

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JAN 1, 2024** and ending **JUL 31, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TOGETHER RISING		D Employer identification number 45-5362738
	Doing business as		E Telephone number 202-964-0491
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2589 HOLLY MANOR DRIVE		G Gross receipts \$ 2,422,673.
	City or town, state or province, country, and ZIP or foreign postal code FALLS CHURCH, VA 22043		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: GLENNON DOYLE SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.TOGETHERRISING.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2012	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TOGETHER RISING EXISTS TO TURN OUR COLLECTIVE HEARTBREAK INTO EFFECTIVE ACTION.		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	15
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,247,661.	Current Year 2,384,696.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,474.	37,779.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,004.	198.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,341,139.	2,422,673.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,194,222.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		470,137.	745,800.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		131,117.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		389,825.	419,579.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,054,184.	6,584,743.
19 Revenue less expenses. Subtract line 18 from line 12	286,955.	-4,162,070.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,148,397.	End of Year 0.
	21 Total liabilities (Part X, line 26)	28,475.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,119,922.	0.

Part II Signature Block

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

Sign Here	Signature of officer <i>Elizabeth Book</i>		Date 2/10/2025		
	Type or print name and title ELIZABETH BOOK, SECRETARY				
Paid Preparer Use Only	Preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature <i>Richard J. Locastro</i>	Date 1/10/2025	Check if self-employed <input type="checkbox"/>	PTIN P00288314
	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008		Phone no. 301-951-9090	
Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930					

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 6,006,393. including grants of \$ 5,419,364.) (Revenue \$) ORGANIZATION GRANTS: \$3,544,702.45 IN OUR LARGEST PROGRAM, TOGETHER RISING INVESTED IN DOZENS OF BOOTS-ON-THE-GROUND ORGANIZATIONS MEETING THE MOST URGENT NEEDS OF THEIR COMMUNITIES. THE BOARD VOTED TO APPROVE A TOTAL OF \$3,544,702.45 IN ORGANIZATION GRANTS. FOR EXAMPLE, IN RESPONSE TO INCREASED ATTACKS ON REPRODUCTIVE FREEDOM AND ACCESS TO REPRODUCTIVE HEALTH CARE IN THE UNITED STATES, TOGETHER RISING INVESTED \$900,000 IN ORGANIZATIONS INCLUDING HOLLER HEALTH JUSTICE (HHJ) TO SECURE SAFE, ACCESSIBLE ABORTION AND REPRODUCTIVE HEALTHCARE FOR THOSE MOST MARGINALIZED, INCLUDING BIPOC, LGBTQ+, LOW-INCOME, AND RURAL COMMUNITIES WHO ARE DISPROPORTIONATELY IMPACTED BY RESTRICTIONS AND BANS ON REPRODUCTIVE HEALTHCARE. (CONTINUED ON SCHEDULE O)

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

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

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

4e Total program service expenses 6,006,393.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ELIZABETH BOOK - (571) 643-1428
2589 HOLLY MANOR DRIVE, FALLS CHURCH, VA 22043

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							673,323.	0.	11,260.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							673,323.	0.	11,260.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,384,696.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,384,696.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		37,779.		37,779.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	90099	198.	198.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d			198.		
12	Total revenue. See instructions			2,422,673.	0.	0.	
						37,977.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,060,914.	5,060,914.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	348,450.	348,450.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,000.	10,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	388,024.	152,010.	160,009.	76,005.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	301,755.	257,053.	18,441.	26,261.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,261.		11,261.	
10 Payroll taxes	44,760.	26,856.	11,190.	6,714.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,579.		4,579.	
c Accounting	86,367.		86,367.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	55,500.		55,500.	
12 Advertising and promotion	251.		251.	
13 Office expenses	10,981.		10,981.	
14 Information technology	3,662.		3,662.	
15 Royalties				
16 Occupancy				
17 Travel	9,442.		9,442.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,111.		1,111.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,037.		1,037.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBTS	151,662.	150,000.	1,662.	
b CC PROCESSING FEES	80,962.		59,102.	21,860.
c TAXES & LICENSES	5,648.		5,648.	
d REGISTRATION FEES	4,032.		4,032.	
e All other expenses	4,345.	1,110.	2,958.	277.
25 Total functional expenses. Add lines 1 through 24e	6,584,743.	6,006,393.	447,233.	131,117.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,113,564.	1	0.
	2 Savings and temporary cash investments	196,798.	2	0.
	3 Pledges and grants receivable, net	305,295.	3	0.
	4 Accounts receivable, net		4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0.
	7 Notes and loans receivable, net		7	0.
	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)	4,148,397.	16	0.	
Liabilities	17 Accounts payable and accrued expenses	28,475.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	28,475.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,969,922.	27	0.
	28 Net assets with donor restrictions	150,000.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,119,922.	32	0.
	33 Total liabilities and net assets/fund balances	4,148,397.	33	0.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,422,673.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,584,743.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,162,070.
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	63,832.
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.

Part XII Financial Statements and Reporting

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

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

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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)						
6 Public support. Subtract line 5 from line 4.						32771564.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6259511.	7554604.	10325092.	6247661.	2384696.	32771564.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 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 assets (Explain in Part VI.)	1,000.				198.	1,198.
11 Total support. Add lines 7 through 10						32969392.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.40	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.56	%
16a 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 stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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 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			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	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.		
7	Excess distributions carryover to 2025. Add lines 3j 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		

Schedule A (Form 990) 2024

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

SCHEDULE A, PART II - SHORT YEAR:

THE INFORMATION REFLECTED IN THE 2024 COLUMN IS FOR THE FINAL SHORT PERIOD JANUARY 1, 2024 TO JULY 31, 2024.

Multiple horizontal lines for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

TOGETHER RISING

Employer identification number

45-5362738

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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

Name of organization TOGETHER RISING	Employer identification number 45-5362738
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOGETHER RISING	Employer identification number 45-5362738
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization TOGETHER RISING	Employer identification number 45-5362738
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

TOGETHER RISING

45-5362738

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		10,000.
3 a Subtotal	0	0			10,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,000.

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

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

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

Part IV Foreign Forms

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

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 I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTION AGAINST HUNGER USA ONE WHITEHALL STREET, 2ND FL NEW YORK, NY 10004	13-3327220	501(C)(3)	100,000.	0.			TO PROVIDE STANDARD FOOD FOR CONFLICT-DISPLACED FAMILIES AND READY-TO-USE THERAPEUTIC FOOD FOR
AL OTRO LADO PO BOX 32578 LOS ANGELES, CA 90032	47-2910078	501(C)(3)	830,000.	0.			TO SUPPORT, REUNIFY, AND ADVOCATE FOR FAMILIES SEPARATED AT THE US/MEXICO BORDER.
ANERA 1111 14TH ST. NW, SUITE 400 WASHINGTON, DC 20005	52-0882226	501(C)(3)	331,629.	0.			TO PROVIDE FOOD, MEDICAL, AND OTHER EMERGENCY HUMANITARIAN AID TO CONFLICT-DISPLACED
BRIGID PO BOX 58 NEW YORK, NY 10024	82-3843989	501(C)(3)	50,000.	0.			TO SUPPORT PEOPLE RECEIVING ABORTION CARE WITH FOOD, CHILDCARE, AND TRAVEL EXPENSES.
FENIX HUMANITARIAN LEGAL AID 2598 E SUNRISE BLVD 2104 SOUTH BEND, IN 33304	83-2692991	501(C)(3)	59,946.	0.			TO PROVIDE REFUGEES LIVING IN REFUGEE CAMPS IN GREECE WITH DIRECT LEGAL AID, SOCIAL
GRO PO BOX 4161 ATLANTA, GA 30302	87-1811721	501(C)(3)	100,000.	0.			TO PROVIDE LOW-INCOME MARGINALIZED WOMEN WITH MONTHLY STIPENDS TO SUPPORT THEIR LIVING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27.

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLER HEALTH JUSTICE PO BOX 11032 CHARLESTON, WV 25339	83-1203957	501(C)(3)	800,000.	0.			TO PROVIDE ABORTION ACCESS TO MARGINALIZED PEOPLE LIVING APPALACHIA WITH FINANCIAL ASSISTANCE
JASMYN P.O. BOX 2973 JACKSONVILLE, FL 32203	59-3284175	501(C)(3)	100,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY IN GREATER JACKSONVILLE FL VIA COMMUNITY CENTER
JUSTICE IN MOTION. 789 WASHINGTON AVENUE BROOKLYN, NY 11238	72-1597864	501(C)(3)	60,000.	0.			TO SUPPORT, REUNIFY, AND ADVOCATE FOR FAMILIES SEPARATED AT THE US/MEXICO BORDER.
KIDS IN NEED OF DEFENSE 1201 L ST. NW, FLOOR 2 WASHINGTON, DC 20005	26-2763038	501(C)(3)	236,306.	0.			TO SUPPORT, REUNIFY, AND ADVOCATE FOR FAMILIES SEPARATED AT THE US/MEXICO BORDER.
LOOKING OUT FOUNDATION PO BOX 150227 NASHVILLE, TN 37215	45-5300890	501(C)(3)	305,905.	0.			TO SUPPORT MENTAL HEALTH SERVICES FOR YOUTH AND THEIR FAMILIES AND TO EXPAND COMMUNITY FOOD AND
MIDDLE EAST CHILDREN'S ALLIANCE 1101 EIGHTH STREET, SUITE 100 BERKELEY, CA 94710	94-3074600	501(C)(3)	331,628.	0.			TO PROVIDE FOOD, MEDICAL, AND OTHER EMERGENCY HUMANITARIAN AID TO CONFLICT-DISPLACED
MISSION EDGE SAN DIEGO 2820 ROOSEVELT ROAD SUITE 104 SAN DIEGO, CA 92106	27-2938491	501(C)(3)	50,000.	0.			TO SUPPORT MARGINALIZED PEOPLE WITH BARRIERS TO EMPLOYMENT TRAINING, SUPPORT, AND EMPLOYMENT
NATIONAL IMMIGRATION PROJECT 2201 WISCONSIN AVE. NW, SUITE 200 WASHINGTON, DC 20007	95-2926663	501(C)(3)	230,000.	0.			TO SUPPORT, REUNIFY, AND ADVOCATE FOR FAMILIES SEPARATED AT THE US/MEXICO BORDER.
NEW HOUR FOR WOMEN AND CHILDREN - LI - PO BOX 213 - BRENTWOOD, NY 11717	47-4718783	501(C)(3)	100,000.	0.			TO SUPPORT THE PREPARATION OF A SAFE LOCATION AT WHICH CRIMINAL-JUSTICE-INVOLVED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW NEIGHBORS PARTNERSHIP ASSOCIATION - 245 W 107TH STREET, 3D - NEW YORK, NY 10025	85-3192882	501(C)(3)	25,000.	0.			TO SUPPORT ASYLUM-SEEKING FAMILIES IN NEW YORK CITY BUILDING COMMUNITY IN PARTNERSHIP WITH DONOR
NATIONAL CENTER OF YOUTH LAW 1212 BROADWAY, SUITE 600 OAKLAND, CA 94612	94-2506933	501(C)(3)	100,000.	0.			TO FUND EMERGENCY INSPECTION OF DETENTION CENTER CONDITIONS AND PROVIDE FOR THE
OUT YOUTH 909 E 49TH 1/2 ST AUSTIN, TX 78751	74-2732971	501(C)(3)	750,000.	0.			TO PROVIDE LGBTQ+ YOUTH IN GREATER AUSTIN, TX WITH SOCIAL AND EMOTIONAL SUPPORT, HOUSING,
OUTRIGHT INTERNATIONAL 216 EAST 45TH ST 17TH FL NEW YORK, NY 10017	94-3139952	501(C)(3)	25,500.	0.			TO SUPPORT CONFLICT-DISPLACED LGBTQ+ UKRAINIANS VIA IN LOCAL DIRECT-SERVICE PARTNER
PROTECHOS 161 CALLE SAN JORGE, SUITE 200 SAN JUAN, PR 00911	66-0890066	501(C)(3)	50,000.	0.			TO CONTINUE HOME AND ROOF REPAIRS FOR ELDERLY AND DISABLED PEOPLE IN PUERTO RICO WHOSE HOMES
RESPOND CRISIS TRANSLATION. 14197 VINDEL CIRCLE C/O PIERRE BEAU FORT MYERS, FL 33905	84-5120142	501(C)(3)	50,000.	0.			TO PROVIDE REFUGEES AND MIGRANTS SEEKING ASYLUM WITH TRANSLATION SERVICES FOR LEGAL PROCESSING AND
RUTH'S REFUGE 130 FENIMORE ST APT 3I BROOKLYN, NY 11225	83-4437163	501(C)(3)	25,000.	0.			TO PROVIDE ASYLUM-SEEKING FAMILIES IN NEW YORK CITY WITH FURNITURE AND HOUSEHOLD MATERIALS .
SHELTERBOX USA PO BOX 5055 SANTA BARBARA, CA 93150	20-0471604	501(C)(3)	100,000.	0.			TO PROVIDE CONFLICT-DISPLACED SUDANESE PEOPLE WITH SHELTER, WATER, FOOD AND
THE BRIGID ALLIANCE PO BOX 58 NEW YORK, NY 10024	82-3843989	501(C)(3)	50,000.	0.			TO SUPPORT PEOPLE RECEIVING ABORTION CARE WITH FOOD, CHILDCARE, AND TRAVEL EXPENSES.

Schedule I (Form 990)

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HUMANITARIAN GRANTS TO ASSIST IN DAILY LIVING NEEDS	56	348,450.	0.		

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACTION AGAINST HUNGER USA
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STANDARD FOOD FOR CONFLICT-DISPLACED FAMILIES AND READY-TO-USE THERAPEUTIC FOOD FOR 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

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.

Multiple horizontal lines for additional supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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.

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.

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

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 N
(Form 990)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

TOGETHER RISING

Employer identification number

45-5362738

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CASH		07/31/24	830,000.	FMV	47-2910078	AL OTRO LADO PO BOX 32578 LOS ANGELES, CA 90032	501(C)(3)
CASH		07/31/24	750,000.	FMV	83-1203957	HOLLER HEALTH JUSTICE PO BOX 11032 CHARLESTON, WV 25339	501(C)(3)
CASH		07/31/24	750,000.	FMV	74-2732971	OUT YOUTH 909 E 49TH 1/2 ST. AUSTIN, TX 78751	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- 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 liquidation, termination, or dissolution?
- 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.

	Yes	No
2a		X
2b		X
2c		X
2d		X

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

Schedule N (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization TOGETHER RISING	Employer identification number 45-5362738
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**FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
TOGETHER RISING SUNSETTED AS A NONPROFIT ORGANIZATION IN 2024, CEASING
ALL PROGRAMMATIC ACTIVITY IN DOING SO.**

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

**IN RESPONSE TO REPEATED NATIONWIDE ATTACKS ON LGBTQ+ COMMUNITIES AND
TRANSGENDER YOUTH, TOGETHER RISING INVESTED \$875,500 IN PARTNER
ORGANIZATIONS TO SUPPORT LGBTQ+ COMMUNITIES AND TO HELP PROVIDE
LIFE-SAVING GENDER-AFFIRMING CARE. TOGETHER RISING INVESTED \$750,000 IN
OUT YOUTH, AN ORGANIZATION SERVING LGBTQ+ YOUTH IN CENTRAL TEXAS AND
THEIR FAMILIES AND ALLIES. THIS GRANT FUNDED A SAFE PLACE FOR YOUTH,
AGED 9 TO 23, TO RECEIVE COMPREHENSIVE, CULTURALLY-SENSITIVE SUPPORT TO
ENSURE THEY HAVE THE OPPORTUNITY TO DEVELOP INTO HAPPY, HEALTHY,
SUCCESSFUL ADULTS.**

**TOGETHER RISING INVESTED \$305,905 IN THE LOOKING OUT FOUNDATION (LOF)
TO SUPPORT MENTAL HEALTH SERVICES FOR YOUTH AND THEIR FAMILIES, AND TO
EXPAND COMMUNITY FOOD AND WATER ACCESS.**

**IN 2024, TOGETHER RISING INVESTED \$100,000 IN THE GEORGIA RESILIENCE
AND OPPORTUNITY (GRO) FUND TO SUPPORT THE IN HER HANDS PROGRAM. IN HER
HANDS, GRO'S FLAGSHIP GUARANTEED INCOME PROGRAM, PROVIDES AN AVERAGE OF
\$1,000 PER MONTH TO RECIPIENTS, WHO ARE PREDOMINANTLY BLACK WOMEN AND
PARENTS, FOR TWO YEARS. ONE WOMAN SHARED THAT THESE FUNDS ALLOWED HER
TO DREAM AGAIN: SHE WAS ABLE TO LIVE WITHIN HER LOWER-PAYING JOB WHILE
EARNING A TEACHING CERTIFICATION, AND NOW WORKS AT HER DREAM JOB AS A
TEACHER IN HER HOME DISTRICT.**

**FAMILY REUNIFICATION GRANTS: \$1,506,306.37
TOGETHER RISING INVESTED A TOTAL OF \$1,506,306.37 IN GRANTS TO CONTINUE
TO SUPPORT AND REUNIFY FAMILIES WHO WERE SEPARATED AT THE U.S. BORDER
UNDER THE FEDERAL GOVERNMENT'S "ZERO-TOLERANCE POLICY." TOGETHER RISING
INVESTED \$830,000 IN AL OTRO LADO (AOL), A TRUSTED, LONG-TERM PARTNER
OF TOGETHER RISING, IN THE WORK OF REUNIFYING SEPARATED MIGRANT
FAMILIES AT THE MEXICO-U.S. BORDER. THIS GRANT ALLOWED AOL TO CONTINUE
THEIR WORK TO ENSURE THAT ASYLUM SEEKERS WILL NOT BE ILLEGALLY TURNED
AWAY AT THE PORT OF ENTRY AND WILL NOT BE UNLAWFULLY DEPORTED. TOGETHER
RISING ALSO DISTRIBUTED \$236,306.37 TO KIDS IN NEED OF DEFENSE (KIND)
TO FUND FREE, HIGH-QUALITY LEGAL REPRESENTATION IN 75 NEW CASES FOR
SEPARATED FAMILIES THROUGH THE PROVISION OF DIRECT LEGAL
REPRESENTATION.**

**INTERNATIONAL HUMANITARIAN CRISES: \$1,013,256.48
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. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

Name of the organization TOGETHER RISING	Employer identification number 45-5362738
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BUSINESS RELATIONSHIP UNRELATED TO THE ORGANIZATION.

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.

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

By

A handwritten signature in black ink, appearing to read "Samuel T. Towell", written in a cursive style.

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