

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public  
Inspection

<b>A</b> For the <b>2023</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>TOGETHER RISING</b></td> <td rowspan="4"><b>D</b> Employer identification number  <b>45-5362738</b></td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>2589 HOLLY MANOR DRIVE</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>FALLS CHURCH, VA 22043</b></td> <td><b>E</b> Telephone number <b>202-964-0491</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>GLENNON DOYLE</b> <b>SAME AS C ABOVE</b></td> <td><b>G</b> Gross receipts \$ <b>6,382,185.</b></td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.TOGETHERRISING.ORG</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>2012</b></td> <td><b>M</b> State of legal domicile: <b>VA</b></td> </tr> </table>	<b>C</b> Name of organization <b>TOGETHER RISING</b>		<b>D</b> Employer identification number  <b>45-5362738</b>	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>2589 HOLLY MANOR DRIVE</b>		City or town, state or province, country, and ZIP or foreign postal code <b>FALLS CHURCH, VA 22043</b>		<b>E</b> Telephone number <b>202-964-0491</b>	<b>F</b> Name and address of principal officer: <b>GLENNON DOYLE</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>6,382,185.</b>	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: <b>WWW.TOGETHERRISING.ORG</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	<b>L</b> Year of formation: <b>2012</b>		<b>M</b> State of legal domicile: <b>VA</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TOGETHER RISING EXISTS TO TURN OUR COLLECTIVE HEARTBREAK INTO EFFECTIVE ACTION.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>	
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>6</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>10,325,092.</b>	<b>6,247,661.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>50,411.</b>	<b>84,474.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0.</b>	<b>9,004.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>10,375,503.</b>	<b>6,341,139.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>8,691,283.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>305,528.</b>	<b>470,137.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>114,749.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>517,450.</b>	<b>389,825.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>9,514,261.</b>	<b>6,054,184.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>861,242.</b>	<b>286,955.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)		<b>3,765,703.</b>	<b>4,148,397.</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>16,041.</b>	<b>28,475.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>3,749,662.</b>	<b>4,119,922.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	<b>8/1/2024</b> Date			
	<b>ELIZABETH BOOK, SECRETARY</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature 	Date <b>08/01/2024</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00288314</b>
	Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>		Firm's EIN <b>52-1392008</b>		Phone no. <b>301-951-9090</b>
Firm's address <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>					

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1**
- Briefly describe the organization's mission:

**TOGETHER RISING EXISTS TO TURN OUR COLLECTIVE HEARTBREAK INTO EFFECTIVE ACTION.**

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

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No**

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a**
- (Code: ) (Expenses \$
- 5,479,534.**
- including grants of \$
- 5,194,222.**
- ) (Revenue \$ )

**FOR OUR LARGEST PROGRAM, TOGETHER RISING INVESTED IN DOZENS OF TRUSTED, BOOTS-ON-THE-GROUND PARTNER ORGANIZATIONS MEETING THE MOST URGENT NEEDS OF THEIR COMMUNITIES. THE BOARD VOTED TO APPROVE A TOTAL OF \$2,093,467.05 IN ORGANIZATION GRANTS.****IN RESPONSE TO REPEATED ATTACKS THROUGHOUT THE COUNTRY ON LGBTQ+ COMMUNITIES AND TRANSGENDER YOUTH, TOGETHER RISING INVESTED \$375,000 IN TRUSTED PARTNER ORGANIZATIONS TO SUPPORT LGBTQ+ COMMUNITIES AND HELP PROVIDE LIFE-SAVING GENDER-AFFIRMING CARE. OUTMEMPHIS IS ONE OF THOSE ORGANIZATIONS. EVERYDAY, OUTMEMPHIS IS LITERALLY MAKING A WAY OUT OF NO WAY BY CREATING A PIPELINE OUT OF TENNESSEE AND THE MID-SOUTH AND INTO ILLINOIS, THE CLOSEST TRANS-FRIENDLY STATE. (CONTINUED ON SCHEDULE O)**

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

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

- 4d**
- Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

- 4e**
- Total program service expenses
- 5,479,534.**

Form **990** (2023)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b>	X
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 6	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 6		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b> N/A		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b> N/A		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b> N/A		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b> N/A		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b> N/A		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> N/A		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b> N/A		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> 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? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b> N/A		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

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

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a														X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a		X										
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.															
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13					12a					X					
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b				X					
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							12c			X					
<b>13</b> Did the organization have a written whistleblower policy?								13		X					
<b>14</b> Did the organization have a written document retention and destruction policy?									14	X					
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
<b>a</b> The organization's CEO, Executive Director, or top management official										15a				X	
<b>b</b> Other officers or key employees of the organization											15b				X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												16a			X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?													16b		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**ELIZABETH BOOK - (571) 643-1428**  
**2589 HOLLY MANOR DRIVE, FALLS CHURCH, VA 22043**

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

## Part VII

<b>1b Subtotal</b> .....	150,309.	0.	8,451.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	150,309.	0.	8,451.

1

## Section B. Independent Contractors

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

0



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,247,661.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 62,333.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		6,247,661.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			84,474.		84,474.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal		
	<b>b</b>	Less: rental expenses ...		<b>6b</b>			
	<b>c</b>	Rental income or (loss) .....		<b>6c</b>			
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses .....		<b>7b</b>			
	<b>c</b>	Gain or (loss) .....		<b>7c</b>			
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....		<b>8b</b>				
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....		<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....		<b>10b</b>	50,050.			
<b>c</b>	Net income or (loss) from sales of inventory .....			41,046.			
				9,004.		9,004.	
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
	<b>11 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....			6,341,139.	0.	0.	93,478.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,316,173.	3,316,173.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,194,747.	1,194,747.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	683,302.	683,302.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	158,760.	63,504.	63,504.	31,752.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	258,016.	184,871.	41,958.	31,187.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
<b>9</b> Other employee benefits .....	19,262.	13,247.	3,548.	2,467.
<b>10</b> Payroll taxes .....	34,099.	20,459.	8,525.	5,115.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	5,775.		5,775.	
<b>c</b> Accounting .....	72,008.		72,008.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	12,106.		12,106.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	26,450.		26,450.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	55,557.		55,557.	
<b>14</b> Information technology .....	19,393.		19,393.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	3,281.	1,969.	820.	492.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>MERCHANT BANK FEES</b> .....	166,351.		122,931.	43,420.
<b>b</b> <b>MICELLANEOUS EXPENSES</b> .....	20,037.		20,037.	
<b>c</b> <b>TECH STIPEND REIMBURSEM</b> .....	6,000.		6,000.	
<b>d</b> <b>PAYROLL FEES</b> .....	2,104.	1,262.	526.	316.
<b>e</b> All other expenses .....	763.		763.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	6,054,184.	5,479,534.	459,901.	114,749.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,977,974.	<b>1</b>	2,113,564.
	<b>2</b> Savings and temporary cash investments .....	227,467.	<b>2</b>	196,798.
	<b>3</b> Pledges and grants receivable, net .....	276,341.	<b>3</b>	305,295.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		
	<b>11</b> Investments - publicly traded securities .....	1,283,921.	<b>11</b>	1,532,740.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,765,703.	<b>16</b>	4,148,397.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,041.	<b>17</b>	28,475.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	16,041.	<b>26</b>	28,475.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,749,662.	<b>27</b>	3,969,922.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	150,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	3,749,662.	<b>32</b>	4,119,922.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	3,765,703.	<b>33</b>	4,148,397.

Form 990 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,341,139.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,054,184.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	286,955.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,749,662.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	83,305.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	4,119,922.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form 990 (2023)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public Inspection**

Name of the organization

TOGETHER RISING

Employer identification number

45-5362738

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

**f** Enter the number of supported organizations

**g** Provide the following information about the supported organization(s).

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6622237.	6259511.	7554604.	10325092.	6247661.	37009105.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6622237.	6259511.	7554604.	10325092.	6247661.	37009105.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						37009105.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	6622237.	6259511.	7554604.	10325092.	6247661.	37009105.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,414.	3,577.	20,389.	50,411.	84,474.	163,265.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		1,000.				1,000.
<b>11 Total support.</b> Add lines 7 through 10						37173370.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	50,050.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.56	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.78	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			
			<input type="checkbox"/>

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

## Part VI

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

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**TOGETHER RISING**

Employer identification number

**45-5362738**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

**TOGETHER RISING****45-5362738****Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

45-5362738

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

**TOGETHER RISING****45-5362738**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

TOGETHER RISING

Employer identification number

45-5362738

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located .....

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

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2023

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

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

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

Schedule D (Form 990) 2023

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	<b>6,412,338.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	<b>83,305.</b>
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>83,305.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>6,329,033.</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	<b>12,106.</b>
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	<b>12,106.</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	<b>6,341,139.</b>

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1			Total expenses and losses per audited financial statements	1	6,042,078.
2			Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	2a	Donated services and use of facilities			
b	2b	Prior year adjustments			
c	2c	Other losses			
d	2d	Other (Describe in Part XIII.)			
e			Add lines 2a through 2d	2e	0.
3			Subtract line 2e from line 1	3	6,042,078.
4			Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	4a	Investment expenses not included on Form 990, Part VIII, line 7b	12,106.		
b	4b	Other (Describe in Part XIII.)			
c			Add lines 4a and 4b	4c	12,106.
5			Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,054,184.

## Part XIII Supplemental Information

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Employer identification number

TOGETHER RISING

45-5362738

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		27,030.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		648,221.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		8,051.
<b>3 a Subtotal</b> .....	0	0			683,302.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			683,302.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	LUBNA ACADEMY - TO SUPPORT EDUCATION COSTS FOR THREE REFUGEE STUDENTS WITH	27,030.	WIRE TRANSFER	0.		
		EUROPE	HAYATA DESTEK DEMEGI - TO SUPPORT FAMILIES IN TRKIYE AND SYRIA AFTER THE DEVASTATING	244,784.	WIRE TRANSFER	0.		
		EUROPE	INTERNATIONAL BLUE CRESCENT RELIEF AND DEVELOPMENT FOUNDATION - TO	394,784.	WIRE TRANSFER	0.		

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

3

0

.....

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2023



**Part IV Foreign Forms**

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

Schedule F (Form 990) 2023



**Part V Supplemental Information**

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

**PART I, LINE 2:**

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

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

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: LUBNA ACADEMY - TO SUPPORT EDUCATION COSTS FOR THREE REFUGEE STUDENTS WITH SPECIAL EDUCATION NEEDS.

REGION: EUROPE

(D) PURPOSE OF GRANT: HAYATA DESTEK DEMEGI - TO SUPPORT FAMILIES IN TRKIYE AND SYRIA AFTER THE DEVASTATING 2023 EARTHQUAKES THROUGH THE PROVISION OF FOOD, WATER, HYGIENE FACILITIES, AND NUTRITION AND ESSENTIAL SUPPLIES FOR BABIES/YOUNG CHILDREN.

REGION: EUROPE

(D) PURPOSE OF GRANT: INTERNATIONAL BLUE CRESCENT RELIEF AND DEVELOPMENT FOUNDATION - TO SUPPORT FAMILIES IN TRKIYE, SYRIA, AND MOROCCO AFTER DEVASTATING EARTHQUAKES AND TO SUPPORT FAMILIES IMPACTED BY THE FLOODING

**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.

IN LIBYA WITH HEALTHCARE SERVICES, EMERGENCY WATER, SANITATION, AND  
HYGIENE SYSTEMS, AND MENTAL HEALTH SUPPORT .

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

TOGETHER RISING

Part I General Information on Grants and Assistance

Employer identification number  
45-5362738

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
904WARD 40 EAST ADAMS STREET, LT50 JACKSONVILLE, FL 32202	82-2604507	501(C)(3)	25,000.	0.			TO SUPPORT THEIR ANTI-RACISM WORK THROUGH COMMUNITY-WIDE ACTIVISM, DIALOGUE, AND EDUCATION
ACTION AGAINST HUNGER USA ONE WHITEHALL STREET, 2ND FL NEW YORK, NY 10004	13-3327220	501(C)(3)	150,000.	0.			TO EXPAND ACTION AGAINST HUNGER'S EFFORTS TO NOURISH
AISES 6321 RIVERSIDE PLAZA LANE NW, UNIT ALBUQUERQUE, NM 87120	73-1023474	501(C)(3)	50,000.	0.			TO ENSURE MORE INDIGENOUS PEOPLE HAVE ACCESS TO AISES PRE-COLLEGE, COLLEGE, AND PROFESSIONAL
AL OTRO LADO. PO BOX 32578 LOS ANGELES, CA 90032	47-2910078	501(C)(3)	250,000.	0.			TO SUPPORT, ADVOCATE, AND REUNIFY FAMILIES SEPARATED AT THE US/MEXICO BORDER.
ASIAN YOUTH CENTER 100 W CLARY AVE SAN GABRIEL, CA 91776	33-0383691	501(C)(3)	50,000.	0.			TO SUPPORT CRITICAL YOUTH AND FAMILY SERVICES, BYSTANDER INTERVENTION WORKSHOPS, AND CULTURALLY
CAMPAIGN SOUTHERN EQUALITY P.O. BOX 364 ASHEVILLE, NC 28802	27-4064401	501(C)(3)	50,000.	0.			TO SUPPORT THEIR SOUTHERN TRANS YOUTH EMERGENCY PROJECT (STYEP) PROVIDING GRANTS, PATIENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 42.

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COAHOMA COMMUNITY COLLEGE 510 SUNBELT DRIVE CLARKSDALE, MS 38614	64-0437624	EDUCATIONAL INST	10,000.	0.			TO SUPPORT THE STUDENT GOVERNMENT ASSOCIATION TO HELP PURCHASE GOODS FOR DISTRIBUTION TO PEOPLE
EAST LOS ANGELES WOMEN'S CENTER 431 S. ATLANTIC BLVD. LOS ANGELES, CA 90022	51-0204577	501(C)(3)	50,000.	0.			TO SUPPORT THEIR EVER-EXPANDING PROGRAMMING FOR WOMEN, MEN, YOUTH, AND THE
EASTERN PA TRANS EQUITY PROJECT INC. - 1807 MAJESTIC DRIVE - OREFIELD, PA 18069	84-3324666	501(C)(3)	10,000.	0.			TO EMPOWER AND SUPPORT TRANSGENDER PENNSYLVANIANS WHILE BUILDING COMMUNITY AND
EDWARD KLINE MEMORIAL HOMELESS VETERANS FUND - 7881 W. CHARLESTON BLVD., SUITE 165 - LAS VEGAS, NV 89117	45-2285031	501(C)(3)	50,000.	0.			TO EXPAND THEIR PROGRAM CAPACITY BY TEN PERCENT WITH FUNDS FOR RENT/MORTGAGE ASSISTANCE,
FENIX HUMANITARIAN LEGAL AID 2598 E SUNRISE BLVD 2104 SOUTH BEND, IN 33304	83-2692991	501(C)(3)	48,922.	0.			TO PROVIDE YEARLY SALARY FOR ONE LAWYER AND SIX MONTHS OF COVER PROTECTION (CASE
FRIENDS OF GUEST HOUSE. ONE EAST LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501(C)(3)	50,000.	0.			TO HELP SUPPORT 250 WOMEN TO SUCCESSFULLY REENTER THE COMMUNITY FROM INCARCERATION BY
GENDER ODYSSEY ALLIANCE 6523 CALIFORNIA AVE. SW #360 SEATTLE, WA 98136	45-4910834	501(C)(3)	50,000.	0.			TO SUPPORT TRANS FAMILIES AS THEY PROVIDE NATIONAL SUPPORT FOR GENDER-DIVERSE CHILDREN
ISEEYOU FOUNDATION INC 12902 CONTEE MANOR RD BOWIE, MD 20721	83-1210936	501(C)(3)	50,000.	0.			TO SUPPORT THE PEOPLE OF LIBYA AFFECTED BY FLOODING BY PROVIDING FOOD AND CARE PACKAGES.
IT TAKES A VILLAGE 2 EAST MAIN STREET, PO BOX 304 HUNTINGTON, MA 01050	47-1394720	501(C)(3)	10,000.	0.			TO REDUCE ISOLATION AND PROVIDE CRITICAL RESOURCES AND SUPPLIES TO FAMILIES THROUGH HOME

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238	72-1597864	501(C)(3)	176,000.	0.			TO MOBILIZE A DEFENDER NETWORK TO LOCATE AND ACCESS THE PARENTS OF DETAINED CHILDREN, IN
KA HALE A KE OLA HOMELESS RESOURCE CENTERS INC. - 670 WAI'ALE RD - WAILUKU, HI 96793	99-0301740	501(C)(3)	146,471.	0.			TO PROVIDE SHELTER, HOUSING, AND OTHER RESOURCES TO THOSE IMPACTED BY THE
KARAM FOUNDATION 2045 W. GRAND AVE, STE B PMB 88293 CHICAGO, IL 60612	37-1548241	501(C)(3)	246,919.	0.			TO PROVIDE HARSHIP ASSISTANCE IN THE FORM OF RENT, HOUSING ITEMS, AND OTHER CRITICAL NEEDS TO
LIFT JAX INC 40 EAST ADAMS STREET #350 JACKSONVILLE, FL 32202	85-0819002	501(C)(3)	25,000.	0.			TO SUPPORT THEIR WORK TO ERADICATE GENERATIONAL POVERTY BY SUPPORTING
MAUI FOOD BANK 760 KOLU STREET WAILUKU, HI 96793	99-0315110	501(C)(3)	146,470.	0.			HOUSING, EDUCATION, AND TO PROVIDE CRITICAL ITEMS, INCLUDING FOOD, DIAPERS, MENSTRUAL PRODUCTS, AND TOILETRIES
MAUI HUI MALAMA 375 MAHALANI STREET WAILUKU, HI 96793	99-0153863	501(C)(3)	40,718.	0.			TO SUPPORT THEIR EFFORTS TO SUPPLY FOOD, BASIC-NEED SUPPLIES, AND GAS AND GROCERY GIFT
ME TOO. INTERNATIONAL 245 N HIGHLAND AVE, STE. 230, NO. 8 ATLANTA, GA 30307	83-4447513	501(C)(3)	300,000.	0.			TO SUPPORT THEIR WORK CREATING PATHWAYS FOR SEXUAL VIOLENCE SURVIVORS FOR HEALING,
MIDDLE EAST CHILDREN'S ALLIANCE 1101 EIGHTH STREET, SUITE 100 BERKELEY, CA 94710	94-3074600	501(C)(3)	308,207.	0.			TO PROVIDE MEDICAL AID, CLEAN WATER, FOOD, AND TRAUMA SUPPORT FOR THE PEOPLE OF GAZA.
MISSISSIPPI VOTES 730 N JEFFERSON STREET JACKSON, MS 39202	82-1014316	501(C)(3)	10,000.	0.			TO HELP MISSISSIPPI STUDENT ADVOCACY TEAM PROVIDE WATER AND CARE PACKAGES FOR PEOPLE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NA KAMA KAI PO BOX 1803 WAIANAE, HI 96792	26-2034996	501(C)(3)	93,158.	0.			TO SUPPORT INDIVIDUALS DIRECTLY AND THE ORGANIZATION'S WORK TO RECEIVE, TRANSPORT, AND
NA KEIKI O EMALIA PO BOX 1137 WAILUKU, HI 96793	47-3859477	501(C)(3)	10,000.	0.			TO DIRECTLY SUPPORT GRIEVING FAMILIES AFFECTED BY THE MAUI FIRES AS THEY GRAPPLE
NEW ISRAEL FUND SIX EAST 39TH STREET, SUITE 301 NEW YORK, NY 10016	94-2607722	501(C)(3)	101,707.	0.			TO PROVIDE MEDICAL AID, CLEAN WATER, FOOD, AND TRAUMA SUPPORT FOR CIVILIANS OF ISRAEL.
NEW NEIGHBORS PARTNERSHIP ASSOCIATION - 245 W 107TH STREET, 3D - NEW YORK, NY 10025	85-3192882	501(C)(3)	17,300.	0.			TO HIRE A PART-TIME COORDINATOR, DEVOTED TO ASYLUM SEEKERS FROM CENTRAL AND SOUTH
OUTMEMPHIS 892 SOUTH COOPER MEMPHIS, TN 38104	62-1398741	501(C)(3)	200,000.	0.			TO SUPPORT VULNERABLE LGBTQ+ YOUTH IN THE MID-SOUTH WITH ACCESS TO HEALTH CARE AND MENTAL
PALESTINIAN CHILDREN RELIEF FUND 1340 MORRIS RD KENT, OH 44240	93-1057665	501(C)(3)	50,000.	0.			TO FUND MEDICAL INTERVENTION AND SUPPLIES FOR URGENT GAZA RELIEF.
PEERFORWARD 1140 3RD ST, NE SUITE 320 WASHINGTON, DC 20002	52-2007028	501(C)(3)	50,000.	0.			TO SUPPORT THEIR WORK CLOSING THE EDUCATION GAP IN UNDER-RESOURCED COMMUNITIES BY TRAINING
POTLUCK INC. 621 W. BROADWAY NORTH LITTLE ROCK,, AR 72114	71-0709327	501(C)(3)	20,000.	0.			TO SUPPORT THEIR EFFORTS TO FEED PEOPLE AND TO EDUCATE THE COMMUNITY ON THE BENEFITS OF FOOD
PROTECHOS 161 CALLE SAN JORGE, SUITE 200 SAN JUAN, PR 00911	66-0890066	501(C)(3)	59,200.	0.			TO SUPPORT PUERTO RICANS BY BUILDING ROOFS AND TRAINING WORKERS TO BUILD ROOFS SO MORE HOMES CAN

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOW CAFE LGBTQ 1320 S GIANT CITY RD STE F CARBONDALE, IL 62902	83-4270525	501(C)(3)	15,000.	0.			TO SUPPORT LGBTQ+ YOUTH VIA PROGRAMMING THAT AFFIRMS AND OFFERS NON-JUDGMENTAL SUPPORT
REFUGEE HEALTH ALLIANCE 8861 VILLA LA JOLLA DRIVE 12062 LA JOLLA, CA 92037	84-2743072	501(C)(3)	50,000.	0.			TO PROVIDE HEALTH CARE NEEDS OF MIGRANTS ALONG THE US/MEXICO BORDER.
RUTH'S REFUGEE 130 FENIMORE ST APT 3I BROOKLYN, NY 11225	83-4437163	501(C)(3)	21,600.	0.			TO PURCHASE BEDS AND BEDDING FOR 54 REFUGEES IN NEW YORK.
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	74,000.	0.			TO SUPPORT MIRY'S LIST IN PURCHASING BEDS FOR REFUGEES AND TO SUPPORT NATIONAL QUEER & TRANS
STRONGHEART'S NATIVE HELPLINE, INC 1995 RAHNCLIFF CT STE 200 EAGAN, MN 55122	84-4818989	501(C)(3)	50,000.	0.			TO SUPPORT INDIGENOUS PEOPLE EXPERIENCING DOMESTIC, SEXUAL, AND INTIMATE PARTNER VIOLENCE
THE BRIGID ALLIANCE PO BOX 58 NEW YORK, NY 10024	82-3843989	501(C)(3)	50,000.	0.			TO HELP 35 PEOPLE TRAVEL OUT-OF-STATE FOR ABORTION CARE BY PROVIDING CHILD CARE, FOOD, TRAVEL,
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	50,000.	0.			TO SUPPORT CITIES UNITED'S WORK OF VIOLENCE PREVENTION THAT REIMAGINES PUBLIC SAFETY
TOO YOUNG TO WED 1112 MAIN ST., FIRST FLOOR PEEKSKILL, NY 10566	46-5222420	501(C)(3)	50,000.	0.			TO SUPPORT AFGHAN FAMILIES, HEADED BY WIDOWS AND SINGLE MOTHERS, AFFECTED BY
YOUTH ALIVE! 3300 ELM STREET OAKLAND, CA 94609	94-3143254	501(C)(3)	50,500.	0.			TO SUPPORT THEIR EFFORTS FOR A THRIVING, PEACEFUL OAKLAND COMMUNITY VIA YOUTH LEADERSHIP TRAINING

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HUMANITARIAN GRANTS TO ASSIST IN DAILY LIVING NEEDS	150	844,842.	349,905. FMV		PROVISION OF GOODS INCLUDING BUT NOT LIMITED TO RENT, UTILITIES, CLASSROOM SUPPLIES, MEDICAL CARE, DENTAL WORK, AND
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

PART I, LINE 2:

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



**Part IV** Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 904WARD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR ANTI-RACISM WORK THROUGH COMMUNITY-WIDE ACTIVISM, DIALOGUE, AND EDUCATION PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: ACTION AGAINST HUNGER USA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND ACTION AGAINST HUNGER'S EFFORTS TO NOURISH CONFLICT-DISPLACED PEOPLE IN SUDAN INCLUDING THERAPEUTIC FOOD FOR MALNOURISHED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: AISES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE MORE INDIGENOUS PEOPLE HAVE ACCESS TO AISES PRE-COLLEGE, COLLEGE, AND PROFESSIONAL PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CRITICAL YOUTH AND FAMILY SERVICES, BYSTANDER INTERVENTION WORKSHOPS, AND CULTURALLY RELEVANT EMERGENCY FOOD DISTRIBUTION IN THE SAN GABRIEL VALLEY IN THE WAKE OF ANTI-ASIAN RACISM.

NAME OF ORGANIZATION OR GOVERNMENT: CAMPAIGN SOUTHERN EQUALITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR SOUTHERN TRANS YOUTH EMERGENCY PROJECT (STYEP) PROVIDING GRANTS, PATIENT NAVIGATION SUPPORT, AND ACCURATE INFORMATION TO IMPACTED FAMILIES OF TRANS YOUTH TO ENSURE THEY CAN ACCESS THE CARE THEY NEED AND DESERVE, EVEN IN THE FACE

**Part IV** Supplemental Information

OF OPPRESSIVE LAWS.

NAME OF ORGANIZATION OR GOVERNMENT: COAHOMA COMMUNITY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE STUDENT GOVERNMENT ASSOCIATION TO HELP PURCHASE GOODS FOR DISTRIBUTION TO PEOPLE AFFECTED BY THE MISSISSIPPI TORNADOES.

NAME OF ORGANIZATION OR GOVERNMENT: EAST LOS ANGELES WOMEN'S CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR EVER-EXPANDING PROGRAMMING FOR WOMEN, MEN, YOUTH, AND THE LATINE COMMUNITY AT LARGE, TO ENSURE THAT ALL WOMEN, GIRLS AND THEIR FAMILIES LIVE IN A PLACE OF SAFETY, HEALTH, AND PERSONAL WELL-BEING, FREE FROM VIOLENCE AND ABUSE, WITH EQUAL ACCESS TO NECESSARY HEALTH SERVICES AND SOCIAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN PA TRANS EQUITY PROJECT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER AND SUPPORT TRANSGENDER PENNSYLVANIANS WHILE BUILDING COMMUNITY AND PROMOTING SOCIAL JUSTICE BY PROVIDING DIRECT FINANCIAL SUPPORT FOR RENT, FOOD, MEDICAL CARE, UTILITIES, AND LEGAL NAME CHANGES.

NAME OF ORGANIZATION OR GOVERNMENT:

EDWARD KLINE MEMORIAL HOMELESS VETERANS FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THEIR PROGRAM CAPACITY BY TEN PERCENT WITH FUNDS FOR RENT/MORTGAGE ASSISTANCE, TEMPORARY SHELTER, RAPID REHOUSING DEPOSITS, SUPPORTIVE SERVICES, UTILITIES, FOOD, MEDICAL CARE AND OTHER SERVICES FOR VETERANS.

NAME OF ORGANIZATION OR GOVERNMENT: FENIX HUMANITARIAN LEGAL AID

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE YEARLY SALARY FOR ONE  
LAWYER AND SIX MONTHS OF COVER PROTECTION (CASE MANAGEMENT) COSTS FOR  
MIGRANT PEOPLE IN REFUGEE CAMPS IN LESVOS, GREECE.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF GUEST HOUSE.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUPPORT 250 WOMEN TO  
SUCCESSFULLY REENTER THE COMMUNITY FROM INCARCERATION BY SUPPORTING THEIR  
HEALTH, HOUSING, AND EMPLOYMENT NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: GENDER ODYSSEY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TRANS FAMILIES AS THEY  
PROVIDE NATIONAL SUPPORT FOR GENDER-DIVERSE CHILDREN  
AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: IT TAKES A VILLAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE ISOLATION AND PROVIDE  
CRITICAL RESOURCES AND SUPPLIES TO FAMILIES THROUGH HOME VISITS, A  
DONATION SITE, AND PARENT SUPPORT GROUPS.

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:

KA HALE A KE OLA HOMELESS RESOURCE CENTERS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SHELTER, HOUSING, AND

**Part IV** Supplemental Information

OTHER RESOURCES TO THOSE IMPACTED BY THE WILDFIRES.

NAME OF ORGANIZATION OR GOVERNMENT: KARAM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HARDSHIP ASSISTANCE IN THE FORM OF RENT, HOUSING ITEMS, AND OTHER CRITICAL NEEDS TO PEOPLE AFFECTED BY THE EARTHQUAKES IN SYRIA.

NAME OF ORGANIZATION OR GOVERNMENT: LIFT JAX INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR WORK TO ERADICATE GENERATIONAL POVERTY BY SUPPORTING HOUSING, EDUCATION, AND EMPLOYMENT OPPORTUNITIES IN THE HISTORIC EASTSIDE NEIGHBORHOOD OF JACKSONVILLE.

NAME OF ORGANIZATION OR GOVERNMENT: MAUI FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CRITICAL ITEMS, INCLUDING FOOD, DIAPERS, MENSTRUAL PRODUCTS, AND TOILETRIES TO PEOPLE AFFECTED BY THE WILDFIRES.

NAME OF ORGANIZATION OR GOVERNMENT: MAUI HUI MALAMA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR EFFORTS TO SUPPLY FOOD, BASIC-NEED SUPPLIES, AND GAS AND GROCERY GIFT CARDS. THEY ALSO HOSTED FAMILY SUPPORT DAYS FOR DISPLACED FAMILIES TO COME TOGETHER TO SHARE A MEAL AND BE IN COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: ME TOO. INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPORT THEIR WORK CREATING PATHWAYS FOR SEXUAL VIOLENCE SURVIVORS FOR HEALING, JUSTICE, ACTION AND LEADERSHIP.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MISSISSIPPI VOTES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP MISSISSIPPI STUDENT ADVOCACY TEAM PROVIDE WATER AND CARE PACKAGES FOR PEOPLE AFFECTED BY THE MISSISSIPPI TORNADOES.

NAME OF ORGANIZATION OR GOVERNMENT: NA KAMA KAI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INDIVIDUALS DIRECTLY AND THE ORGANIZATION'S WORK TO RECEIVE, TRANSPORT, AND MANAGE THE DISTRIBUTION OF CRITICAL SUPPLIES TO INDIVIDUALS ON THE GROUND IN LAHAINA/MAUI.

NAME OF ORGANIZATION OR GOVERNMENT: NA KEIKI O EMALIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DIRECTLY SUPPORT GRIEVING FAMILIES AFFECTED BY THE MAUI FIRES AS THEY GRAPPLE WITH THE LOSS OF THEIR HOMES, BELONGINGS, AND SENSE OF SECURITY.

NAME OF ORGANIZATION OR GOVERNMENT: NEW NEIGHBORS PARTNERSHIP ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A PART-TIME COORDINATOR, DEVOTED TO ASYLUM SEEKERS FROM CENTRAL AND SOUTH AMERICA, ALLOWING THEM TO PROVIDE ONGOING SUPPORT TO AT LEAST 60 INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: OUTMEMPHIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VULNERABLE LGBTQ+ YOUTH IN THE MID-SOUTH WITH ACCESS TO HEALTH CARE AND MENTAL HEALTH SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: PEERFORWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR WORK CLOSING THE EDUCATION GAP IN UNDER-RESOURCED COMMUNITIES BY TRAINING PEER LEADERS TO

**Part IV** Supplemental Information

SUPPORT OTHER STUDENTS IN HIGH SCHOOL AND COLLEGE.

NAME OF ORGANIZATION OR GOVERNMENT: POTLUCK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR EFFORTS TO FEED PEOPLE AND TO EDUCATE THE COMMUNITY ON THE BENEFITS OF FOOD REDISTRIBUTION AND ENVIRONMENTAL WASTE.

NAME OF ORGANIZATION OR GOVERNMENT: PROTECHOS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUERTO RICANS BY BUILDING ROOFS AND TRAINING WORKERS TO BUILD ROOFS SO MORE HOMES CAN BE REPAIRED FROM THE RECENT HURRICANES.

NAME OF ORGANIZATION OR GOVERNMENT: RAINBOW CAFE LGBTQ

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LGBTQ+ YOUTH VIA PROGRAMMING THAT AFFIRMS AND OFFERS NON-JUDGMENTAL SUPPORT AND ACCESS TO PERSONAL, COMMUNITY, SPIRITUAL, AND HEALTH RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIAL AND ENVIRONMENTAL ENTREPRENEURS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MIRY'S LIST IN PURCHASING BEDS FOR REFUGEES AND TO SUPPORT NATIONAL QUEER & TRANS THERAPISTS OF COLOR NETWORK IN THEIR TRANSFORMATIVE EFFORTS IN THE MENTAL HEALTH SPACE FOR QUEER AND TRANS PEOPLE OF COLOR.

NAME OF ORGANIZATION OR GOVERNMENT: STRONGHEARTS NATIVE HELPLINE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INDIGENOUS PEOPLE EXPERIENCING DOMESTIC, SEXUAL, AND INTIMATE PARTNER VIOLENCE THROUGH ANONYMOUS, AND CONFIDENTIAL SERVICES AVAILABLE 24/7 NATIONWIDE.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE BRIGID ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP 35 PEOPLE TRAVEL OUT-OF-STATE FOR ABORTION CARE BY PROVIDING CHILD CARE, FOOD, TRAVEL, LODGING, LOGISTICAL SUPPORT, AND RESOURCES FINDING FUNDING FOR THE ABORTION PROCEDURE ITSELF.

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CITIES UNITED'S WORK OF VIOLENCE PREVENTION THAT REIMAGINES PUBLIC SAFETY BY BUILDING LOCAL AND NATIONAL MOVEMENTS THAT WORK WITH POLICY MAKERS, COMMUNITY MEMBERS, AND NONPROFITS TO DESIGN STRATEGIES THAT CREATE SAFE, HEALTHY, AND HOPEFUL COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: TOO YOUNG TO WED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AFGHAN FAMILIES, HEADED BY WIDOWS AND SINGLE MOTHERS, AFFECTED BY EARTHQUAKES IN 2023 WITH HUMANITARIAN ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH ALIVE!

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR EFFORTS FOR A THRIVING, PEACEFUL OAKLAND COMMUNITY VIA YOUTH LEADERSHIP TRAINING AND PUBLIC ADVOCACY PROGRAMS, INTERVENTION PROGRAMS, AND HEALING PROGRAMS FOR FAMILIES OF HOMICIDE VICTIMS AND OTHERS TRAUMATIZED BY VIOLENCE.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: PROVISION OF GOODS INCLUDING BUT NOT LIMITED TO RENT, UTILITIES, CLASSROOM SUPPLIES, MEDICAL CARE, DENTAL

<b>Part IV</b>	<b>Supplemental Information</b>
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WORK, AND USED CARS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

TOGETHER RISING

Employer identification number

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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in or receive payment from a supplemental nonqualified retirement plan?

**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023



<b>Part III</b>	<b>Supplemental Information</b>
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**TOGETHER RISING**

Employer identification number

**45-5362738**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	<b>X</b>	<b>5</b>	<b>62,333. FMV</b>	
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ..... )				
26 Other ( ..... )				
27 Other ( ..... )				
28 Other ( ..... )				

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

**29**

**0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

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

Schedule M (Form 990) 2023

## Part II

### Supplemental Information.

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

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTORS.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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Inspection

Name of the organization

TOGETHER RISING

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

THERE, OUTMEMPHIS COORDINATES RESOURCES AND SUPPORT FOR LGBTQ+ YOUTH TO  
RECEIVE THE GENDER-AFFIRMING CARE THEY WANT, NEED, AND DESERVE.

AS THE HUMANITARIAN CRISIS IN GAZA REACHED NEW LEVELS OF DEATH,  
DESTRUCTION, AND VIOLENCE, TOGETHER RISING TURNED AGAIN TO SUPPORT TWO  
TRUSTED ORGANIZATIONS: THE MIDDLE EAST CHILDREN'S ALLIANCE (MECA) AND  
THE PALESTINIAN CHILDREN'S RELIEF FUND (PCRF). WITH INVESTMENTS  
TALLING \$358,207.31, THESE TWO ORGANIZATIONS WERE ABLE TO EXPAND  
THEIR EFFORTS OF PROVIDING ESSENTIAL FOOD STAPLES, CLEAN WATER, FRESH  
PRODUCE, HYGIENE SUPPLIES, AND MEDICAL SUPPORT TO THE PEOPLE OF GAZA.  
DESPITE THE VERY REAL DANGER THESE PARTNERS FACE DIRECTLY, MECA AND  
PCRF REMAIN COMMITTED BECAUSE THEY KNOW THE PEOPLE THEY SERVE ARE IN  
DESPERATE NEED OF RELIEF.

IN RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE, TOGETHER RISING  
INVESTED \$300,000 TO THE ORGANIZATION ME TOO. INTERNATIONAL. THE FUNDS  
WERE USED TO SUPPORT THEIR EFFORTS TO SHOW THAT SEXUAL VIOLENCE IS A  
PRODUCT OF OUR CULTURE, INSTITUTIONS, AND POLICIES, WHILE PROVIDING  
SURVIVORS WITH A PATH FROM HEALING TO ACTION.

ME TOO. INTERNATIONAL CREATES INNOVATIVE TECHNOLOGY AND COMMUNICATION  
CAMPAIGNS TO REDEFINE THE PUBLIC DISCOURSE AROUND SEXUAL VIOLENCE.  
DECADES OF WORKING WITH SURVIVORS HAS SHOWN THIS ORGANIZATION THAT  
HEALING IS THE FOUNDATION OF ALL TRANSFORMATIVE ACTION. IN THE LAST  
FOUR YEARS THEY HAVE CENTERED THEIR EFFORTS IN FOUR AREAS OF WORK: 1)

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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DEVELOPING CUTTING-EDGE TECHNOLOGY THAT BRINGS HEALING RESOURCES DIRECTLY TO SURVIVORS, FREE OF COST; 2) TRAINING STUDENT AND ADULT SURVIVORS IN HOW TO INTERRUPT SEXUAL VIOLENCE IN THEIR COMMUNITIES; 3) CONVENING LEADING ADVOCATES, MOVEMENT ORGANIZATIONS, AND THEORISTS TO WORK TOGETHER TO END SEXUAL VIOLENCE ON A GLOBAL SCALE; AND 4) INVESTING IN STRATEGIC COMMUNICATION STRATEGIES THAT HAVE INTERRUPTED HARMFUL NARRATIVES ABOUT THE REALITIES OF SEXUAL VIOLENCE AND SURVIVORS.

THROUGHOUT 2023, TOGETHER RISING INVESTED \$111,822 TO SUPPORT REFUGEE COMMUNITIES THROUGHOUT THE WORLD. WE INVESTED \$48,922 TO COVER THE SALARY FOR ONE LAWYER AND CLIENT MANAGEMENT COSTS FOR SIX MONTHS WITH FENIX HUMANITARIAN LEGAL AID TO MEET THE NEEDS OF REFUGEES FLEEING VIOLENCE FROM AFRICA, THE MIDDLE EAST, AND AFGHANISTAN. THIS SUPPORT WAS DEPLOYED THROUGH THE PROVISION OF IMMIGRATION LEGAL SERVICES, PSYCHOLOGICAL ASSESSMENTS, PSYCHOLOGICAL FIRST AID (40% OF THOSE ASSESSED REPORTED SUICIDAL IDEATION), AND REFERRALS TO PSYCHIATRIC CARE VIA LOCAL HOSPITAL PARTNERSHIPS. THE IMPACT IS THAT IT IS SIX MONTHS OF PEOPLE BEING TREATED AS WHOLE HUMAN BEINGS, DESERVING OF PROFESSIONAL SERVICES AND INDIVIDUALIZED CARE WITH TRAUMA-INFORMED TRAINING.

DISASTER RELIEF - \$1,468,304.26

IN RESPONSE TO NATURAL DISASTERS AROUND THE WORLD, TOGETHER RISING INVESTED \$1,468,304.26 TO SUPPORT COMMUNITIES IN NEED.

TOGETHER RISING RESPONDED TO THOSE DEVASTATED BY THE EARTHQUAKES IN TURKEY AND SYRIA. WE INVESTED \$736,487.46 IN THREE ORGANIZATIONS: THE SYRIAN-LED KARAM FOUNDATION, THE TURKISH-LED INTERNATIONAL BLUE

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CRESCENT, AND THE TURKISH-LED HAYATA DESTEK (SUPPORT TO LIFE). BECAUSE OF THESE ORGANIZATIONS' WORK, FAMILIES HAVE WET WIPES WHEN THEIR LITTLE ONES NEED DIAPER CHANGES AND THERMAL BLANKETS TO KEEP THEIR BABIES WARM DURING THE COLD NIGHTS. YOUNG PEOPLE HAVE A COMMUNITY OF THEIR PEERS BEING BROUGHT TOGETHER FOR GROUP ACTIVITIES, GIVING THEM SPACE TO PROCESS THE UNBEARABLE LOSS, GRIEF, AND TRAUMA. FAMILIES HAVE FOOD BASKETS WITH ESSENTIALS ENOUGH FOR A FAMILY OF FOUR TO EAT FOR AN ENTIRE WEEK.

TOGETHER RISING DISTRIBUTED \$451,816.80 FOR CRITICAL ASSISTANCE FOR FAMILIES DEVASTATED BY WILDFIRES ON THE ISLAND OF MAUI. WE DISTRIBUTED \$146,470.01 TO THE MAUI FOOD BANK TO PROVIDE ESSENTIALS, INCLUDING FOOD, DIAPERS, MENSTRUAL PRODUCTS, AND TOILETRIES, AND \$146,470.98 TO KA HALE A KE OLA HOMELESS RESOURCE CENTERS, HELPING THEM PROVIDE SHELTER, HOUSING, AND OTHER RESOURCES TO THOSE IMPACTED BY THE WILDFIRES. WE INVESTED \$10,000 IN N KEIKI O EMALIA TO DIRECTLY SUPPORT GRIEVING FAMILIES IN CRISIS AS THEY GRAPPLED WITH THE LOSS OF THEIR HOMES, BELONGINGS, AND SENSE OF SECURITY; \$93,157.77 TO N KAMA KAI TO SUPPORT THIS NATIVE HAWAIIAN-LED ORGANIZATION'S WORK TO RECEIVE, TRANSPORT, AND MANAGE THE DISTRIBUTION OF CRITICAL SUPPLIES TO INDIVIDUALS ON THE GROUND IN LAHAINA/MAUI; AND \$40,718.04 TO MAUI HUI MALAMA TO FURTHER THEIR EFFORTS TO SUPPLY FOOD, BASIC-NEED SUPPLIES, AND GAS AND GROCERY GIFT CARDS. THEY ALSO HOSTED FAMILY SUPPORT DAYS FOR DISPLACED FAMILIES TO COME TOGETHER TO SHARE A MEAL AND BE IN COMMUNITY.

WHEN A 6.3 MAGNITUDE EARTHQUAKE STRUCK THE PROVINCE OF HERAT IN AFGHANISTAN, OUR PARTNER, TOO YOUNG TO WED (TYTW) MOBILIZED IMMEDIATELY



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ON THE VERY DAY OF THE EARTHQUAKE, BEFORE MOST ORGANIZATIONS WERE EVEN ON THE GROUND. IN TENTS THEMSELVES, THAT FIRST NIGHT ALONE TYTW STAFF WERE DELIVERING AID TO OVER 1,000 FAMILIES. TOGETHER RISING WAS ABLE TO INVEST \$50,000 IN TYTW PROGRAMS TO SUPPORT FAMILIES WITH FOOD AND EDUCATION SO THAT THEY ARE NOT FACED WITH THE IMPOSSIBLE CHOICE TO EITHER SELL THEIR GIRL CHILDREN INTO MARRIAGE OR KEEP THEIR OTHER CHILDREN ALIVE.

TOGETHER RISING INVESTED \$100,000 IN OUR PARTNER INTERNATIONAL BLUE CRESCENT TO PROVIDE IMMEDIATE AID AFTER THE WORST EARTHQUAKE OCCURRED IN MOROCCO IN MORE THAN A CENTURY. THROUGH TOGETHER RISING'S DONATIONS, THEY WERE ABLE TO RESPOND WITH CORE RELIEF ITEMS, INCLUDING FOOD PACKETS, NON-FOOD ITEMS, TEMPORARY SHELTER, HYGIENE KITS, BLANKETS, AND DRINKING WATER.

WHEN HORRIFIC FLOODING OVERTOOK THE NORTHEASTERN CITY OF DERNIA IN LIBYA, TOGETHER RISING WAS ABLE TO SUPPORT \$50,000 EACH TO TWO LOCAL ORGANIZATIONS TO PROVIDE URGENT HEALTHCARE SERVICES, FOOD AND WATER, SANITATION, AND PROTECTION MEASURES ADDRESSING THE MOST VULNERABLE AND AT-RISK FROM FURTHER HARM INCLUDING MIGRANTS, REFUGEES, PEOPLE WITH DISABILITIES, WOMEN, GIRLS, CHILDREN, AND HEALTHCARE WORKERS. ONE OF THOSE ORGANIZATIONS, THE ISEEYOUFOUNDATION, SHARED THAT THEY WERE "FACILITATING GETTING RELIEF AID DIRECTLY ONTO THE GROUND IN LIBYA: MEDICAL SUPPLIES, DIAPERS, FOOD, MEDICINE, EVERYTHING NEEDED TO MOVE THROUGH THIS ACTUAL LIVING NIGHTMARE, THIS CATASTROPHE THAT HAS LEFT SO MANY IN A STATE OF SHOCK AND HORROR."

INDIVIDUAL GRANTS - \$1,206,450.20

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AS PART OF OUR THIRD LARGEST PROGRAM, TOGETHER RISING DISTRIBUTED \$1,214,141.20 IN GRANTS DIRECTLY TO INDIVIDUALS AND FAMILIES. VIRTUALLY ALL OF THESE GRANTS WERE DIRECTED TO FAMILIES AND INDIVIDUALS WHO APPLIED FOR SUPPORT, INCLUDING HELP WITH A RANGE OF BASIC NECESSITIES SUCH AS HOUSING, FOOD, ELECTRICITY, UNEXPECTED MEDICAL BILLS, TRANSPORTATION, AND MENTAL HEALTH SUPPORT SUCH AS THERAPY.

FOR EXAMPLE, TOGETHER RISING PROVIDED A GRANT TO JUANA. AFTER HER RENT NEARLY DOUBLED UNEXPECTEDLY, JUANA HAD ONLY 30 DAYS TO AGREE TO THE OUTRAGEOUS INCREASE OR SHE AND HER THREE DAUGHTERS WOULD BE EVICTED. TOGETHER RISING COVERED THE REMAINING AMOUNT JUANA NEEDED KEEPING HER AND HER GIRLS IN THEIR HOME FOR AN ENTIRE YEAR. ANOTHER INDIVIDUAL GRANT WENT TO ANGELIQUE, A SINGLE MOTHER OF FOUR WHO LOST HER MAIN SOURCE OF INCOME IN THE SPRING. LIKE SO MANY OTHERS, SHE WAS WORKING TWO JOBS JUST TO KEEP MOUTHS FED AND WAS THE SOLE TRANSPORTATION FOR HER KIDS TO GET TO SCHOOL. BUT LOSING HER JOB ALSO MEANT LOSING HER INSURANCE AND MUCH-NEEDED THERAPY FOR HER OLDEST DAUGHTER CHLOE. WE WERE ABLE TO FUND SIX MONTHS OF WEEKLY THERAPY FOR CHLOE.

ANGELIQUE SHARED, "BEING ABLE TO PROVIDE COUNSELING FOR MY DAUGHTER CHLOE WILL HAVE LASTING IMPACTS. I AM STILL IN SHOCK, TO BE HONEST. TO KNOW THERE ARE PEOPLE WHO CARE AND ARE WILLING TO HELP US IS AN AMAZING BOOST TO HELP ME KEEP GOING. WE LOVE YOU ALL AND WILL BE FOREVER GRATEFUL FOR THE IMPACT THIS ORGANIZATION HAS HAD ON OUR LIVES. TOGETHER RISING HAS CHANGED MY FAMILY FOR THE BETTER."

FAMILY REUNIFICATION GRANTS - \$426,000.01

THE BOARD VOTED TO APPROVE A TOTAL OF \$426,000.01 IN GRANTS TO CONTINUE

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TO SUPPORT AND REUNIFY FAMILIES WHO WERE SEPARATED AT THE U.S. BORDER  
UNDER THE FEDERAL GOVERNMENT'S "ZERO-TOLERANCE POLICY."

AL OTRO LADO (AOL) HAS BEEN A TRUSTED PARTNER OF TOGETHER RISING FOR  
YEARS IN THE WORK OF REUNIFYING SEPARATED MIGRANT FAMILIES AT THE  
MEXICO-U.S. BORDER. AOL'S CONTINUED MISSION, ESPECIALLY WITH THE ENDING  
OF TITLE 42, IS TO ENSURE THAT ASYLUM SEEKERS WILL NOT BE TURNED AWAY  
AT THE PORT OF ENTRY AND WILL NOT BE DEPORTED TO OTHER AREAS OF THE  
U.S. ILLEGALLY. OUR PROMISE TO NOT STOP UNTIL ALL FAMILIES ARE REUNITED  
IS SHARED BY AOL AND A GRANT OF \$250,000 IN 2023.

WE DISTRIBUTED \$176,000.01 TO JUSTICE IN MOTION, A LEADER IN THE EFFORT  
TO REUNIFY FAMILIES SEPARATED UNDER THE "ZERO-TOLERANCE POLICY."  
THROUGH ITS DEFENDER NETWORK A PARTNERSHIP WITH 40 ORGANIZATIONS IN  
MEXICO, GUATEMALA, HONDURAS, EL SALVADOR, AND NICARAGUA JUSTICE IN  
MOTION HAS BEEN KEY TO FINDING AND SUPPORTING PARENTS NO ONE ELSE COULD  
REACH, INCLUDING A FATHER FROM GUATEMALA WHO WAS DEPORTED BACK TO HIS  
NATIVE COUNTRY WHILE TWO OF HIS YOUNGER CHILDREN WERE DETAINED IN THE  
U.S. ONLY 2 MONTHS AFTER JUSTICE IN MOTION TOOK THEIR CASE, BOTH  
PARENTS HEADED TO THE U.S. TO REUNITE WITH THEIR CHILDREN.

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 UNRELATED TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 4:

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TOGETHER RISING AMENDED ITS BYLAWS EFFECTIVE MARCH 1, 2023 TO REFLECT THAT IT HAD AN EXECUTIVE DIRECTOR.

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.

IF A CONFLICT OF INTEREST ARISES, THE INTERESTED PERSON DISCLOSES ALL MATERIAL FACTS TO THE DIRECTORS/MEMBERS OF THE COMMITTEES AND RECUSES HERSELF FROM THE DETERMINATION OF THE REMAINING DIRECTORS/COMMITTEE MEMBERS REGARDING THE CONFLICT OF INTEREST. IF THE REMAINING DIRECTORS/COMMITTEE MEMBERS DETERMINE THAT THE INTERESTED PERSON HAS CREATED A CONFLICT OF INTEREST OR FAILED TO ADEQUATELY DISCLOSE A CONFLICT OF INTEREST, THEY WILL TAKE APPROPRIATE CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF TOGETHER RISING'S EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS, WHICH USES INFORMATION FROM VARIOUS INDEPENDENT SOURCES, INCLUDING COMPARABLE INFORMATION FROM OTHER SIMILAR ORGANIZATIONS, ADVICE FROM CONSULTANTS, AND MARKET ANALYSES. COMPENSATION WAS MOST RECENTLY REVIEWED IN AUGUST 2022.

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, KS, KY, ME, MD, MA, MI, MN, MS, NV, NJ, NM, NY, NC, ND, OH, OR  
PA, RI, SC, TN, UT, VA, WA, WV, WI

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

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