Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

AI	or the	or the 2022 calendar year, or tax year beginning 01/01/2022 and ending 12/3						/31/2022			
В	Check if ap	oplicable:	C Name of organization				D Emp	loyer identi	fication number		
	Address change ALL RISE TRIAL & APPELLATE							85-39	982485		
Ц	Name cha	change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele					E Telep	ohone numb	er		
=	Initial return PO Box 15216							215-792-3579			
=	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code							Group Exemption			
=	Amended return Application pending Philadelphia, PA 19125 Nu										
G	Account	ting Method:	✓ Cash	·):		I	l Check	if the or	ganization is not		
		: allriselaw	org.						Schedule B		
			ck only one) – 🔽 501(c)(3) 🗌 501(c) () (insert no.)	7(a)(1) or	<u></u>	(Form 9	90).			
			Corporation Trust		Other:						
		J	7b to line 9 to determine gross receipts. If		_	nore, or if to	tal assets				
(Pa	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of	Form 990-EZ				. \$	80,840		
Р	art I	Revenu	e, Expenses, and Changes in Ne	t Assets or Fund F	Balance	es (see th	e instru	ctions fo	r Part I)		
		Check if	the organization used Schedule O t	o respond to any qu	estion i	n this Par	Η		.		
	1		ons, gifts, grants, and similar amounts					1	15,839		
	2	Program se	ervice revenue including government f	fees and contracts				2	64,969		
	3	-	ip dues and assessments					3	0		
	4	Investment	•					4	0		
	5a	Gross amo	unt from sale of assets other than inv	entory	5a		0				
	b		other basis and sales expenses								
	С										
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 0 Gaming and fundraising events:									
	а	Gross inc	Gross income from gaming (attach Schedule G if greater than								
ne		\$15,000) .	\$15,000)								
Revenue	b	Gross inco	me from fundraising events (not inclu	ding \$	0 0	f contribut	ions				
Re.		from fundraising events reported on line 1) (attach Schedule G if the									
_		sum of suc	h gross income and contributions exc	ceeds \$15,000)	6b		0				
	С	Less: direc	t expenses from gaming and fundrais	ing events	6с		0				
	d										
		line 6c) .						6d	0		
	7a	Gross sale	s of inventory, less returns and allowa	inces	7a		0				
	b	Less: cost	of goods sold		7b		0				
	С	Gross prof	t or (loss) from sales of inventory (sub	tract line 7b from line	7a) .			7c	0		
	8	Other reve	nue (describe in Schedule O)				<u></u>	8	32		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a					9	80,840		
	10	Grants and	similar amounts paid (list in Schedule	e O)				10	0		
	11	Benefits pa	aid to or for members					11	0		
es	12	Salaries, o	ther compensation, and employee bea	nefits				12	48,811		
Expenses	13	Profession	al fees and other payments to indepe	ndent contractors .				13	475		
g	14	Occupancy	, rent, utilities, and maintenance .					14	0		
ũ	15		ublications, postage, and shipping .					15	0		
	16	Other expe	nses (describe in Schedule O)	<u></u>	<u></u> .	<u></u>	<u></u>	16	8,259		
_	17	Total expe	nses. Add lines 10 through 16					17	57,545		
Ŋ	18	Excess or	deficit) for the year (subtract line 17 fr	rom line 9)				18	23,295		
set	19		or fund balances at beginning of ye								
As		end-of-yea	r figure reported on prior year's returr	n)				19	35,383		
Net Assets	20	Other char	ges in net assets or fund balances (ex	xplain in Schedule O)	<u></u>		<u></u>	20	450		
Z	21	Net assets	or fund balances at end of year. Com	bine lines 18 through	20 .			21	59,128		

Form 990-EZ (2022) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 35,383 22 22 Cash, savings, and investments . . . 59,128 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) 24 0 24 0 35,383 25 25 59,128 Total liabilities (describe in Schedule O) . . 26 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 35,383 27 59,128 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 1 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. In 2022, with one attorney, All Rise briefed four cases in the U.S. Courts of Appeals, and two cases in Pennsylvania state appellate courts. All Rise also filed 17 amicus briefs across the country, including in the (Continued on Schedule O, Statement 2) (Grants \$ 0) If this amount includes foreign grants, check here 28a 57,070 29 29a) If this amount includes foreign grants, check here . 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here 57,070 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Chelsea Stine 1.00 0 0 0 President 0 **Katherine Tromble** 1.00 0 n **Treasurer** Marcus Parker 1.00 0 0 0 Secretary James Davy 60.00 45,000 0 0 **Director and Principal**

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
		35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		/
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a				
b	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		•
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
А	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed:	700		
		215-79	2-3579	9
	Located at: PO Box 15216 Philadelphia PA 19125	101	125	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		>
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		/
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	Na
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	No
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ (2022)						Р	age -
							Yes	No
	the organization engage, directly or in							
Part VI	andidates for public office? If "Yes," on Section 501(c)(3) Organizations		Parti			· 46		✓
rait Vi	All section 501(c)(3) organization		stions 47–49h and	d 52 and co	mnlete th	e tables f	or line	20
	50 and 51.	o maot anower que		a 02, and 00	inpicto tri	C tables i	01 11110	,,
	Check if the organization used Sch	nedule O to respond	to any question in	this Part VI				П
			to any quodinon				Yes	No
47 Did	the organization engage in lobbying	activities or have a s	section 501(h) elect	ion in effect	during the	tax		
	? If "Yes," complete Schedule C, Par					. 47		~
48 Is th	e organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete	e Schedule E		. 48		/
49a Did	the organization make any transfers to	o an exempt non-cha	ritable related orgar	nization? .		. 49a		~
	es," was the related organization a se							
	nplete this table for the organization's							d key
emp	ployees) who each received more than	\$100,000 of comper	_			e, enter "N	one."	
		(b) Average	(c) Reportable compensation		n benefits, s to employee	(e) Estimate	d amoi	int of
(8	a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC	C/ benefit plans	, and deferred	other com		
			1099-NEC)	compe	nsation			
None								
f Tota	al number of other employees paid over	er \$100,000						
	pplete this table for the organization'			nt contractor	s who each	n received	more	thar
\$10	0,000 of compensation from the organ	nization. If there is no	ne, enter "None."		1			
(a	a) Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)) Compensation	on	
Nama								
None								
				<u> </u>				
d Tota	al number of other independent contra	actors each receiving	over \$100,000 .					
	the organization complete Schedu	ıle A? Note: All se	ction 501(c)(3) org	janizations r	nust attacl			
com	pleted Schedule A					· 🕑 Yes		10
	es of perjury, I declare that I have examined this rand complete. Declaration of preparer (other than					nowledge and	belief,	it is
	The complete. Beclaration of proparer (ethor than	Tomosi, io bassa on an ime	Thation of Which propare	I TIGO GITY KITOWK				
Sign	Signature of officer			Da	te			
Here				Da				
	James Davy, Principal/Director Type or print name and title							
Daid	Print/Type preparer's name	Preparer's signature		Date	Charata	PTIN		
Paid					Check self-emplo	if · · · · · · · · · · · · · · · · · ·		
Preparer Use Only			L	Fire	m's EIN			
OSE OIIIS	Firm's address				one no.			
May the IR	S discuss this return with the preparer	shown above? See i	nstructions			. Tyes		lo

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization 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.

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

Open to Public Inspection

Employer identification number

ALL	RISE TRIAL & APPELLATE					85-39	82485	
Par	rt I Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instruction	ons.	
The c	organization is not a private founda	ation because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)		
1	☐ A church, convention of church	hes, or associati	on of churches descr	ibed in se	ection 17	0(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .							
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the							
	hospital's name, city, and stat							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	☐ A federal, state, or local gover	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).		
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi) . (Complete	Part II.)				
9	☐ An agricultural research organ	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college	
	or university or a non-land-grauniversity:		•	,			•	
10	An organization that normally receipts from activities related	receives (1) more	e than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross	
	support from gross investmen	t income and un	related business taxa	ble incom	nė (less se	ection 511 tax) from	businesses	
	acquired by the organization a		•		•	•		
11	☐ An organization organized and	•	•	-				
12	☐ An organization organized and							
	one or more publicly supported the box on lines 12a through 12							
_	_		,, ,,				, ,	
а	Type I. A supporting organ the supported organization							
	supporting organization. Y					ne directors or trust	ees of the	
b	,	-	•			supported organizati	on(s) by having	
-	control or management of							
	organization(s). You must							
С	☐ Type III functionally integ	rated. A suppor	ting organization oper	rated in c	onnectio	n with, and function	ally integrated with,	
	its supported organization	(s) (see instructio	ons). You must comp	lete Part	IV, Secti	ons A, D, and E.		
d	☐ Type III non-functionally	integrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)	
	that is not functionally inte						d an attentiveness	
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	ctions A a	and D, ar	nd Part V.		
е							e II, Type III	
	functionally integrated, or	Type III non-func	tionally integrated sup	oporting	organizat	ion.		
f	Enter the number of supported	J						
g	Provide the following information	n about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization ur governing	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1–10 above (see instructions))		ment?	support (see instructions)	other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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

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

Secti	on A. Public Support			•	•	,	
Calen	dar 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.")				35,600	15,839	51,439
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				8,500	64,969	73,469
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities				0	0	0
3	furnished by a governmental unit to the						
	organization without charge				0	0	0
6	Total. Add lines 1 through 5	0	0	0	44,100	80,808	124,908
7a	Amounts included on lines 1, 2, and 3				,	33,000	
	received from disqualified persons .				9,742	0	9,742
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				0	0	0
С	Add lines 7a and 7b	0	0	0	9,742	0	9,742
8	Public support. (Subtract line 7c from line 6.)						
Sacti	on B. Total Support						115,166
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0) 2019	0	44,100	80,808	124,908
10a	Gross income from interest, dividends,		· ·	0	44,100	80,808	124,700
	payments received on securities loans, rents,						
	royalties, and income from similar sources .				0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on						_
10					0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)				0	32	32
13	Total support. (Add lines 9, 10c, 11,				0	32	<u> </u>
	and 12.)	0	0	0	44,100	80,840	124,940
14	First 5 years. If the Form 990 is for the	•	first, second				
	organization, check this box and stop he						v
	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8		•			15	%
16	Public support percentage from 2021 Sch				<u></u>	16	%
	on D. Computation of Investment In			u line 10 line		47	0/
17 10	Investment income percentage for 2022 (Investment income percentage from 202)			-		17	<u>%</u> %
18 19a	33 ¹ / ₃ % support tests—2022. If the organ						
130	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2021. If the organiz	_	_	-		_	_
-	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di		=	•	-		_

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(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.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9с		
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.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c 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 Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 Section C. Type II Supporting Organizations Yes No 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 Section 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 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. 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 instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part III, Line 12 - Credit card rewards

SCHEDULE O (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.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
ALL RISE TRIAL & APPELLATE	85-3982485
Form 990-EZ, Part I, Line 8 - Credit card rewards	
Form 990-EZ, Part I, Line 16 - Expenses including but not limited to: legal malpractice and board of director	
and court admission fees, brief printing, software licensing (Microsoft Word, Adobe Pro, etc.), court filing	
research fees, website and email hosting fees, limited office supplies, post office box maintenance, and lit	igation expenses including travel
to oral arguments.	
Form 900 E7 Part I Line 20. Minor adjustment for expanses incurred in December 2021 and counted in 2	221 roturn but paid in 2022
Form 990-EZ, Part I, Line 20 - Minor adjustment for expenses incurred in December 2021 and counted in 20	721 Teturn, but paid in 2022.

Schedule O, Statement 1 ALL RISE TRIAL & APPELLATE

Form: Form 990-EZ (2022) EIN: 85-3982485

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

All Rise provides free or substantially reduced fee legal services to marginalized people and other non-profits that advocate in the public interest.

Schedule O, Statement 2 ALL RISE TRIAL & APPELLATE

Form: Form 990-EZ (2022)

Page: 2

EIN: 85-3982485

Part III, Line 28

First Program Service Accomplishments Description

Description

U.S. Supreme Court, U.S. Courts of Appeals, and state supreme courts. And All Rise litigated impact cases in U.S. District Courts, including intervening in a class action on behalf of two state Attorneys General, a first-of-its-kind compassionate release motion on the basis of juvenile lifer status, and ongoing 1983 and Bivens cases on behalf of incarcerated people. All Rise also did substantial non-litigation work, including submitting comments to the Pennsylvania Supreme Court about proposed rule changes regarding bail on behalf of the Philadelphia Bail Fund. All Rise also has demonstrated effectiveness at this work. In 2022, notable positive outcomes included winning three federal appeals: Hall v. Millersville and Ross v. Bush at the 3d Circuit, and Miles v. Anton at the 7th Circuit; getting an en banc petition granted by the 9th Circuit in Brown v. Arizona; winning the novel compassionate release motion and bringing a client home after 34 years in prison; settling a complicated case against the Pennsylvania DOC for a combination of money and non-monetary relief; and having amicus briefs cited by both the Sixth Circuit and Connecticut Supreme Court, the latter of which adopted our amicus position wholesale.