Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047
2022
Open to Public

A For the 2022 calendar year, or tax year beginning and ending B Check if applicable C Name of organization D Employer identification number Address TOGETHER WE RISE Name change Doing business as 26-3043727 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 560 W. LAMBERT ROAD 714-784-6760 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 9,480,767. Amended BREA, CA 92821 H(a) Is this a group return Applica-F Name and address of principal officer: DANIEL MENDOZA for subordinates? Yes X No 560 W. LAMBERT ROAD, BREA, CA H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.TOGETHERWERISE.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation: 2008 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: DEDICATED TO TRANSFORMING THE Governance WAY YOUTH NAVIGATE THROUGH THE FOSTER CARE SYSTEM IN AMERICA. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 රේ Total number of individuals employed in calendar year 2022 (Part V, line 2a) 50 5 Total number of volunteers (estimate if necessary) 50 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 8,861,649. 9,245,192. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 575. 9,056. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 55,840. 226,519. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,918,064. 9,480,767. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 220,000. 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) 1,963,914. 2,675,856. 15 Salaries, otner compensation, omposition (A), line 11e)

16a Professional fundraising fees (Part IX, column (A), line 11e)

170-171 Column (D) line 25)

394,035. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,648,298. 6,196,987. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,612,212. 9,092,843. 19 Revenue less expenses. Subtract line 18 from line 12 387,924. 2,305,852. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 12,918,832. 16,175,469. 21 Total liabilities (Part X, line 26) 667,576. 3,536,289. Net assets or fund balances. Subtract line 21 from line 20 12,251,256. 12,639,180. 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 Signature of officer Sign DANIEL MENDOZA, Here Type or print name and title Print/Type preparer's name Date Preparer's signature PTIN MICHAEL C. AGRESTI, CPA Paid MICHAEL C. AGRESTI 11/15/23 P00716069 self-employed Preparer LANCE, SOLL & LUNGHARD, LLP Firm's name Firm's EIN 95-2700123 Use Only Firm's address 203 N BREA BLVD. SUITE #203 BREA, CA 92821 Phone no. 714-672-0022 May the IRS discuss this return with the preparer shown above? See instructions X Yes

rai	Citatement of Frogram Gervice Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TOGETHER WE RISE (TWR) IS A 501(C)(3) NON-PROFIT ORGANIZATION	_
	COMPRISED OF MOTIVATED YOUNG ADULTS AND FORMER FOSTER YOUTH. OUR	_
	VISION IS TO IMPROVE THE LIVES OF FOSTER CHILDREN IN AMERICA, WHO	
	OFTEN FIND THEMSELVES FORGOTTEN AND NEGLECTED BY THE PUBLIC. WE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,345,541. including grants of \$ 220,000.) (Revenue \$	
	COMMUNITY SUPPORT - TOGETHER WE RISE HAS MANY PROGRAMS THAT BENEFIT	- ′
	CHILDREN IN FOSTER CARE AROUND THE UNITED STATES. OUR GOAL IS TO MAKE	_
	THE TRANSITION IN FOSTER CARE EASIER FOR THE CHILDREN WHO ARE IN THE	_
	SYSTEM. SINCE CHILDREN IN FOSTER CARE ARE TYPICALLY GIVEN 2 TRASH BAGS	_
	TO TRANSPORT THEIR BELONGINGS, WE TRY TO GIVE THEM OUR SWEET CASES	_
	INSTEAD. A TOGETHER WE RISE SWEET CASE IS A BRIGHT BLUE DUFFEL BAG	_
	STUFFED WITH A TEDDY BEAR, A BLANKET, A HYGIENE KIT, A COLORING BOOK,	_
	AND CRAYONS, PARTICIPANTS AROUND THE UNITED STATES WILL DECORATE THE	_
	SWEET CASES, STUFF THEM, AND THEN DONATE IT BACK INTO THEIR COMMUNITIES	_
		_
	TO BENEFIT CHILDREN IN FOSTER CARE IN THEIR AREAS. THIS IS OUR BIGGEST	_
	PROGRAM, AND IT IS GROWING EVERY YEAR!	_
	, , , , , , , , , , , , , , , , , , ,	_
4b	(Code:) (Expenses \$ 6,377,892. including grants of \$) (Revenue \$)	_)
	FOSTER CARE SUPPORT: OUR MISSION NECESSITATES THAT WE INVEST MUCH OF	_
	OUR TIME AND LIMITED RESOURCES IN COLLABORATION WITH COMMUNITY	_
	PARTNERS. THIS BRINGS RESOURCES TO AND IMPROVES THE LIVES OF AMERICA'S	_
	FOSTER CHILDREN IN ALL 50 STATES. OUR CHALLENGING BUT REWARDING TASK	_
	INVOLVES THE TWR TEAM WORKING WITH HUNDREDS OF FOSTER AGENCIES, SOCIAL	_
	WORKERS, COURT APPOINTED SPECIAL ADVOCATES (CASAS), AND OTHER PARTNERS	_
	AS WE USE OUR LIMITED RESOURCES TO BENEFIT FOSTER YOUTH ACROSS THE	_
	NATION.	_
		_
	WE COORDINATE THE DELIVERY OF GOODS AND SERVICES TO FOSTER KIDS	_
	THROUGHOUT THE UNITED STATES. WE ALSO SPONSOR FOSTER/ADOPTION	_
	FESTIVALS, LEARNING ACTIVITIES TO EDUCATE VOLUNTEERS ON ISSUES, AND ANY	_
4c		_)
	TRANSITION SUPPORT - WHEN CHILDREN IN FOSTER CARE AGE OUT OF THE	_
	SYSTEM, SOME OF THEM DON'T HAVE THE RESOURCES TO TRAVEL TO SCHOOL,	
	WORK, OR THEIR HOMES, MOST YOUTHS THAT HAVE AGED OUT OF THE SYSTEM ARE	_
	LEFT WITHOUT ANY MEANS OF TRANSPORTATION, SO TO FIX THIS, TOGETHER WE	
	RISE DONATES BIKES TO CHILDREN IN FOSTER CARE. WE HAVE PARTICIPANTS	
	ACROSS THE UNITED STATES HOST BUILD A BIKE EVENTS WHERE TEAMS USE TOOLS	
	TO BUILD BIKES AND THEN DONATE THEM BACK INTO THEIR COMMUNITY.	
	PARTICIPANTS CAN CHOOSE BETWEEN 3 SIZES OF BIKES SO CHILDREN OF ALL	
	AGES CAN BENEFIT FROM THIS PROGRAM. TOGETHER WE RISE WANTS TO ENSURE	
	THAT CHILDREN IN FOSTER CARE HAVE THE OPPORTUNITY TO EXPERIENCE	
	CHILDHOOD BY GETTING TO OWN SOMETHING AS SIMPLE AS A BIKE. WE	_
	PARTICULARLY WANT TO HELP OLDER CHILDREN WHO ARE CLOSE TO THE AGING OUT	_
4d		_
	(Expenses \$ including grants of \$) (Revenue \$)	
4 _P	Total program service expenses 8,284,202.	_
	- I I I	_

Form 990 (2022) TOGETHER WE RISE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	٠ــ		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	<u> </u>		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Form 990 (2022) TOGETHER WE RISE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	, , ,	040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		 -
32	\cdot	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		├^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
			000	

Form 990 (2022) TOGETHER WE RISE

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

b If Ves, *Insai tilled a Form 990 To or bits year? If *No!* to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If *Ves,** enter the name of the foreign country 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxabib party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Did any taxabib party notify the organization file Form 8888-T? 6c Did be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization shall many receive deductible contributions under section 170(c). 6d Did the organization steat amy receive deductible contributions under section 170(c). 6d Did the organization several asymmetrial excess (55 Ts made party as a contribution and party for goods and services provided to the payor? 7a Did the organization receive a payment in excess (55 Ts made party as a contribution of any party of prohibited tax shall be organization several payment in excess (55 Ts made party as a contribution of undersection 170(c). 7b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c To the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization received a contribution of undersective organization and payment organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fless of the payment of the payment of the p				Yes	No
b If all east one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has it filed a Form 890 ff or this year? If Yo Yo Isine 3b, provide an explanation on Schedule O	2 a				
3a Different programment of the organization have unrelated business gross income of \$1,000 or more during the year? by if Yes,* has it fitted a Form 990-T for this year? If Yes, to line by provide an explanation on Schedule O. dh A ran yit me during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See Was the organization as party to a prohibited tax sheller transaction? 5b Was the organization to party to a prohibited tax sheller transaction? 5c Yes to the see for 5t, did the organization that was or is a party to a prohibited tax sheller transaction? 5c Yes to the see for 5t, did the organization that was or is a party to a prohibited tax sheller transaction? 5c Yes to the see for 5t, did the organization that organization file from 8886.77 5c Yes to the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c West to line organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 8d If Yes, if did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 9 Proparatization receive a gayment in excess of \$75 mate partly as a contribution of cruss provided? 9 If Yes, if did the organization include with every solicitation and any promote that the such as the possible personal property for which it was required to file from 8282? 9 If Yes, if the organization encode a contribution of crus of indirectly, to pay premiums on a personal benefit contract? 9 If the organization services any payment in excess of \$		filed for the calendar year ending with or within the year covered by this return 2a 50			
b if Yes, *inati filled a Form 990.7 for this year? if "Not to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an intrest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or ore financial accountry) b if Yes, *enter the name of the foreign country See instructions for filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c IN Yes to line 5a or 5b, did the organization file Form 8888.7? 6 IP Yes to line 5a or 5b, did the organization file Form 8888.7? 6 IP Yes, *did the organization include with owary solicitation an express atatement that such contributions or gifts were not tax deductible? 6 If Yes, *did the organization include with every solicitation an express atatement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, *did the organization include with every solicitation an express atatement that such contributions or gifts were not tax deductible? 8 If Yes, *did the organization notify the donor of the value of the goods or services provided? 9 If Yes, *indicate the number of Forms 82822 filed during the year 10 If Yes, *indicate the number of Forms 82822 filed during the year 10 If Yes, *indicate the number of Forms 82822 filed during the year 11 If Yes, *indicate the number of Forms 82822 filed during the year 12 If Yes, *indicate the number of Forms 82822 filed during the year 12 If Yes, *indicate the number of Forms 82822 filed during the year 13 If the organization received a contribution of cars, boats, sinjanes, or other vehicles, did the organization file a Form 1098.07 14 If the organization received a contribution of cars, boats, sinjanes, or other vehicles, did the organization file a Form 109	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account; or other financial accounts; (FBAP). 5 If "Yeas," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAP). 5 Was the organization a party to a prohibited tax shelter bransaction at any time during the tax year? 5 If If year is one based or the organization that it was or is a party to a prohibited tax shelter transaction? 5 If If year is one based or the organization the organization in the organization and party to a prohibited tax shelter transaction? 5 If If year, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions. 5 If Yea, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions under section 170(c). 5 If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 6 If Yea," did the organization receive a payment in excess of \$75 made partly as a contribution of under section 170(c). 7 If Yea," indicate the number of Forms 8882 filed during the year (and the organization receive a payment in excess of \$75 made partly as a contribution of quarts and partly for goods and services provided? 7 If Yea," indicate the number of Forms 8882 filed during the year 9 If If the organization received a contribution of your indirectity, to pay premium on a personal benefit contract? 10 If the organization received a contribution of provided to the goods or service provided to the provided to the organization make any taxtend property, did the organization file a Form 1098-C? 13 Secti			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "exe," after the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("EAR). 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Did where the propagatization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 60 Different than any receive deductible as charitable contributions? 61 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 72 Organizations that may receive deductible contributions under section 170(c). 63 If "Yes," did the organization notify the donor of the value of the goods or services provided? 73 Different than a section 170(c). 74 If "Yes," did the organization notify the donor of the value of the goods or services provided? 75 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 77 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 77 Sponsoring organization have excess business holdings at any time during the year? 78 Sponsoring organization have excess business holdings at any time during the year? 79 Sponsoring organization have excess business holdings at any time during the year? 80 Section 501(c)(12) organizations. Enter: 10 In the sponsoring organization make any taxable distributions under section 4968? 10 Section 501(c)(12) organizations.			3b		
b 1	4a				,,
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17					
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Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17			12-		
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If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16		16		Х
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		-			
	17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
If "Yes," complete Form 6069.		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
		If "Yes," complete Form 6069.			

Form 990 (2022) TOGETHER WE RISE 26-3043/2/ Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule	U. See	instructions.				Ū
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management						X
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	.	5			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	,	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	_				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-						l
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	<u>Revenu</u>	e Code.)				
				1		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of the control of the con	•					
			615		10b		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ау рет	ore filing the for	m?	<u>11a</u>		<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				40-	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,			10-	Х	
12	on Schedule O how this was done				12c 13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve				14	25	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		паерепаеті				
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b		Х
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?				16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				100		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of		-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure					1	
17	List the states with which a copy of this Form 990 is required to be filed CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (section 50	1(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		•	()()	3,		
	X Own website Another's website X Upon request Other (expla	in on S	Schedule (1)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or			cy, and	finan	cial	
	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 bo	ooks a	nd records				
	DANIEL MENDOZA - 714-784-6760						
	560 W. LAMBERT ROAD, BREA, CA 92821						

26-3043727

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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DANIEL MENDOZA CEO	60.00	Х		х				225,000.	0.	13,802.
(2) GIANNA MULKAY	40.00							223,000.	0.	13,002.
EXECUTIVE DIRECTOR	40.00	Х		х				104,615.	0.	8,691.
(3) KIMBERLY MOORE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) DAVID MENDOZA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) STEPHANIE BAEZA	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) CHRISTOPHER MEKDARA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) BRANDON MYERS	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
		-								
	1	1		l	l	1	1			

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	(continued)				
(A) Name and title	(B) Average hours per week (list any hours for related	tee or director oggo oct oct oct oct oct oct oct oct oct oc	(C) Position Position In not check more than one box, unless person is both an afficer and a director/trustee) The position Reportable Compensation From From From related Organization AVA (1900 MISC)		on d is SC/	ar com fr	(F) stimate nount of other spensate om the anizati	of tion					
	organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			l	d relate anizatio	
		•											
-													
		•											
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							329,615. 0. 329,615.		0. 0.		2,49	0.
Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	e 		Yes	2 N o
 3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si 	such individual										3		Х
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." con 	0,000? <i>If</i> "Yes, accrue comper	" co	<i>mple</i> on fr	ete S rom	Sche any	edule unre	J f	for such individualed organization or individ	dual for services		4 5	Х	х
Section B. Independent Contractors 1 Complete this table for your five highest countries the organization. Report compensation for	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa		om	
(A) Name and business HYUN WOO JUNG	•							(B) Description of s		C	(C Compe	C) nsatior	1
6134 GEANIE CT, CHINO HII	LLS, CA	91	70	9				WEB DEVELOPM	ENT		11	9,16	59.
-													
2 Total number of independent contractors (in \$100,000 of compensation from the organic	•	ot lin	nited	d to t	thos 1		ted	above) who received mo	ore than				

26-3043727

Form 990 (2022) TOGETHER WE RISE
Part VIII Statement of Revenue

			Check if Schedule O o	ontai	ns a rest	onse	or note to any lin	ne in this Part VIII			
			Check ii Coneddie C	oritai	110 4 100	701100	or mote to arry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
(0, (c)	-	_	Federated campaigns		1a	1					
ants	•					_		-			
ij g			Membership dues					-			
Ŧ\$,			Fundraising events		l			-			
Contributions, Gifts, Grants and Other Similar Amounts						1		-			
Sir			Government grants (contri					-			
utio		T	All other contributions, gifts,			۱۵	245,192.				
들됨			similar amounts not included				274,366.	-			
o d		-	Noncash contributions included in I	ines 1a	-1f 1g	\$ ⊥ ,		9,245,192.			
O a		n	Total. Add lines 1a-1f				Business Code	9,243,192.			
	_						Busiliess Code				
<u>ic</u>	2	а									
er ne		b									
n S		С.									
yra Be		d									
Program Service Revenue		e	All allandaria								
۳			All other program service								
	_										
	3		Investment income (includ					9,056.			9,056.
								9,030.			9,030.
	4		Income from investment o		•						
	5		Royalties	П	(i) Re		(ii) Personal				
	_		0	_	(1) 110	ai	(ii) i ersoriai	-			
	О		Gross rents	6a				-			
			Less: rental expenses	6b				-			
			Rental income or (loss)	6c							
	_		Net rental income or (loss)	·····	(i) Secu	ritios	(ii) Othor				
	′	а	Gross amount from sales of	I <u> </u> ⊦	(i) Secu	nues	(ii) Other	-			
			assets other than inventory	7a				-			
		b	Less: cost or other basis	l							
ng			and sales expenses	7b 7c				-			
eve			Gain or (loss)								
her Revenue	_		Net gain or (loss)				T				
Ę.	8	а	Gross income from fundraising								
₹					of						
			contributions reported on		•						
			Part IV, line 18			- 1		-			
						. —					
	^		Net income or (loss) from				<u> </u>				
	9	а	Gross income from gamin								
		l.	Part IV, line 19			١					
						. —					
	40		Net income or (loss) from			es	<u> </u>				
	10	а	Gross sales of inventory, le			10					
			and allowances					-			
			· ·		of invent	. —	71				
\dashv		С	Net income or (loss) from	saies	or invent	ory	Business Code				
sn	44	_	PROGRAM FEES				Duaniesa Code	226,519.	226,519.		
Jeo Ue	11							220,319.	220,319.		
Miscellaneous Revenue		b									
Sce		c d	All other revenue								
Ξ			Total. Add lines 11a-11d					226,519.			
	12		Total ravanua See instruction					9 480 767	226 519.	0.	9 056.

Form 990 (2022) TOGETHER WE RISE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	220,000.	220,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	2,458,145.	2,089,423.	147,489.	221,233.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24 054	00 500	0 007	2 1 1 6
9	Other employee benefits	34,951.	29,708.	2,097.	3,146. 16,448.
10	Payroll taxes	182,760.	155,346.	10,966.	16,448.
11	Fees for services (nonemployees):				
a	Management				
D	Legal				
C	Accounting				
a	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				_
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	65,253.	1,432.	63,821.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	193,598.	166,494.	21,296.	5,808.
17	Travel	190,578.	68,102.	36,662.	85,814.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	60 272		60 272	
20	Interest	60,272.		60,272.	
21	Payments to affiliates	197,603.	169,939.	21,736.	5,928.
22		50,620.	43,035.	3,034.	4,551.
23 24	Other expenses, Itemize expenses not covered	30,020	43,033.	3,034.	4,331.
24	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.)				
а	MATERIALS, SUPPLIES AND	3,078,803.	3,029,805.		48,998.
b	EDUCATION AND OUTREACH	632,632.	632,632.		-,
c	DONATIONS	362,487.	362,337.		150.
d	O/S SERVICE DEVELOPED A	361,249.	361,249.		
е	All other expenses SEE SCH O	1,003,892.	954,700.	47,233.	1,959.
25	Total functional expenses. Add lines 1 through 24e	9,092,843.	8,284,202.	414,606.	394,035.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (2000)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,849,918.	1	4,514,457.
	2	Savings and temporary cash investments			900,116.	2	2,908,044.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	97,554.
	5	Loans and other receivables from any current			<u> </u>		
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	'-	· ·		6	
S	7	Notes and loans receivable, net		Г		7	16,284.
Assets	8	Inventories for sale or use			640,155.	8	16,284. 732,023.
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		8,354,367.			
	b			530,795.	4,317,876.	10c	7,823,572.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		210,767.	15	83,535.	
	16	Total assets. Add lines 1 through 15 (must ed			12,918,832.	16	16,175,469.
	17	Accounts payable and accrued expenses			162,890.	17	131,769.
	18	Grants payable			18		
	19	Deferred revenue	238,423.	19	187,056.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
ý	22	Loans and other payables to any current or fo	rmer officer	r, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
abil		controlled entity or family member of any of th	ese person	ıs		22	
⋍	23	Secured mortgages and notes payable to unre	elated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third pa	rties		24	
	25	Other liabilities (including federal income tax,)	oayables to	related third			
		parties, and other liabilities not included on lin	es 17-24). (Complete Part X			
		of Schedule D			266,263.	25	3,217,464.
	26	Total liabilities. Add lines 17 through 25			667,576.	26	3,536,289.
		Organizations that follow FASB ASC 958, cl	heck here	X			
ces		and complete lines 27, 28, 32, and 33.		J			
lan	27	Net assets without donor restrictions			11,244,844.	27	11,465,793.
Ва	28	Net assets with donor restrictions		<u></u>	1,006,412.	28	1,173,387.
pur		Organizations that do not follow FASB ASC	958, chec	k here			
ŗ.		and complete lines 29 through 33.	,				
S	29	Capital stock or trust principal, or current fund			29		
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	44 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Ne.	32	Total net assets or fund balances			12,251,256.	32	12,639,180.
	33	Total liabilities and net assets/fund balances			12,918,832.	33	16,175,469.

Form **990** (2022)

Pa	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	9,48		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,09		
3	Revenue less expenses. Subtract line 2 from line 1	3	38	7,9	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,25	1,2	56.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,63	9,1	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

TOGETHER WE RISE 26-3043727 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 TOGETHER WE RISE 26-3043727 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5471612.	6155324.	9985769.	8568349.	9245192.	39426246.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5471612.	6155324.	9985769.	8568349.	9245192.	39426246.
	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.						39426246.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	5471612.	6155324.	9985769.	8568349.	9245192.	39426246.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,228.	9,205.	-8,050.	575.	9,056.	12,014.
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.)			49,013.	349,140.	226,519.	624,672. 40062932.
11	Total support. Add lines 7 through 10						40062932.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	***		14	98.41 %
	Public support percentage from 2021					15	98.80 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				=	VI how the organiz	ation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	S

(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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				L	10.1(.)(0)	
14	First 5 years. If the Form 990 is for the	-			-		
Sad	check this box and stop here ction C. Computation of Publi		centage				
	•			actions (f)		15	0/
	Public support percentage for 2022 (I		•	.,,		16	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves	·				10	<u>%</u>
				no 13 column (f)		17	20
						——————————————————————————————————————	
	33 1/3% support tests - 2022. If the						
136	more than 33 1/3%, check this box ar						
L	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	163	140
1		
•		
2		
За		
Ja		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
401-		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2 b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Dar	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizatione / //	Λ	g
		a)(3) Supporting Orga	nizations (continu	ed)	.
	ion D - Distributions	T	_	Current Year	
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp		_		
	organizations, in excess of income from activity	-	2		
3	Administrative expenses paid to accomplish exempt purpose	5	3		
4	Amounts paid to acquire exempt-use assets	Davit VIIV		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5 6	
<u>6</u> 7	Other distributions (describe in Part VI). See instructions.			7	
<u>_7</u>	Total annual distributions. Add lines 1 through 6.	o organization is responsive			
8	Distributions to attentive supported organizations to which the	ie organization is responsive		8	
9	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			9	
	•			10	
10	Line 8 amount divided by line 9 amount	/i\	/ii\	10	/iii\
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
с	From 2019				
<u>d</u>	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022 TOGETHER WE RISE		age 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part \	, V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME	 ::	
OTHER REVENUES		
PROGRAM FEES		
ECONOMIC INJURY DISASTER FUND		
PPP LOAN FORGIVENESS		

Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Name of the organization

TOGETHER WE RISE

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

Employer identification number

26-3043727

Organization type (check one):						
Filers of	f:	Section:				
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	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\$					
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

Name of organization Employer identification number

TOGETHER WE RISE

26-3043727

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and Zir + +	\$\$ \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TOGETHER WE RISE

26-3043727

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	CLOTHING & SHOES		
2			
		\$\$	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	TRADING CARD GAME		
3			
		\$\$	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
000450 44 45		\$	Calcadula D (Farra 000) (0000)

Name of organization

Employer identification number

	HER WE RISE		26-3043727			
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)			
(-) N - 1	Use duplicate copies of Part III if additional sp	pace is needed.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(4,1 1)	(-, 3	(-,			
ŀ		(a) Transfer of aif	 *			
		(e) Transfer of gif	t .			
	Transferee's name, address, an	d 7IP + 4	Relationship of transferor to transferee			
Ī	Transision of a name, dual cos, an	<u> </u>	Troid to the first of the first			
(a) No. from	(h) Durnoso of gift	(a) Llog of gift	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
	(e) Transfer of gift					
	Transferes's name address on	d 7 ID + 4	Relationship of transferor to transferee			
F	Transferee's name, address, an	u ZIF + 4	Helationship of transferor to transferee			
(a) No. from	(h) Dumana of wift	(a) Han of wift	(al) Description of hour wife in held			
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, an	d 7 ID + 4	Relationship of transferor to transferee			
-	mansieree's name, address, an	u ZIF + 4	nelationship of transferor to transferee			
	-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how sift is hold			
Part I	(b) Ful pose of gift	(c) Use of gift	(d) Description of how gift is held			
}						
		(e) Transfer of gif	τ			
	Transferee's name, address, an	d 7 ID ± <i>1</i>	Relationship of transferor to transferee			
}	ii ansieree s name, audress, an	U 41F T T	กอเลนบกอกพุ บา แสกอเอเบา เบ แสกอเอเษายะ			
			-			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TOGETHER WE RISE

Employer identification number 26-3043727

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		er Similar Fund	s or Acc	ounts. Comple	te if the
	organization answered Tes Offi Offi 330, Fartiv, iiii		dvised funds	(b)	Funds and other	accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v		ets held in donor adv	rised funds		
	are the organization's property, subject to the organization's	~			Υ	es No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Y	es No
Par	T II Conservation Easements. Complete if the org	ganization answered	d "Yes" on Form 990), Part IV, lir	ne 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	ply).			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation	of a historic	cally important lan	d area
	Protection of natural habitat		Preservation	of a certifie	d historic structure	е
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ntribution in the forr	n of a cons		
	day of the tax year.				Held at the En	id of the Tax Year
а	Total number of conservation easements			L	2a	
b					2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a	a)	L	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, a	ind not on a			
	historic structure listed in the National Register			L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished	l, or terminated by the	ne organiza	tion during the tax	ξ
	year					
4	Number of states where property subject to conservation eas	sement is located		_		
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	spection, handling o	f		
	violations, and enforcement of the conservation easements it	t holds?			L	es No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	ns, and enforcing co	nservation	easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, ar	nd enforcing conserv	ation ease	ments during the y	/ear
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					es No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	note to the organizat	tion's financial state	ments that	describes the	
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Δrt Historical	Treasures or (Other Sin	nilar Assets	
· ui	Complete if the organization answered "Yes" on Form	-		Juici Oiii	mai Addeta.	
12	If the organization elected, as permitted under FASB ASC 95			and halan	ne sheet works	
ıu	of art, historical treasures, or other similar assets held for pub	, ,				
	service, provide in Part XIII the text of the footnote to its finan	· ·	*		or public	
h	If the organization elected, as permitted under FASB ASC 95				heet works of	
	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items:	caribition, cadeatic	on, or researen in ru	Tiricianice o	r public scrvice,	
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
2	If the organization received or held works of art, historical trea	asures or other sim			· · · · · · · · · · · · · · · · · · ·	
_	the following amounts required to be reported under FASB A			.a. gairi, pri		
а	Revenue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X					
					¥	

Par	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	easures, o	r Other S	Similar As	sets (cont	tinued)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	make sigr	nificant use c	of its	,
	collection items (check all that apply):								
а	Public exhibition	d	l	Loan or exc	change progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how the	ey further th	he organizatio	n's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations o	of art, his	torical trea	sures, or othe	er similar as	ssets		
	to be sold to raise funds rather than to be ma	intained as part of th	ne organ	ization's co	llection?			Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered '	"Yes" on F	orm 990, Pai	rt IV, line 9, c	or
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for c	ontribution	s or other ass	sets not ind	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amou	nt
С	Beginning balance						1c		
							1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it	the organization an	swered '	"Yes" on Fo	orm 990, Part				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (c	I) Three years	back (e) Fo	ur years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a	i)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held a	nd administer	ed for the			
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment fu	unds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	l "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, lir	ne 10.		
	Description of property	(a) Cost or of		(b) Cos	t or other	. ,	umulated	(d) Bo	ok value
		basis (investm	nent)		(other)	depr	eciation		
1a	Land				35,208.				35,208.
	Buildings	"	357.	1,88	31,133.		58,004.		27,486.
С	Leasehold improvements						93,809.		14,276.
d	Equipment	. 215,2					39,761.		75,474.
	Other		•				39,221.		31,128.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	n (B). line 1	Oc.)			7,82	23,572.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 900 Part Y col. (R) line 13.)	-	

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

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

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

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SALARIES AND BENEFITS PAYABLE	127,057.
(3) ECONOMIC INJURY DISASTER LOAN	144,392.
(4) NOTE PAYABLE	2,848,430.
(5) LINE OF CREDIT	7,781.
(6) CUSTOMER DEPOSIT	22,267.
(7) OPERATING LEASE LIABILITY	67,537.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,217,464.

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

TOGETHER W	VE RISE						26-3043727
Part I General Information on Grants an	d Assistance						
1 Does the organization maintain records to							
criteria used to award the grants or assist	ance?						Yes X No
2 Describe in Part IV the organization's prod	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to D recipient that received more than \$8					anization answered "`	Yes" on Form 990, Part IV	, line 21, for any
· · · · · · · · · · · · · · · · · · ·		-		1	(f) Method of	T	
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	d government org	ganizations listed in th	ne line 1 table				
3 Enter total number of other organizations							

(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
FAMILY FELLOWSHIP SCHOLARSHIP	10	120,000.	0.	COST	
MDADE GGUOOL GGUOLADGUID DDANDGOUDGE/AMED MDADE					
TRADE SCHOOL SCHOLARSHIP-BRANDSOURCE/AMER TRADE INDUSTRIES	10	100,000.	0.	COST	
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
•			,,,		

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

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

TOGETHER WE RISE

Employer identification number 26-3043727

Pa	art 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.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
				l				
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?							
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.							
	Compensation committee Written employment contract			l				
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations Approval by the board or compensation committee			l				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l				
	organization or a related organization:	_		37				
a		4a		X				
b		4b		X				
С		4c						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l				
	Only section 504(a)(2) 504(a)(4) and 504(a)(90) aggregations must complete lines 5.0							
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l				
5	contingent on the revenues of:			l				
•		5a		х				
		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			l				
·	contingent on the net earnings of:			l				
а		6a		Х				
		6b		Х				
_	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							
		7		Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
		8		Х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
		9						

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 TOGETHER WE RISE 26-3043727 Page 2

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			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANIEL MENDOZA	(i)	225,000.	0.	0.	0.	13,802.	238,802.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	<u> </u>

Schedule J (Form 990) 2022	TOGETHER WE RI	SE			26-3043727	Page 3
Part III Supplemental Informat						
Provide the information, explanation	on, or descriptions required for I	Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5	ia, 5b, 6a, 6b, 7, and 8, and	for Part II. Also complete this	part for any additional information	٦.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Nam	e of the organization						Employer ider	tification	on nur	nber
	TOGETHER WE	RISE					26-3	3043	727	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on		(d Method of d noncash contrib	etermin		s
1	Art - Works of art			,	,					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х		393	,000	COI	MPARABLE	SAL	ES	
6	Cars and other vehicles				•					
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (GAMES)	Х	0	2.534	.000.	COI	MPARABLE	SAL	ES	
26	Other (MAKE UP PRODUCT)	X	0	157	.000	COL	MPARABLE	SALI	ES	
27	Other (HAIR CARE)	X	0	100	.000	COL	MPARABLE	SALI	ES	
28	Other (FURNITURE)	X	0				MPARABLE			
29	Number of Forms 8283 received by the organiz		the tax vear for c			100-				
	for which the organization completed Form 82				29					
	Tel Willer the organization completed form of	00,1 411 1, 2	onee / tell le wie ag						Yes	No
30a	During the year, did the organization receive by	v contributio	n any property ren	orted in Part I line	s 1 throu	ah 28	that it		100	110
oou	must hold for at least 3 years from the date of						, triat it			
	exempt purposes for the entire holding period'							30a		х
h	If "Yes," describe the arrangement in Part II.	•	•••••	• • • • • • • • • • • • • • • • • • • •				Jou		
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard	d contribu	ıtions'	?	31		х
	Does the organization have a gift acceptance plant by Does the organization hire or use third parties						•	31		
UZA			•					32a		х
h	If "Yes," describe in Part II.							JZ a		
33	If the organization didn't report an amount in c	column (c) for	r a type of property	/ for which column	(a) is cha	cked				
-	in and organization didn't report an amount in o	, G. G. I I I I I I I I I I I I I I I I I	a type of property	, ioi willoll colullll	(a) is cite	oneu,				1

describe in Part II.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
TRAVEL
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 0
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 22607.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
VITAMINS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 0
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6500.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
GUMMY CANDY
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 0
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 0.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
LUGGAGE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 0
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 0.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
OHEDOOD HEAMED C

OUTDOOR HEATERS

(A) CHECK IF APPLICABLE = X

SCHEDULE 0 (Form 990)

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 the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TOGETHER WE RISE

Employer identification number 26-3043727

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLLABORATE WITH INDIVIDUALS, COMPANIES, AND COMMUNITY PARTNERS TO
BRING RESOURCES TO FOSTER YOUTH AND USE SERVICE-LEARNING ACTIVITIES TO
EDUCATE VOLUNTEERS ON ISSUES SURROUNDING THE FOSTER CARE SYSTEM.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
AWARENESS ACTIVITY FOCUSED ON YOUTH IN FOSTER CARE.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
AGE SO THEY ARE ABLE TO ATTEND SCHOOL, GET TO THE GROCERY STORE, AND
FIND EMPLOYMENT WITH A RELIABLE TRANSPORTATION METHOD.
FORM 990, PART VI, SECTION B, LINE 11B:
BOARD MEMBERS ARE GIVEN A COPY OF FORM 990 TO REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
REGULAR MONITORING
FORM 990, PART VI, SECTION B, LINE 15A:
COMPARABLE DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATION
PROCESS AND DECISION.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS RELATING TO THE
ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2022 Page **2**

Name of the organization TOGETHER WE RISE	Employer identification number 26-3043727
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	: ·
SHIPPING AND POSTAGE:	
PROGRAM SERVICE EXPENSES	313,781.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	313,781.
FAMILY FELLOWSHIP:	
PROGRAM SERVICE EXPENSES	302,132.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	542.
TOTAL EXPENSES	302,674.
OFFICE SUPPLIES AND SOFTWARE:	
PROGRAM SERVICE EXPENSES	129,436.
MANAGEMENT AND GENERAL EXPENSES	6,812.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	136,248.
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	126,642.
MANAGEMENT AND GENERAL EXPENSES	360.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	127,002.
DEDATEC AND MATNERNANCE.	
REPAIRS AND MAINTENANCE:	20 700
PROGRAM SERVICE EXPENSES	38,780.
MANAGEMENT AND GENERAL EXPENSES	6,313.

Schedule O (Form 990) 2022 Page **2**

Name of the organization TOGETHER WE RISE	Employer identification numbe
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	45,093.
LESS ON DISPOSAL OF EQUIPMENT AND IMPROVEMENTS:	
PROGRAM SERVICE EXPENSES	22,255.
MANAGEMENT AND GENERAL EXPENSES	2,846.
FUNDRAISING EXPENSES	776.
TOTAL EXPENSES	25,877.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	1,249.
MANAGEMENT AND GENERAL EXPENSES	20,612.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,861.
PROPERTY TAXES:	
PROGRAM SERVICE EXPENSES	13,995.
MANAGEMENT AND GENERAL EXPENSES	2,278.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,273.
TAXES AND LICENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,910.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,910.
AUTO EXPENSE:	

Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization TOGETHER WE RISE	Employer identification number 26-3043727
PROGRAM SERVICE EXPENSES	5,295.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,295.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,102.
FUNDRAISING EXPENSES	616.
TOTAL EXPENSES	1,718.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	1,135.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,135.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	25.
TOTAL EXPENSES	25.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	1,003,892.