			** PUBLIC DISCLOSURE COPY		_	
	0	00	Return of Organization Exempt Fr	om Ir	ncome Tax	OMB No. 1545-0047
Forr	n y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exce	ept private foundations	» 2024
Department of the Treasury			Do not enter social security numbers on this form as it		Open to Public	
Intern	al Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection
<u>A</u> F	or the	e 2024 calend	ar year, or tax year beginning $ extsf{JAN} 1 , 2024 $ and en	nding J	UL 31, 2024	
	heck if oplicabl	e: C Name of	forganization		D Employer identification	ation number
	Addre					
	chang Name	e TOGE	THER RISING			0
]chang ∣Initial	e Doing b	usiness as		45-536273	8
]return]Final			oom/suite	E Telephone number	401
	return، termin		HOLLY MANOR DRIVE		202-964-0	2,422,673.
	ated Amen		own, state or province, country, and ZIP or foreign postal code S CHURCH, VA 22043		G Gross receipts \$	
-	_return]Applic		nd address of principal officer: GLENNON DOYLE		H(a) Is this a group ret for subordinates?	
	⊥tion pendir		AS C ABOVE		H(b) Are all subordinates inc	····· = =
ТТ	ax-ex	empt status:		527		st. See instructions
	Vebsit				H(c) Group exemption	
			X Corporation Trust Association Other	L Year of		State of legal domicile: VA
	rt I	Summary		1 - · · · · ·		
	1	Briefly describ	be the organization's mission or most significant activities: $\underline{ extsf{TOGETH}}$	HER R	ISING EXISTS	TO TURN
nce			LECTIVE HEARTBREAK INTO EFFECTIVE AG			
Governance	2	Check this bo	x X if the organization discontinued its operations or disposed	d of more	than 25% of its net asse	ets.
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			8
ğ	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			8
ss 8	5	Total number	of individuals employed in calendar year 2024 (Part V, line 2a)			4
Activities &			of volunteers (estimate if necessary)			15
Acti			d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
	_	_			Prior Year	Current Year
en			and grants (Part VIII, line 1h)		6,247,661.	2,384,696.
Revenue		•	ce revenue (Part VIII, line 2g)		84,474.	<u> </u>
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		9,004.	198.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	6,341,139.	2,422,673.
			<u>- add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> nilar amounts paid (Part IX, column (A), lines 1-3)		5,194,222.	5,419,364.
			to or for members (Part IX, column (A), line 4)		0.	0.
		<u> </u>			470,137.	745,800.
sea	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraisi	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>131, 117</u>	7.		
Ě			es (Part IX, column (A), lines 11a-11d, 11f-24e)		389,825.	419,579.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,054,184.	6,584,743.
		Revenue less	expenses. Subtract line 18 from line 12		286,955.	-4,162,070.
t Assets or Id Balances				Beg	ginning of Current Year	End of Year
sets alan	20	Total assets (F	Part X, line 16)		4,148,397.	0.
t As	21		(Part X, line 26)		28,475.	0.
Eun			fund balances. Subtract line 21 from line 20		4,119,922.	0.
	rt II					
			I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true,	correc	ct, and comp c ete.	Declaration of preparer (other than officer) is based on all information of which	n preparer I		005
<u>.</u>		Signature of of	Ticer)		2/10/20 Date	JZ5
Sigr			TH BOOK, SECRETARY		Duit	
Here	e	Type or print n				
		Preparer's nam		D	ate Check	PTIN
Paid			J. LOCASTRO, CPA		1/10/2025	
Prep		Firm's name	GELMAN, ROSENBERG & FREEDMAN	<u></u>	•••• ••••	-1392008
Use		Firm's address				
	-		BETHESDA, MD 20814-2930		Phone no. 301	-951-9090
Mav	the IF	RS discuss this	s return with the preparer shown above? See instructions	<u></u>		X Yes No
			eduction Act Notice, see the separate instructions. 432001 12-10	0-24		Form 990 (2024)

Form **990** (2024)

	rt III Statement of Program	HER RISING Service Accomplishments		45-5362738 Page
1 4		a response or note to any line in this Part		X
1	Briefly describe the organization's mi		<u>III</u>	A
'		ISTS TO TURN OUR COLL	ECTIVE HEARTBREAK	ТМТО
	EFFECTIVE ACTION.	DID IO IOM OOK COLL		INIO
	EFFECTIVE ACTION:			
2	Did the organization undertake any s	ignificant program services during the year	ar which were not listed on the	
-				Yes X No
	If "Yes," describe these new services			
3		ng, or make significant changes in how it	conducts any program services?	X Yes No
0	If "Yes," describe these changes on a		sonducts, any program services:	
4		service accomplishments for each of its t	three largest program services as	measured by expenses
•		izations are required to report the amoun		• •
	revenue, if any, for each program ser			
4a		6,006,393. including grants of \$	5,419,364,) (Bever	11e \$
ти	ORGANIZATION GRANTS		(neven	ue •
		GRAM, TOGETHER RISING	INVESTED IN DOZE	NS OF
		D ORGANIZATIONS MEETI		
		THE BOARD VOTED TO A		
		ANTS. FOR EXAMPLE, IN		
		EEDOM AND ACCESS TO R		
		ETHER RISING INVESTED		
		EALTH JUSTICE (HHJ) T	· · ·	
		DUCTIVE HEALTHCARE FO		
		GBTQ+, LOW-INCOME, AN		•
		IMPACTED BY RESTRICT		
	HEALTHCARE. (CONTIN		TOUR THE BILLE ON	
4b		including grants of \$		
4c	(Code:) (Expenses \$	including grants of \$) (Reven	11e \$
10	(code:) (Expenses ©) (neven	
A -1				
4d	Other program services (Describe on (Expenses \$) (Revenue \$)
4u	(ביאבווסבס מ	including grants of \$ 6,006,393.]
	Total program service expenses	0,000		
4e	Total program service expenses	0,000,393.		Form 990 (202
4e			OR CONTINUATION (S	Form 990 (202
4e	Total program service expenses 2 12-10-24		FOR CONTINUATION(S	

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 Form 990 (2024)
 TOGETHER RISING

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		v
4	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-	v	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	X	
15		45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16	x	
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	- 23	
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21	x	
432003	12-10-24		990	(2024)

432003 12-10-24

3 2024.02050 TOGETHER RISING

Form	990	(2024)
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 Form 990 (2024)
 TOGETHER RISING

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	x	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u></u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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4 2024.02050 TOGETHER RISING

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 4		37								
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	X	X							
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>									
6a	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?	<u>6a</u>		<u> </u>							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1							
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1							
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year? ${ m N/A}$	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.) 11b										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b										
С	Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?N/A	17									
	If "Yes," complete Form 6069.										
432005	12-10-24	Form	990	(2024)							

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	Check if Schedule O contains a response or note to any line in this Part VI					X				
ec	tion A. Governing Body and Management					1				
		Ι.	1	<u>م</u>	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		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 0.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other		_					
	officer, director, trustee, or key employee?			2	Х					
3										
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X				
6	Did the organization have members or stockholders?					X				
	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?	•		7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10						
D				76		x				
~				7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	2	0	-	37					
а	The governing body?				X					
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	Pa Did the organization have a written conflict of interest policy? If "No," go to line 13									
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			37					
	on Schedule O how this was done				_					
13	Did the organization have a written whistleblower policy?				X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official				Х					
	Other officers or key employees of the organization					X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a							
iu	to set the state of the state o			16a		X				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
D		•	•							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?			1 6b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE</u>									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s only	availa	ıble				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	~								
			,							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy,	and finar	ncial					
	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 boo	oks and	d records							
	ELIZABETH BOOK - (571)643-1428									
	2589 HOLLY MANOR DRIVE, FALLS CHURCH, VA 22043									
					000	1000				
1200	12-10-24			For	ղ 990	(2024				
200	· · ·			For	n 990	(2024				

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.

TOGETHER RISING

Form 990 (2024)

09

45-5362738 Page 6

Form 990 (2024)	TOGETHER RISING	45-5362738	Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employe	es, Highest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	nedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated E	Employees	
	or all persons required to be listed. Report compensation for the cal nization's current officers, directors, trustees (whether individuals o	, ,	,

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B)	(B) (C) Average (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	box, unless person is both a officer and a director/truste			s both	an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) GLORIA GOERES EXECUTIVE DIRECTOR	40.00			x				380,024.	0.	8,000.
(2) NATALIE BRINKMAN	40.00									
DILIGENCE TEAM LEAD						x		161,241.	0.	1,724.
(3) JENNIFER POTTER	40.00									
SR. MGR, STORYTELLING & ENGAGEMENT						x		132,058.	0.	1,536.
(4) GLENNON DOYLE	3.00							ŕ		
PRESIDENT/CHAIR		х		x				0.	0.	0.
(5) AMANDA DOYLE	6.00									
VICE PRESIDENT/GENERAL COUNSEL		х		x				0.	0.	0.
(6) ALLISON SCHOTT	8.00									
TREASURER		Х		Х				0.	0.	0.
(7) ELIZABETH BOOK	7.00									
SECRETARY		Х		Х				0.	0.	0.
(8) ABBY WAMBACH	2.00									
DIRECTOR		Х						0.	0.	0.
(9) ASHLEY FORD	1.00									
DIRECTOR		Х						0.	0.	0.
(10) AUSTIN CHANNING BROWN	1.00									
DIRECTOR	1 0 0	Х						0.	0.	0.
(11) KATY NISHIMOTO	1.00								•	0
DIRECTOR		Х						0.	0.	0.
		<u> </u>								
432007 12-10-24										Form 990 (2024)

7

432007 12-10-24

Form 990 (2024)

	990 (2024) TOGETHER	RISING								45-536	2738	Page 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) Name and title Average hours per week			Average Position (do not check more than one box, unless person is both an				than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	Esti amo	(F) mated punt of ther
		(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	froi orgar and	ensation n the nization related izations
									(72,222		11	260
c d	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							673,323. 0. 673,323.		•	<u>,260.</u> 0. ,260.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	e) wn	o re	ceived more than \$100,		١	3 /es No
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual									3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? <i>If</i> "Yes, ccrue compen	" co sati	<i>mple</i> on fr	ete S om	Sche any	edule unre	<i>J f</i> elate	or such individual	lual for services	. 4	x x
Sec	rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors	plete Schedule	e J To	or su	icn <u>r</u>	bers	on .				.] 3]	
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compens	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to 1	thos (ted	above) who received mo	ore than	Form 9	90 (2024)

432008 12-10-24

Pa	rt VI	II	Statement of Rev	venue							
			Check if Schedule O c	ontains a	respon	se o	r note to any lin		(5)	(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	a Fe	ederated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b										
Amo Amo	c	: Fu	Indraising events		1c						
ar /	c		elated organizations		1d						
is, C	e	Go	overnment grants (contri	butions)	1e						
tion sr S	f	All	other contributions, gifts, g	grants, and		_					
ibu [.]		sin	nilar amounts not included	above		2,3	384,696.				
ontr Id C	g	-	ncash contributions included in li		1g \$						
a C	h	<u>1</u> To	otal. Add lines 1a-1f			<u>.</u>		2,384,696.			
							Business Code				
e	2 a	•				_					
ervi	b)				_					
n S /eni	c	. —									
jrar Be∖	c					-					
Program Service Revenue	e					-					
	•		l other program service r								
	<u> </u>		otal. Add lines 2a-2f vestment income (includ								
	3			-			ы, ано	37,779.			37,779.
	4		come from investment of					5171150			57775
	5		oyalties								
	Ū				(i) Real		(ii) Personal				
	6 a	a Gr	ross rents	6a	.,						
	b			6b							
	c		ental income or (loss)	6c							
	c	l Ne	et rental income or (loss)								
	7 a	a Gro	oss amount from sales of	(i) S	Securitie	es	(ii) Other				
		ass	sets other than inventory	7a							
	b	b Le	ess: cost or other basis								
ne		and	d sales expenses								
Revenue	c	Ga	ain or (loss)	7c							
Re			et gain or (loss)								
Other	8 a		oss income from fundraisin	ig events (not						
ð			cluding \$		- 1						
			ontributions reported on I								
			art IV, line 18			8a					
			ess: direct expenses			8b					
			et income or (loss) from f		- r	<u>s</u> .					
	9 a		ross income from gaming			•					
			art IV, line 19			9a 9b					
			ess: direct expenses et income or (loss) from g		-						
			ross sales of inventory, le		Г						
	10 8		id allowances			102					
	h		ess: cost of goods sold			10b					
			et income or (loss) from s		····· ·						
						T	Business Code				
snc	11 a	M	ISCELLANEOUS			ľ	900099	198.			198.
nec	b					-					
scellaneo Revenue	c										
Miscellaneous Revenue	c	I All	l other revenue			_					
2			otal. Add lines 11a-11d					198.			
	12	To	tal revenue. See instruction	ns				2,422,673.	0.	0.	37,977.
43200	9 12-10	0-24									Form 990 (2024

TOGETHER RISING

Form 990 (2024)

45-5362738 Page 9

Form 990 (2024) TOGETHER RISI Part IX | Statement of Functional Expenses TOGETHER RISING

	IX Statement of Functional Expense 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			,	
	t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	Grants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21	5,060,914.	5,060,914.		
2 G	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22	348,450.	348,450.		
3 G	Grants and other assistance to foreign				
о	organizations, foreign governments, and foreign				
ir	ndividuals. See Part IV, lines 15 and 16	10,000.	10,000.		
4 B	Benefits paid to or for members				
5 C	Compensation of current officers, directors,				
tr	rustees, and key employees	388,024.	152,010.	160,009.	76,005
6 C	Compensation not included above to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 C	Other salaries and wages	301,755.	257,053.	18,441.	26,261
	ension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)				
9 C	Other employee benefits	11,261.		11,261.	
1 0 P	Payroll taxes	44,760.	26,856.	11,190.	6,714
1 F	ees for services (nonemployees):				
a N	/anagement				
bL	egal	4,579.		4,579.	
сA	Accounting	86,367.		86,367.	
	obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	olumn (A), amount, list line 11g expenses on Sch O.)	55,500.		55,500.	
	Advertising and promotion	251.		251.	
	Office expenses	10,981.		10,981.	
	nformation technology	3,662.		3,662.	
	Royalties				
1 6 C	Decupancy	0 440		0.440	
	ravel	9,442.		9,442.	
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials \dots	1 1 1 1		1 1 1 1	
	Conferences, conventions, and meetings	1,111.		1,111.	
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	1,037.		1,037.	
		1,037.		1,037.	
al lii	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	BAD DEBTS	151,662.	150,000.	1,662.	
	CC PROCESSING FEES	80,962.		59,102.	21,860
сĪ	FAXES & LICENSES	5,648.		5,648.	
dR	REGISTRATION FEES	4,032.		4,032.	
e A	All other expenses	4,345.	1,110.	2,958.	277
25 T	otal functional expenses. Add lines 1 through 24e	6,584,743.	6,006,393.	447,233.	131,117

Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

432010 12-10-24

TOGETHER RISING

45-5362738 Page 11

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,113,564.	1	0.
	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net		4	0.
	5	Loans and other receivables from any current or former officer, direct			
		trustee, key employee, creator or founder, substantial contributor, or	35%		
		controlled entity or family member of any of these persons		5	0.
	6	Loans and other receivables from other disqualified persons (as define	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	(B)	6	0.
Ś	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use		8	0.
¥	9	Prepaid expenses and deferred charges		9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	0.
	11	Investments - publicly traded securities	1,532,740.	11	0.
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11		15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	0.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or			
Liabilities				22	
_	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Pa		05	
		of Schedule D	28,475.	25	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X		26	0.
ŝ		-			
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	3,969,922.	27	0.
ala	28	Net assets without donor restrictions		28	0.
Б	20	Organizations that do not follow FASB ASC 958, check here		20	
Fun		and complete lines 29 through 33.			
م ا	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	0.
z	33	Total liabilities and net assets/fund balances	4 4 4 0 0 0 0	33	0.
-			, = - , =		

Form **990** (2024)

Form 990 (2024)
Part X Balance Sheet

Form	1990 (2024) TOGETHER RISING	45-5	362738	Page 1	2
	rt XI Reconciliation of Net Assets			<u>.</u>	-
	Check if Schedule O contains a response or note to any line in this Part XI			🗆]
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,422	2,673	•
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,584	1,743	•
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,162	2,070	•
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,119),922.	•
5	Net unrealized gains (losses) on investments	5	63	8,832	•
6	Donated services and use of facilities	6			_
7	Investment expenses	7			_
8	Prior period adjustments	8	-21	.,684	•
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0 .	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		0 .	•
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII]
				Yes No	<u> </u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	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?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_ (

Form **990** (2024)

Department of the Treasury

(Form 990)

<u>Total</u>

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2024
Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspec							Inspection				
Nan	ne of	the organizati								Employer identification numb	
De		Deces		THER RISIN						5-5362738	
	rt I				(All organizations must c			see instruction	าร.		
	organ		•	,	For lines 1 through 12, c	,	,				
1	\square				on of churches described		on 170(b)(1	1)(A)(i).			
2					(Attach Schedule E (Forn			,			
3	H	•	•		anization described in so			•	VIII) Entor	the beenitel's name	
4			-	ation operated in co	njunction with a hospital	described	Sectio	A)(T)(a)01F no	(III). Enter	the hospital's hame,	
5		city, and state		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental	init describe	ad in	
5		-	-	Complete Part II.)			cu by a ge				
6					nental unit described in	section 1	70(h)(1)(A)	(v)			
	X		-	-	intial part of its support fi				he general i	oublic described in	
•		-		complete Part II.)		onna gov	Similar		ne general j		
8					(1)(A)(vi). (Complete Par	t II.)					
9	\square	-			in section 170(b)(1)(A)(-	ed in coniu	unction with a	land-arant	college	
		-		-	ulture (see instructions).				-	-	
		university:							-		
10		An organizati	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from	
		activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11	Щ	An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		-	-	-	ively for the benefit of, to	-			•		
				-	ed in section 509(a)(1) o					Check the box on	
	_	-	-		of supporting organization		-		-		
а				-	supervised, or controlled	•	-				
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting	
L		¬ ~		complete Part IV, Se		ion with it		d araanizatia	n(a) by bay	vin a	
b					d or controlled in connect anization vested in the sa			-		-	
			-	at complete Part IV,		ame perso	ns that co	Introi or mana	ige the supp	Joned	
с		¬ ~		-	g organization operated	in connect	tion with a	and functiona	llv integrate	ed with	
Ŭ			-		b). You must complete I				iny integrate	, with,	
d			-		porting organization oper				rted organiz	zation(s)	
			-	• • •	zation generally must sat				Ũ		
			-		mplete Part IV, Sections	-		-			
е		-			written determination fro				II, Type III		
		functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number	of supported o	organizations							
g			<u> </u>	n about the supporte	- - · · · · · · · · · ·	(iii) is the err					
	((i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions	
		organization			above (see instructions))	Yes	No				

Schedule A (Form 990) 2024

TOGETHER RISING

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.)

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	6259511.	7554604.	10325092.	6247661.	2384696.	32771564.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	6259511.	7554604.	10325092.	6247661.	2384696.	32771564.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.						32771564.		
	ction B. Total Support						1		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total		
	Amounts from line 4	6259511.	7554604.	10325092.	6247661.	2384696.	32771564.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	~		50 414	o 4 4 7 4		100 000		
	and income from similar sources	3,577.	20,389.	50,411.	84,474.	37,779.	196,630.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	1 0 0 0				100	1 1 0 0		
	assets (Explain in Part VI.)	1,000.				198.	1,198.		
	Total support. Add lines 7 through 10						32969392.		
	Gross receipts from related activities,	,	,			12			
13	First 5 years. If the Form 990 is for th	-							
800	organization, check this box and stor ction C. Computation of Publi								
						14	99.40 %		
	Public support percentage for 2024 (I		-			14	00 50		
	5 Public support percentage from 2023 Schedule A, Part II, line 14 15 99.56 % 6a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
108							37		
h	stop here. The organization qualifies as a publicly supported organization Image: Lagran descent for the state of t								
17-	and stop here. The organization qualifies as a publicly supported organization								
178	and if the organization meets the fact	0							
	meets the facts-and-circumstances te			-	achien	-			
F		-				7a and line 15 is			
	b 10% -facts-and-circumstances test - 2023. 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 mosts the facts and circumstances test, check this box and stop bare . Evaluation in Part VI how the								
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization		-						
				., 100, 170, 01 170			(Form 990) 2024		
						Controlate A			

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TOGETHER RISING

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.)

Sec	ction A. Public Support		-		1		
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 20	024 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		_	_		_	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 20	024 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) org	janization,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2024 (ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2023					16	%
Sec	ction D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2024. If the						a line 17 is not
-	more than 33 1/3%, check this box at	-	•				
b	33 1/3% support tests - 2023. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	va, or 190, check t	his box and see ins		
43202	3 01-14-25		1 6	-		Sch	edule A (Form 990) 2024

15 2024.02050 TOGETHER RISING

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Yes No

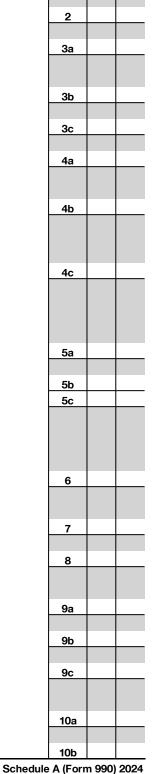
Part IV | Supporting Organizations

(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

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

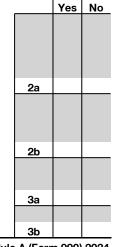
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Schedule A (Form 990) 2024 TOGETHER RISING

	dule A (Form 990) 2024 TOGETITER RISING 45	-220212	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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 Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
			163	NU
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of merce supported error instance have the power to require the appoint or elect at least a meiority of the error instance of the power to require the power to re			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	5,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	.		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
0				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	tions).		
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
5				

- **c** The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.



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17 2024.02050 TOGETHER RISING Schedule A (Form 990) 2024

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Sche	dule A (Form 990) 2024 TOGETHER RISING			45-5362738 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain ii	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2024

432026 01-14-25

and 4c. 8 Breakdown of line 7: a Excess from 2020 b Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

7 Excess distributions carryover to 2025. Add lines 3j

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

Schedule A (Form 990) 2024

Sect	ion D - Distributions	Current Year			
_1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	IS	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
с	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024	TOGETHI	ER RIS	SING						45-5362738	Page 8
Part VI Supple	mental Info	rmation. P	rovide the	explana	ations required	by Part II,	line 10;	Part II, li	ne 17a or 1 [°]	7b; Part III, line 12;	
Part IV, S	Section A, lines	1, 2, 3b, 3c, 4	b, 4c, 5a, 6	6, 9a, 9t	b, 9c, 11a, 11b	o, and 11c;	Part IV,	Section	B, lines 1 a	nd 2; Part IV, Sectio	n C,
line 1; Pa Section F	rt IV, Section D D, lines 5, 6, and	, lines 2 and 3	; Part IV, Section	Section F lines	E, lines 1c, 2a	, 2b, 3a and so complet	d 3b; Pa	rt V, line art for ar	1; Part V, S v additiona	Section B, line 1e; Pa	art V,
(See instr				L, 11103	2, 0, 210 0. 7	so complet			ly additiona	rinornation.	
SCHEDULE A,	PART II	- SHOR	T YEA	R:							
THE INFORMA	TION REF	LECTED	IN TH	E 20	24 COLU	MN IS	FOR	THE	FINAL	SHORT	
PERIOD JANA	URY 1, 2	024 ТО	JULY	31,	2024.						
432028 01-14-25										Schedule A (Form	990) 2024
-102020 01-14-20					20						2007 2024

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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Organization type (check one):

TOGETHER RISING

Filers of:	Section:
Form 990 or 990-EZ	X 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 foundation

Check 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

X 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.

J 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 for an *exclusively* set of the set of t

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.

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

OMB No. 1545-0047

Employer identification number

<u>45-536</u>2738

Schedule B	(Form	990)	(Rev.	12-2024)
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Name of organization

Employer identification number

TOGETHER RISING

45-5362738

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)

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Schedule B	(Form	990)	(Rev.	12-2024)
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Name of organization

Page **3**

Employer identification number

TOGETHER RISING

45-5362738

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	1
(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
Part I			
		\$	
(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
		 \$	

23 2024.02050 TOGETHER RISING

Name of o	rganization		Employer identification number
	HER RISING		45-5362738
Part III	from any one contributor. Complete columns	(a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gif and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gif	 t
·	Transferee's name, address, 	and ZIP + 4	Relationship of transferor to transferee
423454 01-09			Schedule B (Form 990) (Rev. 12-2024)

24 2024.02050 TOGETHER RISING

SCHEDULE F	Stateme	OMB No. 1545-0047					
(Form 990) (Rev. December 2024) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.					r 16.		
Department of the Treasury Attach to Form 990.						Open to Public Inspection	
Internal Revenue Service		ww.irs.gov/Form	1990 for instructions and the latest in	itormation.	Employer	identification numb	
Name of the organization	11				Employer	Identification numb	31
TOGETHER RIS					45-53		
Part I General	Information on A	ctivities Out	side the United States. Comple	ete if the organiz	zation answ	rered "Yes" on	
· · · · · ·	Part IV, line 14b.						
=	-		ds to substantiate the amount of its gra he selection criteria used to award the			X Yes 🗌 I	lo
2 For grantmakers. United States.	. Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and oth	er assistand	ce outside the	
	on. (The following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)			
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activ	ity listed in		_
	offices	agents, and	(by type) (such as, fundraising, pro-		ram service	for and	s
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific typ s) in the reg	ion investment	
		in the region			,	in the regio	<u> </u>
			GRANTS TO RECIPIENTS				
NORTH AMERICA	0	o	LOCATED IN REGION			10,00	0
							—
3 a Subtotal	0	0				10,00	0.
b Total from continu							—
sheets to Part I		0					0.
c Totals (add lines 3	За						_
and 3b)	0	0				10,00	Ο.

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

Schedule F (Form 990) (Rev. 12-2024)

LHA 432071 01-15-25

Page 2

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

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)

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 Enter total number of other organizations or entities

Schedule F (Form 990) (Rev. 12-2024)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Part III can be duplicated if a				()), ()	(0) (0) (0)		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HUMANITARIAN GRANTS TO ASSIST							
IN DAILY LIVING NEEDS	NORTH AMERICA	1	10,000.	ELECTRONIC FUNDS	0.		
						1	1

Schedule F (Form 990) (Rev. 12-2024)

45-5362738

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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) (Rev. 12-2024)

432074 01-15-25

Schedule F (Form 990) (Rev. 12-2024) TOGETHER RISING

Part V Supplemental Information

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

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

Schedule F (Form 990) (Rev. 12-2024)

SCHEDULE I (Form 990) (Rev. December 2024)		Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			OMB No. 154	45-0047	
Department of the Treasury Internal Revenue Service		Ge	o to www.irs.gov/For	Attach to Form m990 for instructi		t information.			Open to I Inspect		
Name of the organizati	on TOGETHER	RISING						Employer i	dentification 45-536		
Part I General In	formation on Grants a	nd Assistance									
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 											
	d Other Assistance to I nat received more than \$	•				anization answered "Y	es" on Form 990, Part	IV, line 21,	for any		
	dress of organization vernment	(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		Purpose of gr or assistance		
								TO PROVII	DE STANDAR	D FOOD	
ACTION AGAINST HU									LICT-DISPL		
ONE WHITEHALL STR									AND READY		
NEW YORK, NY 1000	4	13-3327220	501(C)(3)	100,000.	0.				FIC FOOD F		
									RT, REUNIF	,	
AL OTRO LADO									FOR FAMIL	IES	
PO BOX 32578	0.0.2.0	47 0010070	F01 (g) (2)	0.20, 0.00	0			SEPARATEI			
LOS ANGELES, CA 9	0032	47-2910078	501(C)(3)	830,000.	0.			US/MEXICO			
ANERA									DE FOOD, M R EMERGENC	,	
1111 14TH ST. NW,									RIAN AID T		
WASHINGTON, DC 20		52-0882226	501(C)(3)	331,629.	0.				-DISPLACED		
WASHINGTON, DC 20	005	52-0002220	501(0)(3)	551,029.	0.				T PEOPLE		
BRIGID									ABORTION	CAPE	
PO BOX 58), CHILDCA		
NEW YORK, NY 1002	4	82-3843989	501(C)(3)	50,000.	0.			TRAVEL EX		, 1	
	-								DE REFUGEE		
FENIX HUMANITARIA	N LEGAL AID								N REFUGEE		
2598 E SUNRISE BL									E WITH DIR		
SOUTH BEND, IN 33		83-2692991	501(C)(3)	59,946.	0.			LEGAL AII) SOCIAL		
									DE LOW-INC	OME	
GRO								MARGINAL	ZED WOMEN	WITH	
PO BOX 4161								MONTHLY S	STIPENDS T	0	
ATLANTA, GA 30302		87-1811721	501(C)(3)	100,000.	٥.			SUPPORT 1	THEIR LIVI	NG	
2 Enter total numb	er of section 501(c)(3) a	nd government ord	anizations listed in the	e line 1 table	•			•		27.	
	er of other organizations									0.	

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

TOGETHER RISING Schedule I (Form 990)

45-5362738 Page 1

HOLLER HEALTH JUSTICE PO BOX 11032 CHARLESTON, WV 25339 JASMYN P.O. BOX 2973 JACKSONVILLE, FL 32203 JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2 WASHINGTON, DC 20005	83-1203957	501(C)(3)	800,000.			TO PROVIDE ABORTION
PO BOX 11032 CHARLESTON, WV 25339 JASMYN P.O. BOX 2973 JACKSONVILLE, FL 32203 JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2	83-1203957	501(C)(3)	800 000			TO FROATDE ABORLION
CHARLESTON, WV 25339 JASMYN P.O. BOX 2973 JACKSONVILLE, FL 32203 JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2	83-1203957	501(C)(3)	800 000			ACCESS TO MARGINALIZED
JASMYN P.O. BOX 2973 JACKSONVILLE, FL 32203 JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2	83-1203957	501(C)(3)	800 000			PEOPLE LIVING APPALACHIA
P.O. BOX 2973 JACKSONVILLE, FL 32203 JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2				0.		WITH FINANCIAL ASSISTANCE
P.O. BOX 2973 JACKSONVILLE, FL 32203 JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2		1				TO SUPPORT THE LGBTQ+
JACKSONVILLE, FL 32203 JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2						COMMUNITY IN GREATER
JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2						JACKSONVILLE FL VIA
789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2	59-3284175	501(C)(3)	100,000.	Ο.		COMMUNITY CENTER
789 WASHINGTON AVENUE BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2						TO SUPPORT, REUNIFY, AND
BROOKLYN, NY 11238 KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2						ADVOCATE FOR FAMILIES
KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2						SEPARATED AT THE
1201 L ST. NW, FLOOR 2	72-1597864	501(C)(3)	60,000.	Ο.		US/MEXICO BORDER.
1201 L ST. NW, FLOOR 2			-			TO SUPPORT, REUNIFY, AND
· · · · · · · · · · · · · · · · · · ·						ADVOCATE FOR FAMILIES
· · · · · · · · · · · · · · · · · · ·						SEPARATED AT THE
	26-2763038	501(C)(3)	236,306.	٥.		US/MEXICO BORDER.
			,			TO SUPPORT MENTAL HEALTH
LOOKING OUT FOUNDATION						SERVICES FOR YOUTH AND
PO BOX 150227						THEIR FAMILIES AND TO
NASHVILLE, TN 37215	45-5300890	501(C)(3)	305,905.	Ο.		EXPAND COMMUNITY FOOD AND
,			,			TO PROVIDE FOOD, MEDICAL,
MIDDLE EAST CHILDREN'S ALLIANCE						AND OTHER EMERGENCY
1101 EIGHTH STREET, SUITE 100						HUMANITARIAN AID TO
BERKELEY, CA 94710	94-3074600	501(C)(3)	331,628.	Ο.		CONFLICT-DISPLACED
,			, -			TO SUPPORT MARGINALIZED
MISSION EDGE SAN DIEGO						PEOPLE WITH BARRIERS TO
2820 ROOSEVELT ROAD SUITE 104						EMPLOYMENT TRAINING,
SAN DIEGO, CA 92106	27-2938491	501(C)(3)	50,000.	Ο.		SUPPORT, AND EMPLOYMENT
						TO SUPPORT, REUNIFY, AND
NATIONAL IMMIGRATION PROJECT						ADVOCATE FOR FAMILIES
2201 WISCONSIN AVE. NW, SUITE 200						SEPARATED AT THE
WASHINGTON, DC 20007	95-2926663	501(C)(3)	230,000.	0.		US/MEXICO BORDER.
	20 2020000					TO SUPPORT THE
NEW HOUR FOR WOMEN AND CHILDREN -						PREPARATION OF A SAFE
LI - PO BOX 213 - BRENTWOOD, NY						
11717					1	LOCATION AT WHICH

Schedule I (Form 990)

001 1001H					IN GREATER RUSTIN, IN
909 E 49TH 1/2 ST					WITH SOCIAL AND EMOTIONAL
AUSTIN, TX 78751	74-2732971	501(C)(3)	750,000.	0.	SUPPORT, HOUSING,
					TO SUPPORT
OUTRIGHT INTERNATIONAL					CONFLICT-DISPLACED LGBTQ+
216 EAST 45TH ST 17TH FL					UKRAINIANS VIA IN LOCAL
NEW YORK, NY 10017	94-3139952	501(C)(3)	25,500.	0.	DIRECT-SERVICE PARTNER
					TO CONTINUE HOME AND ROOF
PROTECHOS					REPAIRS FOR ELDERLY AND
161 CALLE SAN JORGE, SUITE 200					DISABLED PEOPLE IN PUERTO
SAN JUAN, PR 00911	66-0890066	501(C)(3)	50,000.	0.	RICO WHOSE HOMES
					TO PROVIDE REFUGEES AND
RESPOND CRISIS TRANSLATION.					MIGRANTS SEEKING ASYLUM
14197 VINDEL CIRCLE C/O PIERRE BEAU					WITH TRANSLATION SERVICES
FORT MYERS, FL 33905	84-5120142	501(C)(3)	50,000.	0.	FOR LEGAL PROCESSING AND
					TO PROVIDE ASYLUM-SEEKING
RUTH'S REFUGE					FAMILIES IN NEW YORK CITY
130 FENIMORE ST APT 3I					WITH FURNITURE AND
BROOKLYN, NY 11225	83-4437163	501(C)(3)	25,000.	0.	HOUSEHOLD MATERIALS .
					TO PROVIDE
SHELTERBOX USA					CONFLICT-DISPLACED
PO BOX 5055					SUDANESE PEOPLE WITH
SANTA BARBARA, CA 93150	20-0471604	501(C)(3)	100,000.	0.	SHELTER, WATER, FOOD AND
					TO SUPPORT PEOPLE
THE BRIGID ALLIANCE					RECEIVING ABORTION CARE
PO BOX 58					WITH FOOD, CHILDCARE, AND
NEW YORK, NY 10024	82-3843989	501(C)(3)	50,000.	0.	TRAVEL EXPENSES.

TOGETHER RISING Schedule I (Form 990)

(a) Name and address of

organization or government

ASSOCIATION - 245 W 107TH STREET.

NEW NEIGHBORS PARTNERSHIP

NATIONAL CENTER OF YOUTH LAW

3D - NEW YORK, NY 10025

1212 BROADWAY, SUITE 600

OAKLAND, CA 94612

OUT YOUTH

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

(c) IRC section

if applicable

(d) Amount of

cash grant

25,000

100,000

(e) Amount of

noncash

assistance

0.

0.

(f) Method of

valuation

(book, FMV, appraisal, other) (g) Description of

non-cash assistance

(b) EIN

85-3192882 501(C)(3)

94-2506933 501(C)(3)

45-5362738 Page 1

(h) Purpose of grant

or assistance

TO SUPPORT ASYLUM-SEEKING

FAMILIES IN NEW YORK CITY BUILDING COMMUNITY IN

PARTNERSHIP WITH DONOR

INSPECTION OF DETENTION

TO PROVIDE LGBTQ+ YOUTH

CENTER CONDITIONS AND

IN GREATER AUSTIN, TX

TO FUND EMERGENCY

PROVIDE FOR THE

		-
	33	

organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							TO SUPPORT, REUNIFY, AND
TOGETHER AND FREE							ADVOCATE FOR FAMILIES
2214 FREDERICK DOUGLASS BLVD # 308							SEPARATED AT THE
NEW YORK, NY 10026	83-1461508	501(C)(3)	50,000.	٥.			US/MEXICO BORDER.
							TO SUPPORT WOMEN AND
TOO YOUNG TO WED							GIRLS IN AFGHANISTAN
1112 MAIN ST., FIRST FLOOR							SUFFERING UNDER TALIBAN
PEEKSKILL, NY 10566	46-5222420	501(C)(3)	50,000.	0.			RULE, AND CONFLICT
							TO PROVIDE
YEMEN RELIEF AND RECONSTRUCTION							CONFLICT-AFFECTED
FOUNDATION - 3216 74TH PL SE -							FAMILIES IN YEMEN WITH
MERCER ISLAND, WA 98040	82-2418739	501(C)(3)	100,000.	0.			CULTURALLY APPROPRIATE

(d) Amount of

cash grant

(e) Amount of

noncash

(f) Method of

valuation

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

(a) Name and address of

organization or government

(h) Purpose of grant

or assistance

Schedule I (Form 990) (Rev. 12-2024) TOGETHER RISING

45-5362738

Page 2

 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.
 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	56	348,450.	0.						
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.					
PART I, LINE 2:									
TOGETHER RISING HAS A VETTING PROC									
FUNDS IN THE UNITED STATES. INDIVI									
ASSISTANCE, AND COMPLETE A SERIES									
THEIR IDENTITY AND TO ASSIST IN VA NOT LIMITED TO, THEIR CONTACT INFO									
DOCUMENTATION SUBSTANTIATING THEIR									
SITUATION. WE THEN CONDUCT DUE DIL									
USING INTERNET RESOURCES (E.G., FA									
THEIR CLAIMS, AND REVIEW ANY DOCUM									
BENEFICIARY.									
PART II, LINE 1, COLUMN (H):									
NAME OF ORGANIZATION OR GOVERNMENT: ACTION AGAINST HUNGER USA									
NAME OF ORGANIZATION OR GOVERNMENT	: ACIION	AGAINST HU	NGER USA						
(H) PURPOSE OF GRANT OR ASSISTANCE				R					

CHILDREN WITH ACUTE MALNUTRITION IN THE DEMOCRATIC REPUBLIC OF THE CONGO.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ANERA (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FOOD, MEDICAL, AND OTHER EMERGENCY HUMANITARIAN AID TO CONFLICT-DISPLACED FAMILIES IN GAZA.

NAME OF ORGANIZATION OR GOVERNMENT: FENIX HUMANITARIAN LEGAL AID (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE REFUGEES LIVING IN REFUGEE CAMPS IN GREECE WITH DIRECT LEGAL AID, SOCIAL SERVICES CASE MANAGEMENT, AND MEDICAL AND MISCELLANEOUS HUMANITARIAN AID.

NAME OF ORGANIZATION OR GOVERNMENT: GRO (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LOW-INCOME MARGINALIZED WOMEN WITH MONTHLY STIPENDS TO SUPPORT THEIR LIVING EXPENSES.

NAME OF ORGANIZATION OR GOVERNMENT: HOLLER HEALTH JUSTICE (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ABORTION ACCESS TO MARGINALIZED PEOPLE LIVING APPALACHIA WITH FINANCIAL ASSISTANCE TOWARD MEDICAL COSTS, TRAVEL EXPENSES, AND EMOTIONAL SUPPORT RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: JASMYN (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LGBTQ+ COMMUNITY IN GREATER JACKSONVILLE FL VIA COMMUNITY CENTER EMOTIONAL AND SOCIAL WELLBEING SERVICES, MEDICAL INCLUDING HIV-SPECIFIC CARE, AND TEEN-SPECIFIC SOCIAL SUPPORT PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: LOOKING OUT FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MENTAL HEALTH SERVICES FOR YOUTH AND THEIR FAMILIES AND TO EXPAND COMMUNITY FOOD AND WATER ACCESS.

NAME OF ORGANIZATION OR GOVERNMENT: MIDDLE EAST CHILDREN'S ALLIANCE (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FOOD, MEDICAL, AND OTHER EMERGENCY HUMANITARIAN AID TO CONFLICT-DISPLACED FAMILIES IN GAZA.

NAME OF ORGANIZATION OR GOVERNMENT: MISSION EDGE SAN DIEGO (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MARGINALIZED PEOPLE WITH BARRIERS TO EMPLOYMENT TRAINING, SUPPORT, AND EMPLOYMENT ASSISTANCE VIA TEACHING KITCHENS AND SOCIAL ENTERPRISE EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: NEW HOUR FOR WOMEN AND CHILDREN - LI (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PREPARATION OF A SAFE LOCATION AT WHICH CRIMINAL-JUSTICE-INVOLVED WOMEN AND THEIR CHILDREN CAN ENGAGE IN RECREATION AND BONDING.

NAME OF ORGANIZATION OR GOVERNMENT: NEW NEIGHBORS PARTNERSHIP ASSOCIATION (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ASYLUM-SEEKING FAMILIES IN NEW YORK CITY BUILDING COMMUNITY IN PARTNERSHIP WITH DONOR FAMILIES THAT PROVIDE ESSENTIAL ITEMS.

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

NAME OF ORGANIZATION OR GOVERNMENT: OUT YOUTH (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LGBTQ+ YOUTH IN GREATER AUSTIN, TX WITH SOCIAL AND EMOTIONAL SUPPORT, HOUSING, PHYSICAL AND

Schedule I (Form 990)

432291 01-28-25 Part IV Supplemental Information MENTAL HEALTHCARE, AND COMMUNITY BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: OUTRIGHT INTERNATIONAL (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CONFLICT-DISPLACED LGBTQ+ UKRAINIANS VIA IN LOCAL DIRECT-SERVICE PARTNER ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: PROTECHOS (H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE HOME AND ROOF REPAIRS FOR ELDERLY AND DISABLED PEOPLE IN PUERTO RICO WHOSE HOMES SUSTAINED STORM DAMAGE AND TRAIN WOMEN IN CONSTRUCTION WORK TO CONTRIBUTE TO EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: RESPOND CRISIS TRANSLATION. (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE REFUGEES AND MIGRANTS SEEKING ASYLUM WITH TRANSLATION SERVICES FOR LEGAL PROCESSING AND SOCIAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: SHELTERBOX USA (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CONFLICT-DISPLACED SUDANESE PEOPLE WITH SHELTER, WATER, FOOD AND OTHER CRITICAL HUMANITARIAN AID.

NAME OF ORGANIZATION OR GOVERNMENT: TOO YOUNG TO WED (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WOMEN AND GIRLS IN AFGHANISTAN SUFFERING UNDER TALIBAN RULE, AND CONFLICT DISPLACED AFGHAN WOMEN/GIRLS IN PAKISTAN.

NAME OF ORGANIZATION OR GOVERNMENT: YEMEN RELIEF AND RECONSTRUCTION FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CONFLICT-AFFECTED FAMILIES IN YEMEN WITH CULTURALLY APPROPRIATE FOOD BASKETS FOR RAMADAN CELEBRATIONS.

Schedule I (Form 990)

432291 01-28-25

	HEDULE J rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		OMB No. ⁻	1545-00)47
Depa	December 2024) tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Inspe	Publection	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.				
man	e of the organization		Employer ide $45-53$			nper
Da	rt I Question	TOGETHER RISING s Regarding Compensation	45-5	50215	0	
Fa		s negaraling compensation			V.	
4.					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffeu	ir, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		. 1 b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
_						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	X Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		. <u>4a</u>	X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
С		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
b		ation?		. <u>5</u> b		X
	If "Yes" on line 5a o	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
b		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		. 7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	. 9		
For			edule J (Form		v. 12-	2024)

09380213 745960 29875

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

45-5362738

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GLORIA GOERES	(i)	210,793.	0.	169,231.	0.	8,000.	388,024.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATALIE BRINKMAN	(i)	65,905.	20,318.	75,018.	0.	1,724.	162,965.	0.
DILIGENCE TEAM LEAD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

Part III Supplemental Information

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. **PART I, LINE 4A:**

THE FOLLOWING EMPLOYEES FROM FORM 990, PART VII, SECTION A RECEIVED RETENTION AND SEPARATION BONUS IN CONNECTION WITH THE SUNSETTING OF THE ORGANIZATION:

- GLORIA GOERES \$169,231

- NATALIE BRINKMAN \$75,018

- JENNIFER POTTER \$41,538

Schedule J (Form 990) (Rev. 12-2024)

SCHE	DULE N	Liquida	ation. Termi	ination, Disso	lution, or Sign	ificant Disp	osition of Asse	ets	OMB No.	. 1545-0)047		
(Form 9	90)		mplete if the organi	zation answered "Yes" o	on Form 990, Part IV, line cles of dissolution, resolu	s 31 or 32, or Form			20)24	1		
Departmen Internal Rev	t of the Treasury venue Service		Go to	Attach to Form 990 www.irs.gov/Form990	or Form 990-EZ. for the latest information	l.			Open Insp	to Pub ectior			
Name of	the organizatio		R RISING					Employer ic 45-5	lentificatio 36273		ıber		
Part I	Liquidation,	•	olution. Complete th	is part if the organization	answered "Yes" on Form	990, Part IV, line 31, o	or Form 990-EZ, line 36. Pa	rt I can be du	olicated if a	additio	nal		
1	distributed o	on of asset(s) or transaction ses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	f (d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	recip tax-exer	C section ient(s) (if mpt) or ty entity	f		
				•			AL OTRO LADO						
							PO BOX 32578						
CASH			07/31/24	830,000.	FMV	47-2910078	LOS ANGELES, CA 90032 50		501(C)(3	3)			
							HOLLER HEALTH JUSTICE						
~~ ~~							PO BOX 11032						
CASH			07/31/24	750,000.	, ŀ'M∨	83-1203957	, ,		501(C)(3	3)			
							OUT YOUTH 909 E 49TH 1/2 ST.						
CASH			07/31/24	750,000.	FMV	74-2732971			501(C)(3	3)			
				,,									
										Yes	No		
		cer, director, trustee, c		•							v		
a Be	ecome a director	r or trustee of a succes	ssor or transferee org	anization?	nization?				<u>2a</u>		X X		
		oyee of, or independen or indirect owner of a s							2b 2c		X		
				•	the organization's liquidati		ssolution?				X		
u ne		no onalica lo, compen	Satisfi of other similar	payments as a result of	and organization o inquidati	on, commation, or un			Zu	1			

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990) 2024

432151 01-03-25

Schedu	ile N (Form 990) 2024 TO	GETHER RISI	NG		45-5362	738		Р	age 2
Part I	Liquidation, Termination, or Disso	lution (continued)							
N	lote: If the organization distributed all of	its assets during the	tax year, then Form 990,	Part X, column (B), line 16	6 (Total assets), and li	ne 26 (Total liabilities), should equal -0		Yes	No
3 D	id the organization distribute its assets i	n accordance with its	governing instrument(s)	? If "No," describe in Part	III		3	Х	
	the organization required to notify the a						4a	Х	
b If "Yes," did the organization provide such notice?									
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?									Х
6a D	id the organization have any tax-exempt	bonds outstanding c	luring the year?				6a		Х
						e Internal Revenue Code and state laws?	6b		
c If	"Yes" on line 6b, describe in Part III how	v the organization def	feased or otherwise settle	ed these liabilities. If "No"	on line 6b, explain in	Part III.			
Part II	Sale, Exchange, Disposition, or Oth	er Transfer of More	Than 25% of the Organi	ization's Assets. Comple	ete this part if the orga	anization answered "Yes" on Form 990, Pa	rt IV, line	e 32, c	r
	Form 990-EZ, line 36. Part II can be d	uplicated if additional	space is needed.						
1	(a) Description of asset(s)	(b) Date of	(c) Fair market value of		(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of		
	distributed or transaction	distribution	asset(s) distributed or amount of transaction	determining FMV for asset(s) distributed or			recipi tax-exen	ent(s) (if not) or ty	
	expenses paid		expenses	transaction expenses				entity	

			•		•	•		Yes	No
2	Did or will any officer, director, trustee, or k	ey employee of the	organization:						
а	Become a director or trustee of a successo	or or transferee organ	nization?				2a		
b	Become an employee of, or independent c	ontractor for, a succ	essor or transferee orga	nization?			2b		
c Become a direct or indirect owner of a successor or transferee organization?									
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?									
~	If the organization answered "Vee" to any	of the guestions on l	ince 2e through 2d prov	ida tha nama of tha naraa	a involved and evolution	in in Dort III			

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

SCHEDULE O	Supplemental Information to Form 990 or 990-	EZ	OMB No. 1545-0047
(Form 990) (Rev. December 2024)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		
Department of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organization			identification number
	TOGETHER RISING	45-5.	362738
FORM 990, PAI		104 01	
		024, CH	EASING
ALL PROGRAMM	ATIC ACTIVITY IN DOING SO.		
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENT	<u>.</u>	
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENT		
TN DECDONCE	TO REPEATED NATIONWIDE ATTACKS ON LGBTQ+ COMMUN		
	YOUTH, TOGETHER RISING INVESTED \$875,500 IN PAR		AND
	5 TO SUPPORT LGBTQ+ COMMUNITIES AND TO HELP PRO		
	GENDER-AFFIRMING CARE. TOGETHER RISING INVESTE		.000 IN
	V ORGANIZATION SERVING LGBTQ+ YOUTH IN CENTRAL		
	ES AND ALLIES. THIS GRANT FUNDED A SAFE PLACE F		
AGED 9 TO 23			
	· · · · · ·	ALTHY,	
SUCCESSFUL A		<u></u> ,	
<u></u>			
TOGETHER RIS	ING INVESTED \$305,905 IN THE LOOKING OUT FOUNDA	TION	(LOF)
	ENTAL HEALTH SERVICES FOR YOUTH AND THEIR FAMIL		AND TO
EXPAND COMMU	NITY FOOD AND WATER ACCESS.		
IN 2024, TOG	THER RISING INVESTED \$100,000 IN THE GEORGIA F	RESILI	ENCE
AND OPPORTUN	ITY (GRO) FUND TO SUPPORT THE IN HER HANDS PROC	GRAM. 7	IN HER
HANDS, GRO'S	FLAGSHIP GUARANTEED INCOME PROGRAM, PROVIDES A	N AVEI	RAGE OF
<u>\$1,000 PER M</u>	ONTH TO RECIPIENTS, WHO ARE PREDOMINANTLY BLACK		
PARENTS, FOR			
	IN: SHE WAS ABLE TO LIVE WITHIN HER LOWER-PAYIN	IG JOB	WHILE
	ACHING CERTIFICATION, AND NOW WORKS AT HER DREA	M JOB	AS A
TEACHER IN H	ER HOME DISTRICT.		
	FICATION GRANTS: \$1,506,306.37		
	ING INVESTED A TOTAL OF \$1,506,306.37 IN GRANTS		
	ND REUNIFY FAMILIES WHO WERE SEPARATED AT THE U		
	DERAL GOVERNMENT'S "ZERO-TOLERANCE POLICY." TOO		
),000 IN AL OTRO LADO (AOL), A TRUSTED, LONG-TE		RTNER
	RISING, IN THE WORK OF REUNIFYING SEPARATED MIC		
	THE MEXICO-U.S. BORDER. THIS GRANT ALLOWED AOL		
	O ENSURE THAT ASYLUM SEEKERS WILL NOT BE ILLEGA		
	PORT OF ENTRY AND WILL NOT BE UNLAWFULLY DEPORT		
	DISTRIBUTED \$236,306.37 TO KIDS IN NEED OF DEFE		
	, HIGH-QUALITY LEGAL REPRESENTATION IN 75 NEW (ADED 1	
REPRESENTATIO	MILIES THROUGH THE PROVISION OF DIRECT LEGAL		
VELVESENIAII(· 11 •		
ΤΝͲϜΡΝΆͲΤΟΝΑ	L HUMANITARIAN CRISES: \$1,013,256.48		
	THE VIOLENCE DESTRUCTION AND HUMANITARIAN	CRISI	S TN

IN THE FACE OF THE VIOLENCE, DESTRUCTION, AND HUMANITARIAN CRISIS IN GAZA, TOGETHER RISING TURNED AGAIN TO SUPPORT TWO PARTNER ORGANIZATIONS, THE MIDDLE EAST CHILDREN'S ALLIANCE (MECA) AND AMERICAN NEAR EAST REFUGEE AID (ANERA). WITH OUR INVESTMENTS TOTALING \$663,256.48, THESE PARTNERS WERE ABLE TO NOTWITHSTANDING VERY GRAVE DANGER TO THEIR PERSONAL SAFETY EXPAND THEIR PROVISION OF HOT MEALS AND FRESH PRODUCE, WATER, MEDICAL SUPPLIES, AND MEDICINE, AS WELL AS TRAUMA-INFORMED PSYCHOSOCIAL SUPPORT FOR CHILDREN AND ADULTS.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA432211 01-15-25

Schedule O (Form 990) (Rev. 12-2024)

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Schedule O (Form 990) 2024	Page 2
Name of the organization	Employer identification number
TOGETHER RISING	45-5362738

THIS PAST YEAR, AS CONFLICT BETWEEN RIVAL MILITARY FACTIONS IN SUDAN ERUPTED, MORE THAN 8.7 MILLION PEOPLE FLED THEIR HOMES, INCLUDING 4.6 MILLION CHILDREN RESULTING IN A DEVASTATING HUMANITARIAN DISASTER AND DISPLACEMENT CRISIS. TOGETHER RISING INVESTED \$100,000 IN SHELTERBOX TO SUPPORT AT LEAST 6,500 NEWLY ARRIVED DISPLACED FAMILIES (APPROXIMATELY 32,500 PEOPLE) IN CHAD WITH EMERGENCY SHELTER AND BASIC HOUSEHOLD ITEMS. TOGETHER RISING INVESTED \$100,000 IN THE ONGOING WORK OF ACTION AGAINST HUNGER (AAH) IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC) TO SUPPORT THE PEOPLE OF DRC AMID INCREASED VIOLENCE. OUR INVESTMENT SUPPORTED WATER, FOOD, AND HYGIENE ACCESS; THE DETECTION, TREATMENT, AND CURE OF ACUTE MALNUTRITION; AND THE PROMOTION OF NUTRITIONAL SECURITY AMONG THE MOST VULNERABLE POPULATIONS (ESPECIALLY CHILDREN UNDER 5 AND PREGNANT AND BREASTFEEDING PEOPLE).

FOR ALMOST A DECADE, THE HUMANITARIAN CRISIS IN YEMEN HAS RAGED, WITH MORE THAN HALF THE POPULATION UNABLE TO ACCESS FOOD SUSTAINABLY, AND OVER 2.2 MILLION CHILDREN UNDER THE AGE OF FIVE EXPERIENCING ACUTE MALNUTRITION. THIS YEAR, TOGETHER RISING INVESTED \$100,000 IN YEMEN RELIEF AND RECONSTRUCTION FOUNDATION (YRRF) TO PROVIDE FOOD TO OVER 830 FAMILIES DURING RAMADAN AND TO SUPPORT ONGOING RELIEF AND RECONSTRUCTION EFFORTS IN YEMEN.

INDIVIDUAL GRANTS: \$352,449.75

AS PART OF OUR FOURTH LARGEST PROGRAM, TOGETHER RISING DISTRIBUTED \$352,449.75 IN GRANTS DIRECTLY TO INDIVIDUALS AND FAMILIES. VIRTUALLY ALL OF THESE GRANTS WENT TO FAMILIES AND INDIVIDUALS WHO APPLIED FOR SUPPORT, INCLUDING HELP WITH A RANGE OF BASIC NECESSITIES SUCH AS HOUSING, FOOD, ELECTRICITY, EMERGENCY MEDICAL BILLS, TRANSPORTATION, AND MENTAL HEALTH SUPPORT.

BY WAY OF EXAMPLE, TOGETHER RISING PROVIDED A GRANT TO PHILECE, AN EDUCATOR AND MOTHER OF FIVE. PHILECE WAS FACING EVICTION AFTER A NEW JOB LEFT HER WITH UNPAID MATERNITY LEAVE. DESPITE FAITHFULLY PAYING DOWN BALANCE OWED EACH MONTH, THE EVICTION PROCEEDED. WE COVERED FIVE MONTHS OF RENT TO ALLOW PHILECE TO PROVIDE HER FAMILY WITH A RETURN TO STABILITY AND A RESPITE FROM THE HAUNTING FEAR OF BEING UNHOUSED.

ANOTHER INDIVIDUAL GRANT WENT TO JESSICA, A MOTHER OF THREE WHO WAS DIAGNOSED WITH INVASIVE DUCTAL CARCINOMA WHEN HER YOUNGEST CHILD WAS BARELY 5 MONTHS OLD. WHILE JESSICA WAS UNDERGOING CHEMOTHERAPY AND OTHER INTENSIVE TREATMENTS TO ADDRESS HER METASTASIZED STAGE 4 CANCER, HER HUSBAND JUSTIN WAS LAID OFF FROM HIS EMPLOYMENT. AFTER A FAMILY MEMBER SUGGESTED THEY APPLY FOR A TOGETHER RISING GRANT, WE WERE ABLE TO GIVE THEIR FAMILY THE BREATHING ROOM THEY NEEDED TO CARE FOR JESSICA AND THEIR FAMILY. INSTEAD OF BEING CONSUMED WITH WORRY OVER MEDICAL AND HOUSING BILLS, THEY HAVE BEEN ABLE TO FOCUS ON HEALING AND NURTURING THEIR YOUNG FAMILY. JUSTIN SHARED: "THE PROCESS AND APPLICATION WERE VERY SIMPLE, AND EVERY INTERACTION WE'VE HAD WITH TOGETHER RISING HAS LEFT US FEELING JOY AND A SENSE OF PEACE. AT A TIME WHEN TROUBLES SEEMED INSURMOUNTABLE, WE FOUND HOPE IN TOGETHER RISING. THANK YOU TO ALL WHO HAVE DONATED AND MADE THIS GIFT POSSIBLE!"

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

43

432212 01-29-25

Schedule O (Form 990) 2024

Schedule O (Form 990) 2024

Name of the organization

Employer identification number 45-5362738

BUSINESS RELATIONSHIP UNRELATED TO THE ORGANIZATION.

TOGETHER RISING

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.

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.

432212 01-29-25

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44 2024.02050 TOGETHER RISING

Schedule O (Form 990) 2024

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Electronic Filing PDF Attachment

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

AT RICHMOND, JULY 31, 2024

The State Corporation Commission has found the articles of dissolution submitted on behalf of

Together Rising

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF DISSOLUTION

be issued and admitted to record with the articles of dissolution in the Office of the Clerk of the Commission, effective July 31, 2024.

STATE CORPORATION COMMISSION

Sanul 7. Zomk Βv

Samuel T. Towell Commissioner



COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Office of the Clerk

July 31, 2024

Elizabeth Ann Book 2589 Holly Manor Dr Falls Church, VA, 22043

RECEIPT

RE:	Together Rising
ID:	07517535
FILING NO:	2407317520689
WORK ORDER NO:	202407315253603

Dear Customer:

This is your receipt for \$10.00 to cover the fee for filing articles of dissolution for a corporation with this office.

The effective date of the certificate is July 31, 2024.

If you have any questions, please call (804) 371-9733 or toll-free 1-866-722-2551.

Sincerely,

Bernard J. Logan Clerk of the Commission

Delivery Method: Email