that were not tax deductible as charitable contributions?	6a			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.			
7	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	7a		х	
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		- 23	
b C					
C					
d		7c		X	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х	
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g			
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8					
	sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders N/A				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	10			
а	o	13a			
b	Note: See the instructions for additional information the organization must report on Schedule O.				
a	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c				
		14a		Х	
		14a 14b			
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי			
	15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			х	
	If "Yes," see instructions and file Form 4720, Schedule N.	15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х	
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

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Form 990 (2020)

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

X

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.

10	Enter the number of voting members of the governing body at the end of the tax year	10	5	Yes	No
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year	1a	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		-		
2	officer, director, trustee, or key employee?		2	х	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		10-	x	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?		14	~	
15	Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
-			150		x
d h	The organization's CEO, Executive Director, or top management official		15a 15b		X
b	Other officers or key employees of the organization		130		
16-		mont with a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ioa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization of the o				
			16b		
Sec	exempt status with respect to such arrangements?			I	
17	List the states with which a copy of this Form 990 is required to be filed NONE				
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)	(3)s only) avail	ahle
	for public inspection. Indicate how you made these available. Check all that apply.			, aval	2016
10		n on Schedule O)		! - 1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	connict of interest policy, a	ina finai	ICIAI	
~	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 be ELIZABETH BOOK - (571)643-1428	DOKS and records ▶			
	2589 HOLLY MANOR DRIVE, FALLS CHURCH, VA 22043		Form	990	(2020
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50	909 745960 29875 2020.04020 TOGETHER RISIN	۲	298	375	2

Part VII	Compensation of Officers,	Directors, Tr	rustees, Key	Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

Name and use Average hours per week (ist any nours for melated organization below line) Construction the sector back more than and the organization (W-2/1099-MISC) Tepoflaubic trom related organization (W-2/1099-MISC) Tepoflaubic trom related organization (W-2/1099-MISC) (1) ALLISON SCHOTY (SEE SCHEDULE 0) 34.00 X X X 75,000. 0. 6,715. (2) GLENNON DOYLE 4.00 X X X 0. 0. 0. (3) AMANDA DOYLE 4.00 X X 0. 0. 0. (3) AMANDA DOYLE 4.00 X X 0. 0. 0. (3) AMANDA DOYLE 4.00 X X 0. 0. 0. (1) ELIZABETH BOOK 4.00 X X 0. 0. 0. (2) GLENNON DOYLE 4.00 X X 0. 0. 0. (3) AMANDA DOYLE 4.00 X X 0. 0. 0. (3) AMANDA DOYLE 4.00 X X 0. 0. 0. (3) AMANDA DOYLE 4.00 X X 0. 0. 0. (3) AMANDA DOYLE 0. 0. 0. 0. 0. (3) AMANDA DOYLE 0. 0. 0. 0	(A)	(B)		(C)					(D)	(E)	(F)
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DIRECTOR X 0. 0. 0. 0.			х		X				0.	0.	0.
		4.00									•
	DIRECTOR		х						0.	0.	0.
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Form **990** (2020)

	990 (2020) TOGETHER									45-5	362	738	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box, offic	not c , unle	Pos heck ss pe	more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	an	(F) stimate nount other	
		(list any hours for related organizations below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om the anizat d relat anizatie	e ion ed
		line)	Ind	Inst	Offi	Key	Hig	For						
1b	Subtotal								75,000.		0.		6,7	15.
d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A	· · · · · · ·	·····					0.75,000.		0.		6,7	0. 15.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wr	10 r	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-			•	-		Ŭ	ghest compensated emp	2		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		1	4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comption B. Independent Contractors</i>					-			÷			5		х
1	Complete this table for your five highest con										npens	ation 1	from	
	the organization. Report compensation for t (A) Name and business	-		ONE		VILLI	or w		(B) Description of s		c	(C ompe	;) nsatio	n
								_						
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho: (se lis)	stec	d above) who received n	nore than				
												Form	990 (2	2020)

Ра	rt \	/111						
			Check if Schedule O contains a respon	se or note to any li	ne in this Part VIII	(B)	(C)	[]
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b		-			
A D G G G			Fundraising events 1c		-			
ar /					-			
imil			Government grants (contributions) 1 e		-			
tion S			All other contributions, gifts, grants, and					
ibut			similar amounts not included above 1f	5,259,511.				
d O d		g	Noncash contributions included in lines 1a-1f	7,799.				
aS		h	Total. Add lines 1a-1f		6,259,511.			
				Business Code				
e	2	а		_				
Program Service Revenue		b		_				
n Si		С		_				
Jev		d		_				
rog		е		_				
Δ.		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, int	,	2 5 7 7			2 577
			other similar amounts)		3,577.			3,577.
	4		Income from investment of tax-exempt bon					
	5		Royalties	(ii) Personal				
		_			-			
	0		Gross rents 6a Less: rental expenses 6b		-			
			Rental income or (loss) 6c		-			
	7		Gross amount from sales of (i) Securitie					
	ľ	a	assets other than inventory 7a		-			
		h	Less: cost or other basis		-			
e		Ň	and sales expenses					
Revenue		с	Gain or (loss)		-			
Rev			Net gain or (loss)					
er	8		Gross income from fundraising events (not					
Gth			including \$ of					
			contributions reported on line 1c). See					
				Ba				
		b		Bb				
			Net income or (loss) from fundraising events	s ►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
		b	Less: direct expenses	9b				
		С	Net income or (loss) from gaming activities	卜				
	10	а	Gross sales of inventory, less returns					
				0a	_			
		b	Less: cost of goods sold	0b				
		С	Net income or (loss) from sales of inventory					
sr				Business Code				1 000
Miscellaneous Revenue	11		MISCELLANEOUS	900099	1,000.			1,000.
llan (ent		b		-				
Rev		С		-				
Ξ.			All other revenue		1 000			
	 		Total. Add lines 11a-11d		1,000.		0	1 577
	12		Total revenue. See instructions	▶	6,264,088.	0.	0.	4 ,577.
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Form 990 (2020)

TOGETHER RISING

TOGETHER RISING

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 respons			, ,	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	2 206 206	2 206 206		
	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	720 072	720 072		
	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,	01 715	26 066	41 675	12 07/
_	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)	62,274.	20,550.	21 760	0 064
7	Other salaries and wages	04,4/4.	20,000.	31,760.	9,964.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	8,000.	2,640.	4,080.	1,280.
9	Other employee benefits	36,757.	12,040.	18,746.	5,881.
10	Payroll taxes	50,157.	14,130.	10,/40.	J,001.
11	Fees for services (nonemployees):				
	Management				
		23,842.	13,113.	7,153.	3,576.
	Accounting	23,042.	13,113.	7,155.	5,570.
	Lobbying				
	Professional fundraising services. See Part IV, line 17	150.		150.	
	Investment management fees	130.		130.	
g	column (A) amount, list line 11g expenses on Sch O.)	21,458.	11,802.	6,437.	3,219.
10		21,450.	11,002.	0,157.	5,215.
12 13	Advertising and promotion	9,840.		7,112.	2,728.
13 14	Office expenses	10,230.		10,230.	2,7200
15	Royalties				
16					
17	Occupancy Travel	31.		31.	
18	Payments of travel or entertainment expenses				
10	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 0.)				
а	MERCHANT BANK FEES	127,139.		86,409.	40,730.
b	PAYROLL FEES	1,982.	654.	1,011.	317.
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,974,414.	4,678,851.	214,794.	80,769.
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)				
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	n 990 (45-5362738 Page 11				
Pa		Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in this Part X				
				(A) Beginning of year		(B) End of year	
				1,663,504.	4	2,046,171.	
	1			254,764.	1	1,258,191.	
	2	Savings and temporary cash investments		220,000.	2 3	143,664.	
	3	Pledges and grants receivable, net		220,000.		145,004.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs			-		
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali			•		
		under section 4958(f)(1)), and persons describe	E CONTRACTOR OF CO		6		
Assets	7	Notes and loans receivable, net			7		
Ass	8	Inventories for sale or use			8 9		
-	9	Prepaid expenses and deferred charges	····· •		9		
	lua	Land, buildings, and equipment: cost or other	10-				
	h	basis. Complete Part VI of Schedule D			10-		
		Less: accumulated depreciation		165,029.	10c 11	253,658.	
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line		105,025.	12	255,050.	
	12	Investments - program-related. See Part IV, line	F		13		
	14			13			
	14	Intangible assets		14			
	16	Other assets. See Part IV, line 11	2,303,297.	16	3,701,684.		
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·	2700072070	17	27,884.	
	18	Grants payable		18	27,0010		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
S	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			22		
Ë	23	Secured mortgages and notes payable to unrela	E CONTRACTOR OF CO		23		
	24	Unsecured notes and loans payable to unrelate	E CONTRACTOR OF CO		24		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
			, , ,		25		
	26	Total liabilities. Add lines 17 through 25		0.	26	27,884.	
		Organizations that follow FASB ASC 958, che	eck here 🕨 🔀				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions		2,303,297.	27	3,673,800.	
l Ba	28	Net assets with donor restrictions			28		
pun		Organizations that do not follow FASB ASC 9	58, check here 🕨 🗌				
Ē		and complete lines 29 through 33.					
ŝ	29	Capital stock or trust principal, or current funds			29		
sei	30	Paid-in or capital surplus, or land, building, or ed	uipment fund		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, or other funds		31		
Nei	32	Total net assets or fund balances		2,303,297.	32	3,673,800.	
	33	Total liabilities and net assets/fund balances		2,303,297.	33	3,701,684.	
			·····	,		Form 990 (202	

Form **990** (2020)

Form	990 (2020) TOGETHER RISING	45-	5362738	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	6,264 4,974 1,289 2,303	4,4 9,6 3,2	14. 74.
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	3,8	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?			Yes	No X
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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			X	
с	consolidated basis, or both: Image: Separate basis Image: Consolidated basis Image: Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sci	e audit	2c	x	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Au	dit 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

SCHEDULE A

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

202	20
Open to P Inspect	
identification	number

OMB No. 1545-0047

Department of Internal Reve	of the Treasury nue Service		► Go to www.irs.gov		Open to Public Inspection						
Name of	the organizati	-						Employer	r identification number		
		TOGE	THER RISIN	G				4	5-5362738		
Part I	Reason	for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	See instructio	ns.			
The organ				(For lines 1 through 12, o							
1 📥	A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1)(A)(i).				
2				Attach Schedule E (Forn			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
3				anization described in s e			ii).				
4	•	•		njunction with a hospita				A)(iii). Enter	the hospital's name,		
	city, and stat		•	, ,					, , , , , , , , , , , , , , , , , , ,		
5	-	-	or the benefit of a co	ollege or university owned	d or opera	ted bv a d	overnmental	unit descrik	ped in		
	-	-	Complete Part II.)	5 ,		, ,					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X											
	0		complete Part II.)		. en a get			ane general			
8				(1)(A)(vi). (Complete Par	E II)						
9	-			l in section 170(b)(1)(A)(ed in coniı	unction with a	a land-grant	college		
•				culture (see instructions).							
	university:		graine bollogo or agrie			name, en	y, and otato t	in the coneg			
10		on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons member	shin fees a	nd aross receipts from		
				ct to certain exceptions;							
				e (less section 511 tax) fr							
			mplete Part III.)					gamzation			
11 🗌			, ,	ively to test for public sa	fety See	section 5)9(a)(4)				
12	-	-		lively for the benefit of, to	-			arry out the	e purposes of one or		
				ed in section 509(a)(1) o							
				of supporting organizatio							
a 🗌				supervised, or controlled					<i>i</i> aivina		
u				gularly appoint or elect a							
			complete Part IV, Se		amajonty				supporting		
b 🗌				d or controlled in connec	tion with it	te eunnart	od organizati	on(e) by be	avina		
				anization vested in the s							
		-	at complete Part IV,		arrie perso			age the sup	oported		
c 🗌	-			g organization operated	in connoc	tion with	and function	ally intograt	od with		
				s). You must complete l				any integrate	eu with,		
d		e	()(, , , ,	,			orted organi	ization(a)		
u				porting organization oper zation generally must sa				-			
				nplete Part IV, Sections				iu an alleni	IVENESS		
•	- ·		,	written determination fro							
e 🗆		0		onally integrated support			атурет, тур	s II, Type III			
f Ent				many integrated support	ing organi	zation.					
	er the number	• •	n about the supporte	ad arganization(a)							
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	of monetary	(vi) Amount of other		
	organization			(described on lines 1-10	Yes	ing document? No	support (see	-	support (see instructions)		
				above (see instructions))	100						

Total

Schedule A (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 13

Schedule A (Form 990 or 990-EZ) 2020 TOGETHER RISING

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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.)

<u> </u>	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	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.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge \dots									
4	Total. Add lines 1 through 3	3,785,679.	1,989,211.	6,988,186.	6,622,237.	6,259,511.	25,644,824.			
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.						25,644,824.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	3,785,679.	1,989,211.	6,988,186.	6,622,237.	6,259,511.	25,644,824.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots			3,546.	4,414.	3,577.	11,537.			
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.)					1,000.	1,000.			
11	Total support. Add lines 7 through 10						25,657,361.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	501(c)(3)				
	organization, check this box and stop						>			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			r - r				
	Public support percentage for 2020 (I		•			14	99.95 %			
	Public support percentage from 2019					15	99.96 %			
16a	33 1/3% support test - 2020. If the c									
	stop here. The organization qualifies									
b	33 1/3% support test - 2019. If the c									
	and stop here. The organization qual									
17a	7a 10% -facts-and-circumstances test - 2020. 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 fact			-	-	VI how the organiza	ation			
	meets the facts-and-circumstances te	-								
b	10% -facts-and-circumstances test						10% or			
	more, and if the organization meets the									
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b		nd see instructions				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TOGETHER RISING

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

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(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ				_	
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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
	Amounts from line 6	(1) _ 0 : 0	(,		(0, 2010	(0) = 0 = 0	(.)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	, fourth, or fifth tax	k year as a section	1 501(c)(3) orga	anization,
	check this box and stop here	-			-		
See	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (ine 8, column (f), (divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	t III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)20 (line 10c, colu	mn (f), divided by	line 13, column (f)))	17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did ı				33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the	organization did ı	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies	as a publicly supp	oorted organiz	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see ii	nstructions	>
0320	23 01-25-21			15	Scl	hedule A (For	m 990 or 990-EZ) 2020
				1.7			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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_____ 10b | _____ Schedule A (Form 990 or 990-EZ) 2020

1

2

No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	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 Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
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.

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 Part VI the role the organization's			
	supported organizations played in this regard	3		

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 du	ring the yea(see instructions)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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 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 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 lines 3a and 3b 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? *If* "Yes" or "*No*" 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.*

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2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 TOGETHER RISING

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	d)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
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 purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	·	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	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.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 TOGETHER RISING

Section D, lines 5, 6, and 8; and Par (See instructions.)	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secti d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, rt V, Section E, lines 2, 5, and 6. Also complete this part for	any additional information.
32028 01-25-21		Schedule A (Form 990 or 990-EZ) 20
50909 745960 29875	20 2020.04020 TOGETHER RISING	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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 for instructions and the latest information.



Name of the	organization
-------------	--------------

TOGETHER RISING

Employer identification number 45-5362738

Pa	t I Organizations Maintaining Donor Advised Fund	ls 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 th	at the assets held in donor advised f	unds
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose con	ferring
	impermissible private benefit?		
Pa	Tt 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 (chec	k all that apply).	
	Preservation of land for public use (for example, recreation or e	ducation)	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic structure in		. 2c
d	Number of conservation easements included in (c) acquired after 7/25		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the org	ganization during the tax
	year ▶	· · · · ·	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo		Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and onforcing concorr	
6		of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	olations, and enforcing conservation	essements during the year
•	S		casements during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4	L)(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easer		
	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.	C	
Pa	t III Organizations Maintaining Collections of Art, H	listorical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	rt 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 exhibit	ition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its financial stat	ements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furthera	nce 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, o	r other similar assets for financial ga	in, provide
	the following amounts required to be reported under FASB ASC 958	elating to these items:	
а	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 For	m 990.	Schedule D (Form 990) 2020

032051 12-01-20

	21	
2020.04020	TOGETHER	RISING

Sche	edule D (Form 990) 2020 TOGE	THER	RISING						45-53	6273	8 Pa	age 2
Par	rt III Organizations Maintain	ing Co	llections of A	rt, His	torical T	reasures,	or Oth	er Simi	lar Asse	ts (conti	nued)	
3	Using the organization's acquisition, a	ccessior	n, and other record	ds, chec	k any of the	following the	at make	significan	t use of its			
	collection items (check all that apply):											
а	Public exhibition		c			change progr						
b	Scholarly research		e		Other							
С	Preservation for future generation	ns										
4	Provide a description of the organizati	on's colle	ections and explai	in how th	ney further t	the organizat	ion's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization s			,		,				_		-
	to be sold to raise funds rather than to									Yes		No
Par	rt IV Escrow and Custodial A			ete if the	e organizatio	on answered	"Yes" o	n Form 99	0, Part IV,	line 9, o	r	
	reported an amount on Form 9											
1a	Is the organization an agent, trustee, o									-		7
	on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in Pa	art XIII ar	nd complete the fo	ollowing	table:							
										Amoun	t	
	Beginning balance											
	Additions during the year											
	Distributions during the year											
	Ending balance											1
	Did the organization include an amour									Yes		∣ No
_	If "Yes," explain the arrangement in Part V Endowment Funds. Com								<u></u>]
1 41									vooro book	(a) Fou	rvooro	book
10	Deginging of year balance		(a) Current year	(D) P	rior year	(c) Two yea	IS DACK	(a) mee	years Dack	(e) rou	years	DACK
	Beginning of year balance											
	Net investment earnings, gains, and lo Grants or scholarships											
		····· –										
e	Other expenditures for facilities											
f	and programs											
	Administrative expenses End of year balance											
g 2	Provide the estimated percentage of t		nt year and balance	l na (lina 1	a column (a)) held as:						
	B		•	%	g, column (ajj ficiu as.						
	Permanent endowment		%									
	Term endowment	%	/0									
Ŭ	The percentages on lines 2a, 2b, and		d equal 100%									
3a	Are there endowment funds not in the			ation that	at are held a	and administ	ered for	the organi	ization			
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations											
b	If "Yes" on line 3a(ii), are the related or											
4	Describe in Part XIII the intended uses											
Par	rt VI Land, Buildings, and Ec	uipme	ent.									
	Complete if the organization an	swered	"Yes" on Form 990	0, Part IV	V, line 11a.	See Form 99	0, Part X	(, line 10.				
	Description of property		(a) Cost or c basis (investr			t or other (other)		Accumulat epreciatior		(d) Boo	k value	Э
1a	Land											
	Leasehold improvements											
	Equipment											
	Other											
Tota	I. Add lines 1a through 1e. (Column (d)	must equ	ual Form 990, Part	X, colur	mn (B), line	10c.)			. 🕨			0.
									Cabadula		~ 000	0000

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.		×
Complete if the organization answered "Yes" of	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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	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)		
Total. (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)	
Total. (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)	
Total. (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... X

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 TOGETHER RISING	45-	5362738 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l .			
1	Total revenue, gains, and other support per audited financial statements			1	6,344,767.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	80,829.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	80,829.
3	Subtract line 2e from line 1			3	6,263,938.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	150.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	150.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,264,088.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
	· · · · · · · · · · · · · · · · · · ·				4 074 064
1	Total expenses and losses per audited financial statements			1	4,974,264.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	4,974,264.
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	4,974,264.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	4,974,264.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	4,974,264.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1	
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		2e	0.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d			
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		2e	0.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d		2e	0.
2 b c d 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d		2e	0. 4,974,264.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	150.	2e 3 4c	0. 4,974,264. 150.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	150.	2e 3	0. 4,974,264.

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	ENDE	ED DE	CEMB	ER 31,	, 202	0, THE	I ORGA	NIZATI	ON HA	S DOC	CUMEI	NTED	ITS
CONS	SIDER	ATIO	N OF	FASB	ASC	740-1	LO, I	NCOME	TAXES	S, THAT	PROV	IDES	GUII	DANCE	FOR
REPC	ORTIN	IG UN	CERT	AINTY	IN	INCOM	E TAX	ES ANI	HAS	DETERM	INED '	THAT	NO 1	MATER	IAL
UNCE	ERTAI	N TA	X POS	SITIO	NS Q	UALIFY	I FOR	EITHE	ER REC	COGNITI	ON OR	DISC	CLOSU	URE I	N

THE FINANCIAL STATEMENTS.

032054 12-01-20

90	HEDULE F		Statomo	nt of Act	ivities Outside the Ur	nited Sta	ntae L	OMB No. 1545-0047	
	rm 990)				n answered "Yes" on Form 990, Part			2020	
(10	iiii 330)		Complete II	life of gamzatio	Attach to Form 990.	IV, III e 140, 1	·		
Depar Intern	tment of the Treasury al Revenue Service		► Go to v	www.irs.gov/Fo	P Attach to Form 990. prm990 for instructions and the lates	t information.		Open to Public Inspection	
Nam	e of the organizatio	n					Employer id	dentification number	
-	GETHER RIS						45-536		
Pa	rt I General Form 990, 1			ctivities Ou	tside the United States. Comple	ete if the organ	ization answe	red "Yes" on	
1				n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance		
•					the selection criteria used to award the			X Yes No	
2	For grantmakers. United States.	. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and o	ther assistanc	e outside the	
3		ion. (Th	ne following Part	L line 3 table c	an be duplicated if additional space is r	needed.)			
	(a) Region		(b) Number of		(d) Activities conducted in the region		vity listed in (d	l) (f) Total	
			offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures	
			in the region	independent	gram services, investments, grants to		specific type	I Investments	
				contractors in the region	recipients located in the region)	of service	(s) in the regio	in the region	
EAS	T ASIA AND THE				GRANTS TO RECIPIENTS				
PAC	IFIC		0	0	LOCATED IN THE REGION			725,072.	
								<u>, </u>	
					GRANTS TO RECIPIENTS				
EUR	OPE		0	0	LOCATED IN THE REGION			13,000.	
-									

3 a	Subtotal	0	0		738,072.
b	Total from continuation				
	sheets to Part I	0	0		0.
с	Totals (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

032071 12-03-20

12550909 745960 29875

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

TOGETHER RISING

Page 2

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.

	EAST ASIA AND THE PACIFIC EAST ASIA AND THE PACIFIC	BLAZEAID INC FOR AID IN POST-FIRE WORK OF REBUILDING AFTER AUSTRALIAN BUSHFIRES FOODBANK AUSTRALIA LIMITED - FOOD SUPPORT FOR AUSTRALIANS IMPACTED		WIRE TRANSFER	0.	
	EAST ASIA AND THE PACIFIC EAST ASIA AND THE PACIFIC	OF REBUILDING AFTER AUSTRALIAN BUSHFIRES FOODBANK AUSTRALIA LIMITED - FOOD SUPPORT FOR AUSTRALIANS IMPACTED		WIRE TRANSFER	0.	
	PACIFIC EAST ASIA AND THE PACIFIC	AUSTRALIAN BUSHFIRES FOODBANK AUSTRALIA LIMITED – FOOD SUPPORT FOR AUSTRALIANS IMPACTED		WIRE TRANSFER	0.	
P	EAST ASIA AND THE PACIFIC	FOODBANK AUSTRALIA LIMITED – FOOD SUPPORT FOR AUSTRALIANS IMPACTED		WIRE TRANSFER	0.	
F	EAST ASIA AND THE PACIFIC	LIMITED - FOOD SUPPORT FOR AUSTRALIANS IMPACTED	126 715			
F	EAST ASIA AND THE PACIFIC	SUPPORT FOR AUSTRALIANS IMPACTED	126 715			
F	PACIFIC	AUSTRALIANS IMPACTED	126 715			1
			126 715			
			130,/15.	WIRE TRANSFER	٥.	
F		FIRST NATIONS				
T.		PEOPLES' OF AUSTRALIA				
r	EAST ASIA AND THE	BUSHFIRE RELIEF -				
I	PACIFIC	PROVIDED CULTURALLY	210,197.	CASH	Ο.	
		KOALAS IN CARE - FOR	-			
		CARE, REHABILITATION,				
I	EAST ASIA AND THE	AND VETERINARY				
I	PACIFIC	TREATMENT FOR KOALAS	44,714.	CASH	٥.	
I	EAST ASIA AND THE	LAKE TYERS ABORIGINAL				
I	PACIFIC	FIRE BRIGADE	38,462.	WIRE TRANSFER	٥.	
		ST. VINCENT DE PAUL	-			
		SOCIETY - FOR				
I	EAST ASIA AND THE	EMERGENCY SUPPORT,				
I	PACIFIC	FOOD, CLOTHING, AND	60,266.	CASH	Ο.	
		VETS FOR COMPASSION -	-			
		FOR TRAINED VETS TO				
I	EAST ASIA AND THE	TRAVEL AND CARE FOR				
I	PACIFIC	WILDLIFE, FARM, AND	73,716.	CASH	Ο.	
		WILD 2 FREE, INC	· ·			1
		, FOR ANIMAL SHELTER				
I		REHABILITATING AND				
I		RELEASING ORPHANED	72,670.	WIRE TRANSFER	Ο.	

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990)	TOGET	HER RISING			45-53	62738		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9		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 III Grants and Other Assistance		de the United St	ates. Complete if t		5 – 5362738 on Form 990, Part	IV, line 16.
Part III can be duplicated if ad (a) Type of grant or assistance	ditional space is need (b) Region	ed. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistan

Schedule F (Form 990) 2020

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 TOGETHER RISING

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				
032075 12-03-20						30		Schedule F (Form 990) 2020	0
12550909 7	45960	2987	5		2020.04020	••	RISING	298752	I.

Schedule F (Form 990) 2020 TOGETHER RISING 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

032075 12-03-20

SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth overnments, an lete if the organization	nd Individual	s in the Ŭn i on Form 990, Pa	ted States		OMB No. 1545-0047 2020 Open to Public			
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization TOGETHER	RISING						Employer identification number $45-5362738$			
Part I General Information on Grants a	nd Assistance									
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?					sistance, and the selec				
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	i c Governments. C	omplete if the org	anization answered ""	Yes" on Form 990, Par	t IV, line 21, for any			
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.						
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) a 3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	he line 1 table				≥ 29 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •			

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) TOGETHER RISING

45-5362738 Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(0) LIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							TO SUPPORT ACADEMIC AND
BREAKTHROUGH MIAMI							SOCIAL ENRICHMENT
3250 SW 3RD AVE							PROGRAMS FOR STUDENTS
MIAMI, FL 33129	26-2105534	501(C)(3)	25,000.	٥.			DURING COVID-19.
							TO SUPPORT FAMILIES AFTER
CATHERINE MCAULEY CENTER							THE IOWA DERECHO WITH
1220 5TH AVE SE							FOOD, SUPPLIES, AND
CEDAR RAPIDS, IA 52403	42-1342872	501(C)(3)	27,877.	Ο.			TEMPORARY SHELTER.
							TO PROVIDE YOUTH AGING
CITY LIVING NY							OUT OF FOSTER CARE WITH
1741 73RD ST							THE SUPPORT OF A
BROOKLYN, NY 11204	47-4998799	501(C)(3)	31,700.	Ο.			ONE-ON-ONE SOCIAL WORKER,
							TO PROVIDE PPE DURING
DIRECT RELIEF							COVID-19 TO THE NAVAJO
27 S. LA PATERA LANE							NATION AND FIRST
GOLETA, CA 93117	95-1831116	501(C)(3)	520,834.	0.			RESPONDERS IN THE US AND
FATE FOUNDATION							TO PROVIDE ONLINE DANCE
							CLASSES TO UNDERSERVED
337 RECTOR PLACE, APT. 3I	83-2196896	501(C)(3)	5,000.	0.			KIDS IN NEW YORK.
NEW YORK, NY 10280	03-2190090	501(C)(3)	5,000.	0.			KIDS IN NEW TORK.
GIDEON'S ARMY							TO PROVIDE SUPPORT AFTER
600 28TH AVE N							A TORNADO IN MIDDLE
NASHVILLE, TN 37209	82-1741628	501(C)(3)	50,000.	Ο.			TENNESSEE.
							TO PROVIDE ACADEMIC
GIRLS INCORPORATED OF CENTRAL							SUPPORT, HEALTH AND
ALABAMA - PO BOX 130729 -							WELLNESS EDUCATION, AND
BIRMINGHAM, AL 35213	63-0328643	501(C)(3)	5,000.	0.			LIFE SKILLS TO HELP GIRLS
			, 				TO INSTALL BOOKS ABOUT
HARPER'S CORNER FOUNDATION INC.							DIVERSE TOPICS AND BY
1775 ELMWOOD AVE.							DIVERSE AUTHORS IN FIVE
COLUMBUS, OH 43212	85-1324558	501(C)(3)	5,000.	Ο.			SCHOOLS IN OHIO.
,			1 ,	- •			TO FUND BAIL BONDS FOR
HIGHLANDER RESEARCH AND EDUCATION							BLACK MOTHERS AND
CENTER - 1959 HIGHLANDER WAY - NEW							CAREGIVERS VIA NATIONAL
MARKET, TN 37820		501(C)(3)	211,800.	Ο.			BAIL OUT.

Schedule I (Form 990)

Schedule I (Form 990) TOGETHER RISING

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(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
							TO MOBILIZE A DEFENDER
JUSTICE IN MOTION							NETWORK TO LOCATE AND
789 WASHINGTON AVENUE							ACCESS THE PARENTS OF
BROOKLYN, NY 11238	72-1597864	501(C)(3)	250,000.	0.			DETAINED CHILDREN, IN
KACHEMAK BAY FAMILY PLANNING							TO PROVIDE COMMUNITY
CLINIC - 3959 BEN WALTERS LANE -							SUPPORT FOR LGBTQI+ YOUTH
HOMER, AK 99603	92-0106486	501(C)(3)	5,000.	٥.			IN RURAL ALASKA.
							TO SUPPORT FEMALE
KLINE VETERANS FUND							VETERANS AND THEIR
7881 W. CHARLESTON BLVD, SUITE 165							CHILDREN IN CRITICAL NEED
LAS VEGAS, NV 89117		501(C)(3)	50,000.	0.			OF HOUSING ASSISTANCE IN
,,			,				TO FUND EMERGENCY
NATIONAL CENTER FOR YOUTH LAW							INSPECTION OF DETENTION
1212 BROADWAY, SUITE 600							CENTER CONDITIONS AND
OAKLAND, CA 94612	94-2506933	501(C)(3)	456,705.	0.			PROVIDE FOR THE
							TO PROVIDE ASSISTANCE TO
NIDO DE ESPERANZA							MOMS AND THEIR CHILDREN
4111 BROADWAY							DURING COVID-19 IN
NEW YORK, NY 10033	82-5510616	501(C)(3)	68,200.	0.			WASHINGTON HEIGHTS NYC.
							TO SUPPORT HEALTH CARE
ONE HEART WORLDWIDE							PROVIDORS WORKING WITH
1818 PACHECO STREET							PREGNANT WOMEN IN RURAL
SAN FRANCISCO, CA 94116	30-1032421	501(C)(3)	100,000.	0.			PARTS OF NEVADA.
	50 1052421	501(0)(3)	100,000.	· · ·			TO PURCHASE COMPUTERS FOR
ONE SIMPLE WISH							UNDER-RESOURCED KIDS TO
1977 NORTH OLDEN AVE., #292							ACCESS EDUCATION DURING
TRENTON, NJ 08618	26-3128590	501(C)(3)	25,000.	0.			SCHOOL CLOSURES.
TREATON, NO 00010	20-3120390	501(0)(3)	25,000.	<u>,</u>			TO FUND FOOD AND WATER
ONE SPIRIT							DELIVERY TO INDIGENOUS
PO BOX 3209							
	26-3502002	501(0)(2)	150 564	0.			FAMILIES ON PINE RIDGE
RAPID CITY, SD 57709	26-3592983	501(C)(3)	159,564.	0.			RESERVATION AFTER MASSIVE
							TO SUPPORT TRAINING AND
OSTARA INITIATIVE							EXPANSION OF WORK TO
PO BOX 18603							CONTINUE TO SUPPORT
MINNEAPOLIS, MN 55418	82-4855661	pu1(C)(3)	75,000.	0.		1	INCARCERATED PARENTS

Schedule I (Form 990)

Schedule I (Form 990) TOGETHER RISING

45-5362738 Page 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 non-cash assistance	(h) Purpose of grant or assistance
							TO DEPLOY A HOSPITAINER
PARTNERS RELIEF & DEVELOPMENT							TO PROVIDE LIFE-SAVING
583 ADA DRIVE SOUTHEAST, SUITE 101							AID TO FAMILIES FLEEING
ADA, MI 49301	22-3786806	501(C)(3)	66,505.	0.			IDLIB.
							TO FUND DEDICATED
SAFE PASSAGE PROJECT							ADVOCATES AND SOCIAL
185 W BROADWAY				_			WORKERS FOR
NEW YORK, NY 10013	46-2946211	501(C)(3)	20,000.	0.			UNDERREPRESENTED CHILDREN
SOCIAL AND ENVIRONMENTAL							TO SUPPORT NQTTCN'S
ENTREPRENEURS - 23564 CALABASAS							MENTAL HEALTH FUND,
ROAD, SUITE 201 - CALABASAS, CA	95-4116679	F01/(d)/(2)	20.000	0.			PROVIDING CRITICAL MENTAL
91302	95-41100/9	501(C)(3)	30,000.	0.			HEALTH SUPPORT FOR QUEER
UCSF FOUNDATION							TO SUPPORT THE UCSF HEAL
220 MONTGOMERY ST., 5TH FLOOR							INITIATIVE IN THE NAVAJO
SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	50,000.	0.			NATION.
	51 2025511	501(0)(3)					
YEMEN RELIEF AND RECONSTRUCTION							TO PROVIDE FOOD FOR
FOUNDATION - 3216 74TH PL SE -							FAMILIES IN YEMEN DURING
MERCER ISLAND, WA 98040	82-2418739	501(C)(3)	240,000.	Ο.			THE COVID-19 PANDEMIC.
			,				

Schedule I (Form 990)

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.

HUMANITARIAN GRANTS TO ASSIST IN DAILY LIVING 570 NEEDS 570 Image: Strain of the st	632,022. 14,5	516.FMV	PROVISION OF GOODS INCLUDING BUT NOT LIMITED TO CLOTHING, GROCERIES, DIAPERS, TOYS, DESK FURNITURE, USED CAR, AND A
NEEDS 570	632,022. 14,5	516.FMV	GROCERIES, DIAPERS, TOYS, DESK
NEEDS 570	632,022. 14,5	516.FMV	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part	632,022. 14,5	516.FMV	FURNITURE, USED CAR, AND A
	III, column (b); and any oth	other additional information.	
CARL I, UING 4:			
FOGETHER RISING HAS A VETTING PROCESS IN PLACE	TO MONITOR TH	THE USE OF GRANT	
FUNDS IN THE UNITED STATES. INDIVIDUALS SUBMIT	AN APPLICATIC	LON FOR	
ASSISTANCE, AND COMPLETE A SERIES OF QUESTIONS	THAT ENABLE U	US TO VERIFY	
THEIR IDENTITY AND TO ASSIST IN VALIDATING THE			

36

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 032291
04-01-20
Schedule I (Form 990)

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 Schedule I (Form 990)
 TOGETHER RISING

 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.

032291 04-01-20 Schedule I (Form 990)

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 I (Form 990)

032291 04-01-20

SCHEDULE O

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



45-5362738

TOGETHER RISING

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

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 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
TOGETHER RISING	45-5362738

IN AUGUST, A DERECHO STORM WITH 100 MILE-PER-HOUR WINDS SWEPT 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.

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
TOGETHER RISING	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 032212 11-20-20 821 42

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2020.04020 TOGETHER RISING
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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.
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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.

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	Page 2
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 COMMITTEE;	S AND RECUSES
HIM/HERSELF WHILE THE COMMITTEE MAKES A DETERMINATION OF	THE CONFLICT OF
INTEREST. IF THE COMMITTEE DETERMINES THAT THE INTERESTE	D PERSON HAS
CREATED A CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISC	CIPLINARY 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.

032212 11-20-20